

Return of Organization Exempt From Income Tax

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Form 990 header section containing organization name (MIRACLES FOR KIDS, INC.), EIN (91-2160616), address (17848 SKY PARK CIRCLE, SUITE C, IRVINE, CA 92614), and principal officer (AUTUMN STRIER).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include contributions, program revenue, total revenue, grants paid, total expenses, and total assets.

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.

Signature block area with fields for Signature of officer, Date, and Type or print name and title.

TAXPAYER'S COPY

Preparer information section including name (STEPHANIE WILKINSON), signature, date (11/07/2022), firm name (HOLTHOUSE CARLIN & VAN TRIGT LLP), and 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 (2021)

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 \$ 591,608. 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 \$ 1,419,151. including grants of \$ 549,284.) (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 \$ 436,854. 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 2,447,613.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with 'X' marks in Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	18	
b	Enter the number of voting members included on line 1a, above, who are independent.	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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 ►
 AUTUMN STRIER 17848 SKY PARK CIRCLE, SUITE C IRVINE, CA 92614

714-730-3040

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 NONE			X				150,624.	NONE	NONE
(2) KEN CRUSE CHAIRMAN	2.50 NONE	X		X				NONE	NONE	NONE
(3) CURTIS GREEN BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(4) MONI MOSHARAF BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(5) JORDY SPIEGEL BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(6) PAULA ANSARA-WILHELM SECRETARY	2.50 NONE	X		X				NONE	NONE	NONE
(7) BRIAN FISCHBEIN VICE CHAIR	2.50 NONE	X		X				NONE	NONE	NONE
(8) DAVID HEIL BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(9) BOB ROVZAR BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(10) GARY STANDEL BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(11) TOM SWANECAMP BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(12) JASON PENDERGIST TREASURER	2.50 NONE	X		X				NONE	NONE	NONE
(13) NORM CHRISTENSEN BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(14) KEVIN DEALLEN BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE

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) MIKE MEYER BOARD MEMBER	2.50 NONE	X					NONE	NONE	NONE	
(16) RASHEED MUHAMMAD BOARD MEMBER	2.50 NONE	X					NONE	NONE	NONE	
(17) KING NELSON BOARD MEMBER	2.50 NONE	X					NONE	NONE	NONE	
(18) NOEL WIKWAR BOARD MEMBER	2.50 NONE	X					NONE	NONE	NONE	
1b Sub-total							150,624.	NONE	NONE	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							150,624.	NONE	NONE	

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
SEE SCHEDULE O		

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	2,763,155.				
	1d	Related organizations					
	1e	Government grants (contributions)	180,797.				
	1f	All other contributions, gifts, grants, and similar amounts not included above	1,761,778.				
	1g	Noncash contributions included in lines 1a-1f	\$ 1,028,820.				
	1g						
	h	Total. Add lines 1a-1f		4,705,730.			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		NONE				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		NONE			
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
	6a	Gross rents	(i) Real	70,586.			
			(ii) Personal				
			6a				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	70,586.	NONE			
	6c						
	6d	Net rental income or (loss)		70,586.	70,586.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
			7a				
	7b	Less: cost or other basis and sales expenses					
7c	Gain or (loss)						
7c							
7d	Net gain or (loss)		NONE				
8a	Gross income from fundraising events (not including \$ 2,763,155. of contributions reported on line 1c). See Part IV, line 18	8a	1,249,115.				
8b	Less: direct expenses	8b	1,249,115.				
8c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE				
9b	Less: direct expenses	9b	NONE				
9c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
10b	Less: cost of goods sold	10b	NONE				
10c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		NONE				
12	Total revenue. See instructions		4,776,316.	70,586.			

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,000.	1,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	548,284.	548,284.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	150,624.	89,245.	8,676.	52,703.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	846,484.	501,542.	48,757.	296,185.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	26,763.	15,857.	1,542.	9,364.
10 Payroll taxes	76,932.	45,582.	4,431.	26,919.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	119.		119.	
c Accounting	85,032.		85,032.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	98,685.		98,685.	
12 Advertising and promotion	27,961.	20,651.	2,287.	5,023.
13 Office expenses	73,427.	54,370.	5,807.	13,250.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	497,212.	404,880.	55,389.	36,943.
17 Travel	36,087.	26,704.	2,887.	6,496.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	2,522.	1,866.	202.	454.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	124,413.	92,066.	9,953.	22,394.
23 Insurance	24,822.	18,368.	1,986.	4,468.
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 WELLNESS & SUPPORT SUPPLIES	561,444.	561,444.		
b BANK AND OTHER FEES	51,990.		561.	51,429.
c DUES AND SUBSCRIPTIONS	48,751.	36,077.	3,899.	8,775.
d PAYROLL PROCESSING FEES	24,292.	14,393.	1,399.	8,500.
e All other expenses	20,654.	15,284.	1,653.	3,717.
25 Total functional expenses. Add lines 1 through 24e	3,327,498.	2,447,613.	333,265.	546,620.
26 Joint costs. 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)				

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	1,518,654.	1	2,672,398.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	849,619.	3	752,363.
	4	Accounts receivable, net	NONE	4	NONE
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7	Notes and loans receivable, net	NONE	7	NONE
	8	Inventories for sale or use	NONE	8	NONE
	9	Prepaid expenses and deferred charges . . . SEE SCHEDULE O	34,930.	9	74,647.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	513,071.	
	b	Less: accumulated depreciation	10b	256,958.	
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	2,862,232.	15	2,628,267.
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,645,960.	16	6,383,788.	
Liabilities	17	Accounts payable and accrued expenses	142,690.	17	120,333.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	2,831,599.	25	2,445,204.
	26	Total liabilities. Add lines 17 through 25	2,974,289.	26	2,565,537.
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	2,671,671.	27	3,818,251.
	28	Net assets with donor restrictions	NONE	28	NONE
	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	Total net assets or fund balances	2,671,671.	32	3,818,251.	
33	Total liabilities and net assets/fund balances	5,645,960.	33	6,383,788.	

Form 990 (2021)

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	4,776,316.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,327,498.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,448,818.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,671,671.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-302,238.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,818,251.

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 on 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	2a	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	2b	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.	2c	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?	3a	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	3b	

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