

Return of Organization Exempt From Income Tax

2022

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 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 91-2160616
<input type="checkbox"/> 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 \$ 7,047,356.
City or town, state or province, country, and ZIP or foreign postal code IRVINE, CA 92614	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: AUTUMN STRIER 17848 SKY PARK CIRCLE, SUITE C, IRVINE, CA 92614	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions.
J Website: WWW.MIRACLESFORKIDS.ORG	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 AND DEPRESSION SO THEY CAN FOCUS ON FIGHTING FOR THEIR CHILD'S LIFE.		
	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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	1,850
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,705,730.	Current Year 5,830,342.
	9 Program service revenue (Part VIII, line 2g)	NONE	NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	NONE
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,586.	125,155.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,776,316.	5,955,497.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	549,284.	1,002,653.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,100,803.	1,286,884.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) 472,259.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,677,411.	2,030,934.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,327,498.	4,320,471.
19 Revenue less expenses. Subtract line 18 from line 12	1,448,818.	1,635,026.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,383,788.	End of Year 7,615,432.
	21 Total liabilities (Part X, line 26)	2,565,537.	2,162,155.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,818,251.	5,453,277.

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.

Signature of officer: *Autumn Strier* Date: 11/10/23

TAXPAYER'S COPY

Paid Preparer Use Only	Print/Type preparer's name STEPHANIE WILKINSON	Preparer's signature <i>Stephanie Wilkinson</i>	Date 11/08/2023	Check <input type="checkbox"/> if self-employed	PTIN P01231617
	Firm's name HOLTHOUSE CARLIN & VAN TRIGT LLP	Firm's EIN 95-4345526			
	Firm's address 3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE, CA 91361	Phone no. 805-374-8555			

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

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? 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 \$ 2,160,517. including grants of \$ 1,002,653.) (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 \$ 747,853. 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 \$ 653,474. 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 3,561,844.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 21 rows of questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements for Form 990 filers.

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, W-2G forms, 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 28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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, or any disqualified or other person 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 [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9) and Yes/No columns. Includes questions about voting members, family relationships, management duties, and documentation.

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

Table with columns for line numbers (10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b) and Yes/No columns. Includes questions about local chapters, conflict of interest policy, whistleblower policy, 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 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 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/ PRESIDENT	40.00 NONE	X		X				165,000.	NONE	NONE
(2) THERESA BENEDICT OPERATIONS DIRECTOR	40.00 NONE					X		114,096.	NONE	NONE
(3) KEN CRUSE CHAIRPERSON	2.50 NONE	X		X				NONE	NONE	NONE
(4) CURTIS GREEN BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(5) MONI MOSHARAF BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(6) JORDY SPIEGEL BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(7) PAULA ANSARA-WILHELM 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 SECRETARY	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 TREASURER	2.50 NONE	X		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 WICKWAR BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(19) TYLER LEESON BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(20) PERRY VISCOUNTY BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
(21) STEVEN FISK BOARD MEMBER	2.50 NONE	X						NONE	NONE	NONE
1b Sub-total							279,096.	NONE	NONE	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							279,096.	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 **2**

	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					
	b	Membership dues					
	c	Fundraising events	3,660,215.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	2,170,127.				
	g	Noncash contributions included in lines 1a-1f	\$ 719,019.				
	h	Total. Add lines 1a-1f		5,830,342.			
				Business Code			
Program Service Revenue	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	125,155.			
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)	125,155.	NONE			
	d	Net rental income or (loss)		125,155.	125,155.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		NONE			
	8a	Gross income from fundraising events (not including \$ 3,660,215. of contributions reported on line 1c). See Part IV, line 18					
				1,091,859.			
			1,091,859.				
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
			NONE				
			NONE				
b	Less: direct expenses						
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances						
			NONE				
			NONE				
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		NONE				
			Business Code				
Miscellaneous Revenue	11a	_____					
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		NONE			
12	Total revenue. See instructions		5,955,497.	125,155.			

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	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,002,653.	1,002,653.		
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	165,000.	108,312.	15,455.	41,233.
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	999,124.	655,858.	93,588.	249,678.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	35,032.	28,486.	1,601.	4,945.
10 Payroll taxes	87,728.	58,133.	8,027.	21,568.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	63,170.		63,170.	
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.)	125,533.	52,018.	73,515.	
12 Advertising and promotion	34,684.	30,089.	1,028.	3,567.
13 Office expenses	83,500.	72,317.	2,598.	8,585.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	515,306.	447,277.	18,008.	50,021.
17 Travel	22,573.	19,582.	669.	2,322.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	88.		88.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	121,153.	105,101.	3,591.	12,461.
23 Insurance	27,453.	23,815.	814.	2,824.
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	882,207.	882,207.		
b BANK AND OTHER FEES	61,932.			61,932.
c DUES AND SUBSCRIPTIONS	54,430.	47,217.	1,614.	5,599.
d PAYROLL PROCESSING FEES	24,012.	15,860.	2,160.	5,992.
e All other expenses	14,893.	12,919.	442.	1,532.
25 Total functional expenses. Add lines 1 through 24e	4,320,471.	3,561,844.	286,368.	472,259.
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 X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,672,398.	1	3,542,025.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	752,363.	3	1,862,745.
	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	74,647.	9	66,989.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	519,268.		
	b	Less: accumulated depreciation	378,111.	10c	141,157.
	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	2,628,267.	15	2,002,516.
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,383,788.	16	7,615,432.	
Liabilities	17	Accounts payable and accrued expenses	120,333.	17	125,908.
	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	2,445,204.	25	2,036,247.
	26	Total liabilities. Add lines 17 through 25	2,565,537.	26	2,162,155.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/> X				
	27	Net assets without donor restrictions	3,818,251.	27	5,453,277.
	28	Net assets with donor restrictions	NONE	28	NONE
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>				
	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	3,818,251.	32	5,453,277.	
33	Total liabilities and net assets/fund balances	6,383,788.	33	7,615,432.	

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	5,955,497.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,320,471.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,635,026.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,818,251.
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,453,277.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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 . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		