

Return of Organization Exempt From Income Tax

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

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIRACLES FOR KIDS, INC.		D Employer identification number ** - *** 0616
	Doing business as		E Telephone number (714) 730-3040
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	17848 SKY PARK CIRCLE, SUITE C		G Gross receipts \$ 6,683,420.
	City or town, state or province, country, and ZIP or foreign postal code IRVINE, CA 92614		
F Name and address of principal officer: AUTUMN STRIER 17848 SKY PARK CIRCLE, SUITE C, IRVINE, CA		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.MIRACLESFORKIDS.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2001** **M** State of legal domicile: **CA**

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MIRACLES FOR KIDS HELPS FAMILIES WITH CRITICALLY-ILL CHILDREN BATTLE BANKRUPTCY, HOMELESSNESS, HUNGER		
	2 Check this box <input type="checkbox"/> 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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	1643
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,830,342.	6,453,462.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	70,837.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	125,155.	-1,265,539.
		5,955,497.	5,258,760.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,002,653.	1,311,106.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,286,884.	1,701,785.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	549,390.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,030,934.	1,844,671.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,320,471.	4,857,562.	
19 Revenue less expenses. Subtract line 18 from line 12	1,635,026.	401,198.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,615,432.	13,206,938.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,162,155.	7,352,462.
		5,453,277.	5,854,476.

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	Date			
	AUTUMN STRIER, CO-FOUNDER/CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DIANA ZAMBRANO, CPA		11/14/24		P00965403
Preparer Use Only	Firm's name	Firm's EIN	Phone no. (949) 852-1600		
	RJI INTERNATIONAL CPAS	** - *** 3262			
	Firm's address	18012 SKY PARK CIRCLE, SUITE 200 IRVINE, CA 92614			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 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? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 776,778. including grants of \$) (Revenue \$) HOUSING PROGRAM - FAMILIES AT RISK OF HOMELESSNESS HAVE AN AFFORDABLE AND SAFE PLACE TO CALL HOME WITH MIRACLE MANOR, WHICH INCLUDES A 12-UNIT APARTMENT COMPLEX (MIRACLE MANOR I) AND A 10-UNIT APARTMENT COMPLEX (MIRACLE MANOR II), BOTH LOCATED IN ORANGE COUNTY, CA, WITHIN CLOSE PROXIMITY TO CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC).

ON SEPTEMBER 27, 2023, MIRACLES FOR KIDS, INC. ENTERED INTO A MASTER LEASE AGREEMENT ON A 10 UNIT APARTMENT BUILDING LOCATED AT 310-312 W. VERMONT IN ANAHEIM, CA. FAMILIES BEGAN MOVING INTO MIRACLE MANOR II IN DECEMBER 2023.

4b (Code:) (Expenses \$ 2,646,818. including grants of \$ 1,311,106.) (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 \$ 569,320. 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 3,992,916.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

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, 1b, 1c regarding 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, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross 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

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	1a	19	
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.			
b Enter the number of voting members included on line 1a, above, who are independent	1b	18	
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?	2		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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a		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?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	16a		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?	16b		

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 - (714) 730-3040
17848 SKY PARK CIRCLE, SUITE C, IRVINE, CA 92614

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, box 6 of 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 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/ PRESIDENT	40.00 0.00	X		X				173,091.	0.	0.
(2) THERESA BENEDICT SR. OPERATIONS DIRECTOR	40.00 0.00				X			114,808.	0.	0.
(3) KEN CRUSE BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(4) CURTIS GREEN BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(5) MONI MOSHARAF BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(6) JORDY SPIEGEL BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(7) PAULA ANSARA-WILHELM CHAIRPERSON	2.50 0.00	X		X				0.	0.	0.
(8) DAVID HEIL VICE CHAIR	2.50 0.00	X		X				0.	0.	0.
(9) BOB ROVZAR BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(10) GARY STANDEL BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(11) TOM SWANECAMP BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(12) NORM CHRISTENSEN BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(13) KEVIN DEALLEN BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(14) MIKE MEYER BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(15) RASHEED MUHAMMAD TREASURER	2.50 0.00	X		X				0.	0.	0.
(16) KING NELSON BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(17) NOEL WICKWAR SECRETARY	2.50 0.00	X		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 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			
(18) TYLER LEESON BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(19) PERRY VISCOUNTY BOARD MEMBER	2.50 0.00	X						0.	0.	0.
(20) STEVEN FISK BOARD MEMBER	2.50 0.00	X						0.	0.	0.
1b Subtotal								287,899.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								287,899.	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 **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <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, 222 NEWPORT CENTER DRIVE, #11-180, NEWPORT BEACH, CA 92660	GALA EVENT COMPANY	171,064.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,032,058.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,421,404.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 839,595.				
	h Total. Add lines 1a-1f			6,453,462.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		69,381.	69,381.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	107,556.			
		b Less: rental expenses	6b	0.			
		c Rental income or (loss)	6c	107,556.			
	d Net rental income or (loss)			107,556.	107,556.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,456.			
		b Less: cost or other basis and sales expenses	7b	0.			
		c Gain or (loss)	7c	1,456.			
	d Net gain or (loss)			1,456.		1,456.	
	8 a Gross income from fundraising events (not including \$ 4,032,058. of contributions reported on line 1c). See Part IV, line 18	8a		0.			
		b Less: direct expenses	8b	1,373,095.			
		c Net income or (loss) from fundraising events			-1,373,095.		-1,373,095.
9 a Gross income from gaming activities. See Part IV, line 19	9a		51,565.				
	b Less: direct expenses	9b	51,565.				
	c Net income or (loss) from gaming activities			0.			
10 a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			5,258,760.	176,937.	0.	-1,371,639.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,311,106.	1,311,106.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	287,900.	236,682.	18,672.	32,546.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,413,885.	953,044.	134,725.	326,116.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	175,478.	40,818.	134,660.	
12 Advertising and promotion	28,340.	24,585.	840.	2,915.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	545,305.	479,783.	17,344.	48,178.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,969.	49,420.	1,689.	5,860.
23 Insurance	34,642.	30,052.	1,027.	3,563.
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 PROGRAM SUPPLIES	710,454.	710,454.		
b OTHER EXPENSES	91,772.	79,613.	2,720.	9,439.
c BANK AND OTHER FEES	62,537.		936.	61,601.
d LICENSES, DUES AND OTHE	59,038.	51,216.	1,750.	6,072.
e All other expenses	80,136.	26,143.	893.	53,100.
25 Total functional expenses. Add lines 1 through 24e	4,857,562.	3,992,916.	315,256.	549,390.
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	3,542,025.	1	471,085.
	2 Savings and temporary cash investments		2	3,996,996.
	3 Pledges and grants receivable, net	1,862,745.	3	1,360,894.
	4 Accounts receivable, net		4	
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	15,329.
	9 Prepaid expenses and deferred charges	66,989.	9	71,126.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 637,559.		
	b Less: accumulated depreciation	10b 435,035.	141,157.	10c 202,524.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,002,516.	15	7,088,984.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,615,432.	16	13,206,938.	
Liabilities	17 Accounts payable and accrued expenses	125,908.	17	152,998.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	2,036,247.	25	7,199,464.
	26 Total liabilities. Add lines 17 through 25	2,162,155.	26	7,352,462.
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	5,453,277.	27	5,854,476.
	28 Net assets with donor restrictions		28	
	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	5,453,277.	32	5,854,476.
33 Total liabilities and net assets/fund balances	7,615,432.	33	13,206,938.	

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	5,258,760.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,857,562.
3	Revenue less expenses. Subtract line 2 from line 1	3	401,198.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,453,277.
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	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	5,854,475.

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		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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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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