

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2020
Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable: C Name of organization: MIRACLES FOR KIDS
D Employer identification number: 91-2160616
E Telephone number: (714) 730-3040
G Gross receipts \$: 3,956,826.
F Name and address of principal officer: AUTUMN STRIER
17848 SKY PARK CIRCLE, SUITE C, IRVINE, CA 92614
I Tax-exempt status: X 501(c)(3)
J Website: WWW.MIRACLESFORKIDS.ORG
K Form of organization: X Corporation
L Year of formation: 2001
M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: MIRACLES FOR KIDS HELPS FAMILIES WITH CRITICALLY-ILL CHILDREN BATTLE BANKRUPTCY, HOMELESSNESS, HUNGER AND DEPRESSION SO THEY CAN FOCUS ON FIGHTING FOR THEIR CHILD'S LIFE.
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 18.
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17.
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 9.
6 Total number of volunteers (estimate if necessary) 6 414.
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-19: Revenue (Total revenue: 2,992,180). Rows 13-18: Expenses (Total expenses: 2,960,385). Rows 20-22: Net Assets or Fund Balances (Total assets: 5,645,960; Total liabilities: 2,974,289; Net assets: 2,671,671).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: Autumn Strier, Date: 11/15/21, Type or print name and title: Autumn R Strier

Paid Preparer Use Only: Print/Type preparer's name: STEPHANIE WILKINSON, Preparer's signature: Stephanie Wilkinson, Date: 11/14/2021, Firm's name: HOLTHOUSE CARLIN & VAN TRIGT LLP, Firm's EIN: 95-4345526

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: MIRACLES FOR KIDS HELPS FAMILIES WITH CRITICALLY-ILL CHILDREN BATTLE BANKRUPTCY, HOMELESSNESS, HUNGER AND DEPRESSION SO THEY CAN CONCENTRATE ON WHAT IS MOST IMPORTANT - FIGHTING FOR THEIR CHILD'S LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 758,036. including grants of \$ ) (Revenue \$ ) HOUSING PROGRAM - FAMILIES AT RISK OF HOMELESSNESS HAVE AN AFFORDABLE AND SAFE PLACE TO CALL HOME WITH MIRACLE MANOR, A 12-UNIT APARTMENT COMPLEX LOCATED IN ORANGE COUNTY, CA, ONLY A FEW BLOCKS AWAY FROM CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC).

4b (Code: ) (Expenses \$ 1,361,676. including grants of \$ ) (Revenue \$ ) GRANTS PROGRAM - MONTHLY GRANTS PAY RENT, HELP KEEP THE LIGHTS ON, FOOD ON THE TABLE, THE WATER RUNNING AND SO MUCH MORE.

4c (Code: ) (Expenses \$ 101,013. including grants of \$ ) (Revenue \$ ) WELLNESS AND BASIC NEEDS PROGRAM - MENTAL HEALTH SERVICES, EDUCATIONAL SESSIONS AND OUTDOOR WELLNESS ACTIVITIES HELP FAMILIES BETTER COPE WITH TRAUMA AND STRESS ASSOCIATED WITH LIFE-THREATENING DISEASES. IN ADDITION, THE BASKET OF MIRACLES AND BOX OF MIRACLES PROGRAMS HELP PROVIDE FOOD, CLOTHING, HOME GOODS, AND OTHER ESSENTIAL ITEMS TO ENSURE FAMILIES IN CRISIS ARE GETTING NECESSITIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,220,725.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 22-38 cover various IRS requirements regarding grants, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-1c cover Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding local chapters, policies, conflict of interest, whistleblower, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUTUMN STRIER CO-FOUNDER & CEO	40.00 0.	X		X				168,493.	0.	0.
(2) KEN CRUSE CHAIRMAN	2.50 0.	X		X				0.	0.	0.
(3) CURTIS GREEN BOARD MEMBER	2.50 0.	X						0.	0.	0.
(4) MONI MOSHARAF BOARD MEMBER	2.50 0.	X						0.	0.	0.
(5) JORDY SPIEGEL BOARD MEMBER	2.50 0.	X						0.	0.	0.
(6) PAULA ANSARA-WILHELM SECRETARY	2.50 0.	X		X				0.	0.	0.
(7) BRIAN FISCHBEIN BOARD MEMBER	2.50 0.	X						0.	0.	0.
(8) DAVID HEIL BOARD MEMBER	2.50 0.	X						0.	0.	0.
(9) BOB ROVZAR BOARD MEMBER	2.50 0.	X						0.	0.	0.
(10) GARY STANDEL BOARD MEMBER	2.50 0.	X						0.	0.	0.
(11) TOM SWANECAMP BOARD MEMBER	2.50 0.	X						0.	0.	0.
(12) JASON PENDERGIST TREASURER (AS OF 11/17/20)	2.50 0.	X		X				0.	0.	0.
(13) MIKE MEYER TREASURER (THRU 11/17/20)	2.50 0.	X		X				0.	0.	0.
(14) NORM CHRISTENSEN BOARD MEMBER	2.50 0.	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) KEVIN DEALLEN BOARD MEMBER	2.50 0.	X						0.	0.	0.
( 16) TOM FERRY BOARD MEMBER	2.50 0.	X						0.	0.	0.
( 17) RASHEED MUHAMMAD BOARD MEMBER	2.50 0.	X						0.	0.	0.
( 18) KING NELSON BOARD MEMBER	2.50 0.	X						0.	0.	0.
<b>1b Sub-total</b>							168,493.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							168,493.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TOAST 614 5TH AVENUE, SUITE A SAN DIEGO, CA 92101	EVENT COMPANY	161,269.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 1



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .					
	b	Membership dues . . . . .					
	c	Fundraising events . . . . .	1,459,770.				
	d	Related organizations . . . . .					
	e	Government grants (contributions) . . . . .	160,900.				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1,365,928.				
	g	Noncash contributions included in lines 1a-1f. . . . .	\$ 657,895.				
	h	<b>Total.</b> Add lines 1a-1f . . . . .	2,986,596.				
	<b>Program Service Revenue</b>			Business Code			
2a							
b							
c							
d							
e							
g		<b>Total.</b> Add lines 2a-2f . . . . .	0.				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	0.				
	4	Income from investment of tax-exempt bond proceeds . . . . .	0.				
	5	Royalties . . . . .	0.				
	6a			(i) Real	(ii) Personal		
		6a	Gross rents . . . . .	101,600.			
		b	Less: rental expenses . . . . .	92,201.			
	c	Rental income or (loss) . . . . .	9,399.				
	d	<b>Net rental income or (loss)</b> . . . . .	9,399.	9,399.			
	7a			(i) Securities	(ii) Other		
		7a	Gross amount from sales of assets other than inventory . . . . .	363,660.	40,959.		
		b	Less: cost or other basis and sales expenses . . . . .	363,660.	47,201.		
		c	Gain or (loss) . . . . .		-6,242.		
	d	<b>Net gain or (loss)</b> . . . . .	-6,242.	-6,242.			
	8a	Gross income from fundraising events (not including \$ 1,459,770. of contributions reported on line 1c). See Part IV, line 18 . . . . .	461,584.				
b	Less: direct expenses . . . . .	461,584.					
c	<b>Net income or (loss) from fundraising events.</b> . . . . .	0.					
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	0.					
b	Less: direct expenses . . . . .	0.					
c	<b>Net income or (loss) from gaming activities.</b> . . . . .	0.					
10a	Gross sales of inventory, less returns and allowances . . . . .	0.					
b	Less: cost of goods sold . . . . .	0.					
c	<b>Net income or (loss) from sales of inventory.</b> . . . . .	0.					
<b>Miscellaneous Revenue</b>			Business Code				
	11a	MISCELLANEOUS INCOME . . . . .	900099	2,425.		2,425.	
	b						
	c						
	e	<b>Total.</b> Add lines 11a-11d . . . . .	2,425.				
12	<b>Total revenue.</b> See instructions . . . . .	2,992,180.	3,157.		2,425.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	168,493.	95,173.	22,296.	51,024.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	772,508.	436,354.	102,221.	233,933.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	30,087.	16,995.	3,981.	9,111.
10 Payroll taxes . . . . .	70,510.	39,828.	9,330.	21,352.
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	72,009.		72,009.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	61,371.		61,371.	
12 Advertising and promotion . . . . .	81,613.	60,276.	6,675.	14,662.
13 Office expenses . . . . .	57,510.	42,588.	4,561.	10,361.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	191,741.	167,807.	14,360.	9,574.
17 Travel . . . . .	2,050.	1,517.	164.	369.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	15,922.	11,782.	1,274.	2,866.
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	100,617.	74,457.	8,049.	18,111.
23 Insurance . . . . .	10,017.	7,413.	801.	1,803.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>BILLPAY PROGRAM GRANTS</u> . . . . .	615,685.	615,685.		
b <u>WELLNESS &amp; SUPPORT SUPPLIES</u> . . . . .	188,340.	188,340.		
c <u>HOUSING PROGRAM</u> . . . . .	413,746.	413,746.		
d <u>DUES AND SUBSCRIPTIONS</u> . . . . .	37,533.	27,775.	3,002.	6,756.
e All other expenses . . . . .	70,633.	20,989.	5,678.	43,966.
25 <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	2,960,385.	2,220,725.	315,772.	423,888.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing . . . . .	1,944,582.	1	1,518,654.
	2	Savings and temporary cash investments. . . . .	0.	2	0.
	3	Pledges and grants receivable, net . . . . .	742,086.	3	849,619.
	4	Accounts receivable, net. . . . .	0.	4	0.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	6	0.
	7	Notes and loans receivable, net . . . . .	0.	7	0.
	8	Inventories for sale or use . . . . .	0.	8	0.
	9	Prepaid expenses and deferred charges . . . . .	19,580.	9	34,930.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	513,071.		
		10a			
	b	Less: accumulated depreciation. . . . .	132,546.	10b	
			37,259.	10c	380,525.
	11	Investments - publicly traded securities. . . . .	0.	11	0.
	12	Investments - other securities. See Part IV, line 11. . . . .	0.	12	0.
	13	Investments - program-related. See Part IV, line 11. . . . .	0.	13	0.
14	Intangible assets. . . . .	0.	14	0.	
15	Other assets. See Part IV, line 11 . . . . .	2,719,235.	15	2,862,232.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	5,462,742.	16	5,645,960.	
Liabilities	17	Accounts payable and accrued expenses. . . . .	98,378.	17	142,690.
	18	Grants payable . . . . .	0.	18	0.
	19	Deferred revenue. . . . .	15,000.	19	0.
	20	Tax-exempt bond liabilities. . . . .	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	21	0.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties. . . . .	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	2,709,488.	25	2,831,599.
	26	<b>Total liabilities.</b> Add lines 17 through 25. . . . .	2,822,866.	26	2,974,289.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions . . . . .	2,639,876.	27	2,671,671.
	28	Net assets with donor restrictions. . . . .	0.	28	0.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds . . . . .		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund. . . . .		30	
	31	Retained earnings, endowment, accumulated income, or other funds. . . . .		31	
32	<b>Total net assets or fund balances</b> . . . . .	2,639,876.	32	2,671,671.	
33	<b>Total liabilities and net assets/fund balances.</b> . . . . .	5,462,742.	33	5,645,960.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,992,180.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,960,385.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,795.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,639,876.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,671,671.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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