## 990

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

Open to Public

Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service A For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization B Check if applicable: MIRACLES FOR KIDS, INC. 91-2160616 Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change (714)730-304017848 SKY PARK CIRCLE, SUITE C Initial return G Gross receipts \$ Final return/terminal City or town, state or province, country, and ZtP or foreign postal code 047,356 IRVINE, CA 92614 Application pending H(a) Is this a group return for Yes No F Name and address of principal officer: Χ AUTUMN STRIER No SUITE C, IRVINE, CA 92614 H(b) Are all subordinates included? 17848 SKY PARK CIRCLE, If "No." attach a list. See instructions X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or Website: WWW.MIRACLESFORKIDS.ORG H(c) Group exemption number L Year of formation: 2001 M State of legal domicile: Form of organization: X Corporation CA Trust Other Summary Part I Briefly describe the organization's mission or most significant activities: MIRACLES FOR KIDS HELPS FAMILIES WITH CRITICALLY-ILL CHILDREN BATTLE BANKRUPTCY, HOMELESSNESS, HUNGER AND Governance DEPRESSION SO THEY CAN FOCUS ON FIGHTING FOR THEIR CHILD'S LIFE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 **Activities &** 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 28 Total number of individuals employed in calendar year 2022 (Part V, line 2a), . . . . . . . . . . . . 6 Total number of volunteers (estimate if necessary) 1,850 NONE 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 Prior Year **Current Year** 5,830,342. 4,705,730. Contributions and grants (Part VIII, line 1h)........ NONE NONE NONE NONE 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d), . . . . . . . . 70,586. 125,155. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). . . . . . 5,955,497. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). . . . . . 4,776,316. 12 549,284. 1,002,653. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 NONE NONE Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). . . . . . . 1,100,803. 1,286,884. 15 NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) 1,677,411 2,030,934. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . . . . . . . . 3,327,498 4,320,471. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,635,026. Revenue less expenses. Subtract line 18 from line 12...... 1,448,818 E S **Beginning of Current Year** End of Year 6,383,788 7,615,432. Total assets (Part X, line 16) Total liabilities (Part X, line 26)....... 2,565,537. 2,162,155. 21 5,453,277. 3,818,251 Net assets or fund balances. Subtract line 21 from line 20. 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 & Signature of officer TAXPAYER'S COPY Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check 11/08/2023 Paid Wilkerson self-employed P01231617 STEPHANIE WILKINSON Preparer HOLTHOUSE CARLIN & VAN TRIGT Firm's EIN 95-4345526 Firm's name Use Only 3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE, CA 91361 805-374-8555 Firm's address Phone no. X Yes

For Paperwork Reduction Act Notice, see the separate instructions.

4d	Other pro	ogram	services	(Describe	on S	Schedule	0.)
	/ E	- C		: 1	ـ ـ : ـ ـ		. r o

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses
JSA
2E1020 1.000

3,561,844.

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Pari	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		Х
_	"Yes," complete Schedule D, Part I	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١,,
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		- 41
IJ	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
4 E	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
4.0		13		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		37
2	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-7		v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	امدا	,,	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

Part	IV Checklist of Required Schedules (continued)		Voc	bl o
		r	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Z) a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L.,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
- •	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	The state of the s		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 2E 1030			990	(2022)

Form	990 (2022)		F	age 5
Par		<u> </u>	Yes	No
	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?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country			
	$See \ instructions \ for \ filling \ requirements \ for \ FinCEN \ Form \ 114, \ Report \ of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$	_		,,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	0a		- 1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
-	gifts were not tax deductible?	- 05		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	middle from the depth of the defendence will determ the first the			
	Gross receipts, mended on reminister and reminister			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from members or shareholders			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			***************************************
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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		-	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		and the same of th	
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	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

Sect	ion A. Governing Body and Management			
		,	Yes	No
15	Enter the number of voting members of the governing body at the end of the tax year   1a   20			
14	If there are material differences in voting rights among members of the governing hody or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
<i>*-</i> -	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			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Χ
A	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
5	Did the organization have members or stockholders?	6		Х
6	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
7a	one or more members of the governing body?	7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during			., .,
8				
	the year by the following:	8a	Х	
a	The governing body?	8b	Х	
þ	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
Jeca	ON B. 1 Offices (11/1/8 Occident B Toquesto milamation about pointing met required by the internal		Yes	No
40.	Did the construction being to ad aborders bromehoo or offlictoo?	10a		Х
	Did the organization have local chapters, branches, or affiliates?	-		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b		12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
	rise to conflicts?			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
	describe on Schedule O how this was done	13	Х	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?			
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?	15a	Х	
а	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization		- 2\	
	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	16a		Х
	with a taxable entity during the year?	TVa		
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	16b		
0 4	organization's exempt status with respect to such arrangements?	100		
	on 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-	(sec	tion 5	U1(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	f inte	est p	olicy,
	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 record	S		
	AUTUMN STRIER 17848 SKY PARK CIRCLE, SUITE C IRVINE, CA 92614		000	
	714-730-3040	Form	990	2022)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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	box,	unie	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) AUTUMN STRIER	40.00	į								
CO-FOUNDER/CEO/ PRESIDENT	NONE	Х		х				165,000.	NONE	NONE
(2) THERESA BENEDICT	40.00									
OPERATIONS DIRECTOR	NONE					Х		114,096.	NONE	NONE
(3) KEN CRUSE	2.50									
CHAIRPERSON	NONE	Х		Х				NONE	NONE	NONE
(4) CURTIS GREEN	2.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(5) MONI MOSHARAF	2.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(6) JORDY SPIEGEL	2.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(7) PAULA ANSARA-WILHELM	2.50									
VICE CHAIR	NONE	X		Χ				NONE	NONE	NONE
(8) DAVID HEIL	2.50									
BOARD MEMBER	NONE	Χ						NONE	NONE	NONE
(9) BOB ROVZAR	2.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) GARY STANDEL	2.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(11) TOM SWANECAMP	2.50									
BOARD MEMBER	NONE	Χ						NONE	NONE	NONE
(12) JASON PENDERGIST	2.50		1							
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(13) NORM CHRISTENSEN	2.50		İ							
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) KEVIN DEALLEN	2.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not ch unles er and	Pos eck s pe	C) sition more erson	that the state of	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensatii relate organiza (W-2/1099	ble on from d tions	(F) Estimated amount of other compensation from the organization and related organizations
	54444444444444444444444444444444444444	tee	ustee			ensated					
15) MIKE MEYER TREASURER	2.50 NONE	Х		х				NONE		NONE	NONE
16) RASHEED MUHAMMAD	2.50	J									
BOARD MEMBER	NONE	X						NONE		NONE	NONI
17) KING NELSON	2.50										
BOARD MEMBER	NONE	X				ļ		NONE		NONE	NONI
18) NOEL WICKWAR	2.50	ł "						MONTE		MONIE	NONI
BOARD MEMBER	NONE 2.50	<u> </u>	$\vdash$				<u></u>	NONE		NONE	NOM
19) TYLER LEESON BOARD MEMBER	NONE	Х						NONE		NONE	NON
20) PERRY VISCOUNTY	2.50		H		_						
BOARD MEMBER	NONE	х						NONE		NONE	NON
21) STEVEN FISK	2.50					·					
BOARD MEMBER	NONE	X			<u> </u>			NONE		NONE	NON!
		<u> </u>									
	<u> </u>										
1b Sub-total							<b></b>	279,096.		NONE	NON
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	NONE		NONE	***************************************
d Total (add lines 1b and 1c)							_	279,096.		NONE	NON:
Total number of individuals (including but not reportable compensation from the organization		hose	liste	d al	bove	e) who 2	re	ceived more than	\$100,000	of	
					<del></del>						Yes No
3 Did the organization list any former office											
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satio	n ai	nd other compens	sation from	the	
organization and related organizations graindividual											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors								•		·	
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>	pensated i compensati	ndepe on foi	ende the	nt (	con lend	tracto iar ye	rs t ar e	hat received more ending with or with	than \$100 nin the orga	,000 c inizatio	of n's tax
(A) SEE SCHEDULE O Name and business add	tress							(B) Description of se	rvices	C	(C) Compensation
							+			·	
							+				
1 December 1981 Annual Control of the Control of th							<u> </u>	m/			
2 Total number of independent contractors (in	ncluding bu	ut not	t lim	ite	d to	thos	e li	sted above) who	received	jájasos	
more than \$100,000 in compensation from th				-				1			

Pr. 1 1 1 1 1 1 1	O+-4	of Revenue
1.6:14.6.14118	Statement	or Kevenue
Part VIII	Statement	UI KEVEIIUE

		Check if Schedule O contain	s a respor	nse or note to a	ny line in this Part \	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ທັທ	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues						
٣٥		Fundraising events		3,660,215.	,			
ğΨ	L C	-		27,000,020,	1			
뚪늍	a	Related organizations			-			
s.E	e	Government grants (contributions)						
200	f	All other contributions, gifts, grants	i I					
in the		and similar amounts not included abov	e · 1f	2,170,127.				
돌	g	Noncash contributions included in						
g		lines 1a-1f	1g	\$ 719,019.				
Ö ö	h	Total. Add lines 1a-1f			5,830,342.			
				Business Code				
8	2a							
Program Service Revenue	b							
Se	c							
ž š						,		
200	d							
ဥ	e							
<u></u>	f	All other program service revenue			1,011			
	g	Total. Add lines 2a-2f	· · · · · ·		NONE			
	3	Investment income (including	dividends,	interest, and				
		other similar amounts)			NONE			
	4	Income from investment of tax-ex	empt bond	proceeds .	NONE			
	5	Royalties			NONE			
			(i) Real	(ii) Personal	reserved the second			
	6a	Gross rents 6a	125,155.					
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	125,155.	NONE				
	d	Net rental income or (loss)		<u> </u>	125,155.	125,155.		
	7a	· [	Securities	(ii) Other				
	ı a	3,000		(/ 55.				
		sales of assets						
		other than inventory 7a						
ä	b	Less: cost or other basis						
e)		and sales expenses 7b						
é	C	Gain or (loss) 7c						
-	d	Net gain or (loss)	<u></u>		NONE			
ther Revenue	8a	Gross income from fundrai	sina					
0		events (not including \$3,660,:						
		of contributions reported on	,					
		1c). See Part IV, line 18	í	1,091,859.				
	L		1	1,091,859.				
	b	Less: direct expenses Net income or (loss) from fundrais						
	С	• •	_ [					
	9a		ning					
		activities. See Part IV, line 19	1	NONE				
	b	Less: direct expenses	9b	NONE				
	C	Net income or (loss) from gaming	activities.		NONE			
- 1	10a	Gross sales of inventory,	less					
		returns and allowances	10a	NONE				
	b	Less: cost of goods sold	. 10b	NONE				
		Net income or (loss) from sales of it	nventory		NONE			
Ø				Business Code				
őű.	44-							
ne Tuc	11a		<del></del>					
scellaneo Revenue	ь							
28 Re	c							
Miscellaneous Revenue	d	All other revenue	•				***************************************	
		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) organ	nizations must comple	ete all columns. All other	organizations mus	st complete column (	<u>(A).</u>

	Check if Schedule O contains a response	nse or note to any line			
	not include amounts reported on lines 6b, 7b, 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	NONE			
	section 401(k) and 403(b) employer contributions)		****		
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			
Ė	Legal	NONE			***************************************
c	Accounting	63,170.		63,170.	
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17,	NONE			
1	Investment management fees	NONE			
g	Other, (If fine 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	125,533.	52,018.	73,515.	6 5 6 6
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			
	Conferences, conventions, and meetings	NONE			····
	Interest	88.		88.	
	Payments to affiliates	NONE			- 0 . 4 . 7 .
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		va.		
	(A), amount, list line 24e expenses on Schedule O.)			······································	
а	WELLNESS & SUPPORT SUPPLIES	882,207.	882,207.		
	BANK AND OTHER FEES	61,932.			61,932.
	DUES AND SUBSCRIPTIONS	54,430.	47,217.	1,614.	5,599.
	PAYROLL PROCESSING FEES	24,012.	15,860.	2,160.	5,992.
	All other expenses	14,893.	12,919.	442.	1,532.
	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 if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	2,672,398. 1	
	2	Savings and temporary cash investments	NONE 2	NON
	3	Pledges and grants receivable, net	752 <b>,</b> 363. <b>3</b>	1,862,745.
	4	Accounts receivable, net	NONE 4	NON
	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	NON
	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	NON
u)	7	Notes and loans receivable, net	NONE 7	NON
Assets	8	Inventories for sale or use	NONE 8	<del></del>
Ä	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	74,647. 9	66,989
	1 -	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 519,268.		
	h	Less: accumulated depreciation	256,113.10	c 141,157.
	11	Investments - publicly traded securities	NONE 11	
	12	Investments - other securities. See Part IV, line 11	NONE 12	
	13	Investments - program-related. See Part IV, line 11.	NONE 13	
	14	Intangible assets	NONE 14	
	15	Other assets. See Part IV, line 11	2,628,267. 15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,383,788. <b>16</b>	
	17	Accounts payable and accrued expenses	120,333. 17	
	18	Grants payable	NONE 18	
	19	Deferred revenue	NONE 19	
	20	Tax-exempt bond liabilities	NONE 20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE 21	
18	22	Loans and other payables to any current or former officer, director,		
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%		
豆		controlled entity or family member of any of these persons	NONE 22	NON
<u></u>	23	Secured mortgages and notes payable to unrelated third parties	NONE 23	
	24	Unsecured notes and loans payable to unrelated third parties	NONE 24	
	25	Other liabilities (including federal income tax, payables to related third	1011 27	710112
	20	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. <b>26</b>	
LO.	26	Organizations that follow FASB ASC 958, check here X	2,303,337. 20	2/102/100.
ace		and complete lines 27, 28, 32, and 33.		
32/2	27	Net assets without donor restrictions	3,818,251. <b>27</b>	····
<u> </u>	28	Net assets with donor restrictions	NONE 28	NONE
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		
S	29	Capital stock or trust principal, or current funds	29	<del></del>
Set	30	Paid-in or capital surplus, or land, building, or equipment fund	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	31	
e	32	Total net assets or fund balances	3,818,251. <b>32</b>	5,453,277.
Z	33	Total liabilities and net assets/fund balances	6,383,788. <b>33</b>	7,615,432.