

**Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023****Open to Public Inspection**

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2023 calendar year, or tax year beginning <u>July 01</u> , 2023, and ending <u>June 30</u> , 2024                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <u>ROBYNE'S NEST</u><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><u>7602 Talbert Ave</u> <u>Unit F</u><br>City or town, state or province, country, and ZIP or foreign postal code<br><u>Huntington Beach, CA 92648</u><br><b>F</b> Name and address of principal officer: <u>Robyne Wood</u><br><u>7602 Talbert Ave, Unit F, Huntington Beach, CA 92648</u><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions.<br><b>H(c)</b> Group exemption number |
| <b>I</b> 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                                                                                                             | <b>D</b> Employer identification number<br><u>47-3837497</u><br><b>E</b> Telephone number<br><u>714-369-6102</u><br><b>G</b> Gross receipts \$ <u>956,889</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>J</b> Website: <u>Robyynesnest.org</u>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other Non-Profit                                                                                                               | <b>L</b> Year of formation: <u>2015</u> <b>M</b> State of legal domicile: <u>CA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**Part I Summary**

|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                         |                           |                  |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Activities & Governance                                                                   | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><u>Robyne's Nest provides at risk high school students, who are alcohol &amp; drug free with little to no parent support, in the Huntington Beach &amp; Newport Beach area, with the resources &amp; support to complete high school and pursue a path to self-sufficiency.</u> |                           |                  |
|                                                                                           | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                                                                                                                                                                                        |                           |                  |
|                                                                                           | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                                                                                                                                                                                                                                    | <b>3</b>                  | <u>7</u>         |
|                                                                                           | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                                                                                                                                                                                                                                        | <b>4</b>                  | <u>7</u>         |
|                                                                                           | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . . . .                                                                                                                                                                                                                                                                         | <b>5</b>                  | <u>6</u>         |
|                                                                                           | <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                                                                                                                                                                                                                                                                                                   | <b>6</b>                  | <u>56</u>        |
|                                                                                           | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .                                                                                                                                                                                                                                                                                | <b>7a</b>                 | <u>2,417</u>     |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . | <b>7b</b>                                                                                                                                                                                                                                                                                                                                                               | <u>0</u>                  |                  |
| Revenue                                                                                   | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                                                                                                                                                                        | Prior Year                | Current Year     |
|                                                                                           | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                                                                                                                                                                         | <u>768,175</u>            | <u>888,368</u>   |
|                                                                                           | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .                                                                                                                                                                                                                                                                                       | <u>20,555</u>             | <u>19,770</u>    |
|                                                                                           | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .                                                                                                                                                                                                                                                                            | <u>11,018</u>             | <u>2,417</u>     |
|                                                                                           | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                                                                                                                                                                                    | <u>20,622</u>             | <u>32,457</u>    |
| Expenses                                                                                  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .                                                                                                                                                                                                                                                                                    | <u>820,370</u>            | <u>943,012</u>   |
|                                                                                           | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                                                                                                                                                                                       | <u>238,330</u>            | <u>301,560</u>   |
|                                                                                           | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .                                                                                                                                                                                                                                                                   | <u>0</u>                  | <u>0</u>         |
|                                                                                           | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                                                                                                                                                                                      | <u>179,563</u>            | <u>306,116</u>   |
|                                                                                           | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) . . . . .                                                                                                                                                                                                                                                                                            | <u>0</u>                  | <u>0</u>         |
|                                                                                           | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                                                                                                                                                                                                                                        | <u>50,631</u>             |                  |
|                                                                                           | <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .                                                                                                                                                                                                                                                                           | <u>188,908</u>            | <u>184,263</u>   |
| Net Assets or Fund Balances                                                               | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .                                                                                                                                                                                                                                                                                                | <u>606,801</u>            | <u>791,939</u>   |
|                                                                                           | <b>20</b> Total assets (Part X, line 16) . . . . .                                                                                                                                                                                                                                                                                                                      | <u>213,569</u>            | <u>151,073</u>   |
|                                                                                           | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                                                                                                                                                                                                                                                                                                 | Beginning of Current Year | End of Year      |
|                                                                                           | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .                                                                                                                                                                                                                                                                                          | <u>1,613,108</u>          | <u>1,747,846</u> |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                         | <u>752,522</u>            | <u>736,187</u>   |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                         | <u>860,586</u>            | <u>1,011,659</u> |

**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.

|                               |                                                                        |                      |                        |                                                      |
|-------------------------------|------------------------------------------------------------------------|----------------------|------------------------|------------------------------------------------------|
| <b>Sign Here</b>              | Signature of officer                                                   |                      | Date <u>11/13/2024</u> |                                                      |
|                               | <u>Robyne Wood, Executive Director</u><br>Type or print name and title |                      |                        |                                                      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                             | Preparer's signature | Date                   | Check <input type="checkbox"/> if self-employed PTIN |
|                               | Firm's name                                                            | Firm's EIN           |                        |                                                      |
|                               | Firm's address                                                         | Phone no.            |                        |                                                      |

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Robyne's Nest's mission is to provide at risk and homeless high school students, who are alcohol and drug free with little to no parental support, in the Huntington Beach and Newport Beach areas with the resources and support to complete high school and pursue a path to self-sufficiency. Students, who have a strong desire to finish high school, are referred to Robyne's Nest by school administrators. Students can be in our program until age 25.

**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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**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 \$ 288,088 including grants of \$ 0) (Revenue \$ 19,770)

**Housing & Mental Health Resources - Transitional Housing:** For those students who do not have safe, reliable housing and who still need some adult guidance, Robyne's Nest will place the student in a home that meets their needs. The transitional house is a single family home that is meant to support a student up to twelve months depending on their age and situation. There is at least one adult, who has been vetted, who loves in the house to provide support and guidance to the students, enabling them to learn day to day life skills and live peacefully with other people. **Permanent Housing:** Robyne's Nest provides the next step of secure, stable and affordable apartment living so that students can continue to work on their independent life skills while working, going to school and saving for their own housing by the time they are 25. **Mental Health and Wellness:** Through early intervention, Robyne's Nest seeks to stem the tide of mental health issues such as anxiety/stress, anger issues, and mood/behavior challenges in the early formative years of teens. Our contracted quality psychologist conducts weekly individual and group therapy sessions to help students heal from trauma and abuse, develop coping skills and better self-awareness. Students in our wrap-around services programs are required to do weekly therapy sessions. Our group counseling program, provided on-site at high schools, helps students in areas such as school attendance, grades and peer relationships, helping them complete school easier, and being better equipped for the complexities of school.

**4b** (Code: ) (Expenses \$ 255,365 including grants of \$ 55,089) (Revenue \$ 0)

**Basic Needs (food, clothing, hygiene, household goods, school supplies):** Food pantries: All high schools have fully stocked food pantries with grab-n-go foods, bottled water, apples, toiletries and clothing. Our office pantry is for Robyne's Nest students only to come shop for non-perishables as well as frozen meals that are provided by donors. Toiletries, household products and more help students stay focused on school and use the money they make for other bills and savings. **Other Assistance:** We assist with things such as fixing broken glasses, dental treatment, clothes (new & used), household needs such as furniture, blankets and heaters/fans. A monthly student living stipend provides relief in managing daily needs. High school students may be working to provide for themselves or to help with family provisions. When work becomes their priority, their schooling and grades suffer. To be eligible to receive student living expense support, students must have passing grades in all classes, meet school attendance requirements and reduce the number of working hours.

**4c** (Code: ) (Expenses \$ 94,351 including grants of \$ 13,500) (Revenue \$ 0)

**Education/Life Skills Programs -** We provide additional educational assistance such as tutoring, school supplies, laptops, etc. to enable students to have the tools to do their schoolwork. Post high school guidance regarding FAFSA, scholarships, and career coaching is also available to students in our program. Robyne's Nest also provides scholarships to students who meet education guidelines. **Soaring for Success** is a career coaching program that is done on-site at schools to give at-risk students an opportunity to talk to different industry professionals to get a sense of what careers might be a fit for them. When additional assistance is needed in that area, our career coach goes on-site to work with students. **Life Skills Education** classes are required for all students in our program in personal wellness, employment, finance, coping skills, dangers of substance abuse and many more. These classes help students to achieve their goals, make informed decisions and to learn to live within their means as government assistance is not allowed in the program except Medi-Cal insurance (no housing vouchers or EBT assistance). **Care Management** staff assist students with issues with daily living as well as coordinating all services provided by Robyne's Nests.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 6,314 including grants of \$ 0) (Revenue \$ 0)

**4e** Total program service expenses 644,118

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                              | Yes                                 | No                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> 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 . . . . .                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> 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 . . . . .                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> 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 . . . . .            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> 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 . . . . .                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>11</b> 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.                                                                                                                                                                   |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</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 . . . . .                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> 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 . . . . .                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> 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 . . . . .                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>f</b> 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 . . . . .                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .                                                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>19</b> 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 . . . . .                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>21</b> 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 . . . . .                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                                 | No                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>22</b> 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 . . . . .                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>23</b> 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 . . . . .                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>24a</b> 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 . . . . .                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 . . . . .                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II . . . . .                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>27</b> 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 persons? If "Yes," complete Schedule L, Part III . . . . . | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>28</b> 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).                                                                                                                                                                                        |                                     |                                     |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> 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 . . . . .                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>33</b> 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 . . . . .                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>34</b> 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 . . . . .                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> 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 . . . . .                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>37</b> 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 . . . . .                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>38</b> 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 . . . . .                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**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 ☐

|                                                                                                                                                                             | Yes                                 | No                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                            | <b>1a</b> 6                         |                          |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .                                                                          | <b>1b</b> 0                         |                          |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



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

**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                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 7<br>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>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . . <b>1b</b> 7                                                                                                                                                                                                                        |                                     |                                     |
| <b>2</b> 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? . . . . .                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>3</b> 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? . . . . .                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7a</b> 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? . . . . .                                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                                               |                                     |                                     |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>9</b> 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 . . . . .                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                 | Yes                                 | No                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</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? . . . . .                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                          |                                     |                                     |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>15</b> 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?                                                                                  |                                     |                                     |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                              |                                     |                                     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</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? . . . . . | <input type="checkbox"/>            | <input type="checkbox"/>            |

**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.  
 Robyne K Wood, 7602 Talbert Ave, Unit F, Huntington Beach, CA, 92648, (714) 369-6102

**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)<br>Name and title                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                          |                                     |                                     |                                     |                          | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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) Robyne Wood<br>Executive Director | 50.00<br>0.00                                                                              | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 73,490                                                                          | 0                                                                                    | 0                                                                                             |
| (2) Alex Alvarez<br>President         | 5.00<br>0.00                                                                               | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (3) Lisa Farmer<br>Treasurer          | 10.00<br>0.00                                                                              | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (4) Linda Kannow<br>Secretary         | 25.00<br>0.00                                                                              | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (5) Dick Deaner<br>Board Member       | 10.00<br>0.00                                                                              | <input checked="" type="checkbox"/>                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (6) Elliot Skolnick<br>Board Member   | 1.00<br>0.00                                                                               | <input checked="" type="checkbox"/>                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (7) Andrew Bicos<br>Board Member      | 1.00<br>0.00                                                                               | <input checked="" type="checkbox"/>                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (8) James Pike<br>Board Member        | 1.00<br>0.00                                                                               | <input checked="" type="checkbox"/>                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | 0                                                                               | 0                                                                                    | 0                                                                                             |
| (9)                                   |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                 |                                                                                      |                                                                                               |
| (10)                                  |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                 |                                                                                      |                                                                                               |
| (11)                                  |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                 |                                                                                      |                                                                                               |
| (12)                                  |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                 |                                                                                      |                                                                                               |
| (13)                                  |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                 |                                                                                      |                                                                                               |
| (14)                                  |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                 |                                                                                      |                                                                                               |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                          |                          |                          |                              |                          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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)                                                           |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                                                                               |                                                                                    |                                                                                               |
| (16)                                                           |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                                                                               |                                                                                    |                                                                                               |
| (17)                                                           |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                                                                               |                                                                                    |                                                                                               |
| (18)                                                           |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                                                                               |                                                                                    |                                                                                               |
| (19)                                                           |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                                                                               |                                                                                    |                                                                                               |
| (20)                                                           |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                                                                               |                                                                                    |                                                                                               |
| (21)                                                           |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                                                                               |                                                                                    |                                                                                               |
| (22)                                                           |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                                                                               |                                                                                    |                                                                                               |
| (23)                                                           |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                                                                               |                                                                                    |                                                                                               |
| (24)                                                           |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                                                                               |                                                                                    |                                                                                               |
| (25)                                                           |                                                                                            | <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b>                                             |                                                                                            |                                                                                                              |                          |                          |                          |                              |                          | 73,490                                                                        | 0                                                                                  | 0                                                                                             |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                          |                          |                          |                              |                          |                                                                               |                                                                                    |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                          |                          |                          |                              |                          | 73,490                                                                        | 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 **0**

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

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **0**



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                    |                                    |                                                                                                                                       |                                                                                           | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|--------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b> | <b>1a</b>                          | Federated campaigns . . . . .                                                                                                         | <b>1a</b>                                                                                 |                      |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                           | Membership dues . . . . .                                                                                                             | <b>1b</b>                                                                                 |                      |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                           | Fundraising events . . . . .                                                                                                          | <b>1c</b>                                                                                 |                      |                                              |                                      |                                                               |
|                                                                    | <b>d</b>                           | Related organizations . . . . .                                                                                                       | <b>1d</b>                                                                                 | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>e</b>                           | Government grants (contributions)                                                                                                     | <b>1e</b>                                                                                 |                      |                                              |                                      |                                                               |
|                                                                    | <b>f</b>                           | All other contributions, gifts, grants,<br>and similar amounts not included above                                                     | <b>1f</b>                                                                                 | 888,368              |                                              |                                      |                                                               |
|                                                                    | <b>g</b>                           | Noncash contributions included in<br>lines 1a-1f . . . . .                                                                            | <b>1g</b>                                                                                 | \$ 116,719           |                                              |                                      |                                                               |
|                                                                    | <b>h</b>                           | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                               |                                                                                           | 888,368              |                                              |                                      |                                                               |
|                                                                    | <b>Program Service<br/>Revenue</b> | <b>2a</b>                                                                                                                             | Child and Youth Services                                                                  | Business Code        |                                              |                                      |                                                               |
| <b>b</b>                                                           |                                    |                                                                                                                                       |                                                                                           |                      |                                              |                                      |                                                               |
| <b>c</b>                                                           |                                    |                                                                                                                                       |                                                                                           |                      |                                              |                                      |                                                               |
| <b>d</b>                                                           |                                    |                                                                                                                                       |                                                                                           |                      |                                              |                                      |                                                               |
| <b>e</b>                                                           |                                    |                                                                                                                                       |                                                                                           |                      |                                              |                                      |                                                               |
| <b>f</b>                                                           |                                    | All other program service revenue . .                                                                                                 |                                                                                           |                      |                                              |                                      |                                                               |
| <b>g</b>                                                           |                                    | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                               |                                                                                           | 19,770               |                                              |                                      |                                                               |
| <b>Other Revenue</b>                                               |                                    | <b>3</b>                                                                                                                              | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . |                      | 2,417                                        |                                      | 2,417                                                         |
|                                                                    | <b>4</b>                           | Income from investment of tax-exempt bond proceeds                                                                                    |                                                                                           |                      |                                              |                                      |                                                               |
|                                                                    | <b>5</b>                           | Royalties . . . . .                                                                                                                   |                                                                                           |                      |                                              |                                      |                                                               |
|                                                                    | <b>6a</b>                          | Gross rents . . . . .                                                                                                                 | (i) Real                                                                                  | (ii) Personal        |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                           | Less: rental expenses                                                                                                                 |                                                                                           |                      |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                           | Rental income or (loss)                                                                                                               | 0                                                                                         | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>d</b>                           | Net rental income or (loss) . . . . .                                                                                                 |                                                                                           | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>7a</b>                          | Gross amount from<br>sales of assets<br>other than inventory                                                                          | (i) Securities                                                                            | (ii) Other           |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                           | Less: cost or other basis<br>and sales expenses . . . . .                                                                             |                                                                                           |                      |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                           | Gain or (loss) . . . . .                                                                                                              | 0                                                                                         | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>d</b>                           | Net gain or (loss) . . . . .                                                                                                          |                                                                                           | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>8a</b>                          | Gross income from fundraising<br>events (not including \$<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . |                                                                                           | 16,905               |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                           | Less: direct expenses . . . . .                                                                                                       |                                                                                           | 13,877               |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                           | Net income or (loss) from fundraising events . . . . .                                                                                |                                                                                           | 3,028                |                                              |                                      |                                                               |
|                                                                    | <b>9a</b>                          | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .                                                                |                                                                                           |                      |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                           | Less: direct expenses . . . . .                                                                                                       |                                                                                           |                      |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                           | Net income or (loss) from gaming activities . . . . .                                                                                 |                                                                                           | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>10a</b>                         | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                    |                                                                                           | 29,429               |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                           | Less: cost of goods sold . . . . .                                                                                                    |                                                                                           |                      |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                           | Net income or (loss) from sales of inventory . . . . .                                                                                |                                                                                           | 29,429               |                                              |                                      |                                                               |
| <b>Miscellaneous<br/>Revenue</b>                                   | <b>11a</b>                         |                                                                                                                                       | Business Code                                                                             |                      |                                              |                                      |                                                               |
|                                                                    | <b>b</b>                           |                                                                                                                                       |                                                                                           |                      |                                              |                                      |                                                               |
|                                                                    | <b>c</b>                           |                                                                                                                                       |                                                                                           |                      |                                              |                                      |                                                               |
|                                                                    | <b>d</b>                           | All other revenue . . . . .                                                                                                           |                                                                                           |                      |                                              |                                      |                                                               |
|                                                                    | <b>e</b>                           | <b>Total.</b> Add lines 11a-11d . . . . .                                                                                             |                                                                                           | 0                    |                                              |                                      |                                                               |
|                                                                    | <b>12</b>                          | <b>Total revenue.</b> See instructions . . . . .                                                                                      |                                                                                           | 943,012              | 19,770                                       | 2,417                                | 0                                                             |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                                           |                       |                                 |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                                      | 301,560               | 301,560                         |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .                                                                                                               |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                       | 94,000                | 75,200                          | 9,400                                  | 9,400                       |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                                   |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                                                                                                                       | 189,773               | 125,889                         | 49,763                                 | 14,121                      |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                             |                       |                                 |                                        |                             |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                                 | 22,343                | 16,165                          | 4,364                                  | 1,814                       |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .                                                                                                                                  | 39,705                | 39,705                          | 9,773                                  |                             |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                                     | 4,319                 |                                 |                                        | 4,319                       |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                                               | 4,900                 | 50                              | 4,850                                  |                             |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                                        | 3,510                 | 2,235                           | 1,275                                  |                             |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                                     | 26,447                | 15,200                          | 5,497                                  | 5,750                       |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                                |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                                      | 46,358                | 46,358                          |                                        |                             |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                                     | 13,110                | 13,110                          |                                        |                             |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                                     | 8,477                 | 1,876                           | 6,601                                  |                             |
| <b>24</b> 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.) . . . . .                                           |                       |                                 |                                        |                             |
| <b>a</b> _____                                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>b</b> _____                                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>c</b> _____                                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>d</b> _____                                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>e</b> All other expenses . . . . .                                                                                                                                                                                                                             | 37,437                | 6,770                           | 5,667                                  | 15,227                      |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .                                                                                                                                                                                     | 791,939               | 644,118                         | 97,190                                 | 50,631                      |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |                                        |                             |

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

|                                                                                      |                                                                                                                                                                                                                                    | (A)<br>Beginning of year |           | (B)<br>End of year   |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|----------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                       | 574,357                  | <b>1</b>  | 242,440              |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                          |                          | <b>2</b>  |                      |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                              |                          | <b>3</b>  |                      |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                        |                          | <b>4</b>  |                      |
|                                                                                      | <b>5</b> 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 . . . . . |                          | <b>5</b>  |                      |
|                                                                                      | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                               |                          | <b>6</b>  |                      |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                 |                          | <b>7</b>  |                      |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                     |                          | <b>8</b>  |                      |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                           |                          | <b>9</b>  |                      |
|                                                                                      | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                           | <b>10a</b> 1,442,494     |           |                      |
|                                                                                      | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                                                                  | <b>10b</b> 13,110        | 1,006,673 | <b>10c</b> 1,429,384 |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                         | 1,028                    | <b>11</b> | 45,639               |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                             |                          | <b>12</b> |                      |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                              |                          | <b>13</b> |                      |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                              |                          | <b>14</b> |                      |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                             | 31,050                   | <b>15</b> | 30,383               |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 1,613,108                                                                                                                                                                                                                          | <b>16</b>                | 1,747,846 |                      |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                          |                          | <b>17</b> |                      |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                 |                          | <b>18</b> |                      |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                               |                          | <b>19</b> |                      |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                    |                          | <b>20</b> |                      |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                          |                          | <b>21</b> |                      |
|                                                                                      | <b>22</b> 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 . . . . .     |                          | <b>22</b> |                      |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                 | 752,522                  | <b>23</b> | 736,187              |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                   |                          | <b>24</b> |                      |
|                                                                                      | <b>25</b> 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 . . . . .                                          |                          | <b>25</b> | 0                    |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                              | 752,522                  | <b>26</b> | 736,187              |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                               |                          |           |                      |
|                                                                                      | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                          | 860,586                  | <b>27</b> | 1,011,659            |
|                                                                                      | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                             | 0                        | <b>28</b> |                      |
|                                                                                      | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                                        |                          |           |                      |
|                                                                                      | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                             |                          | <b>29</b> |                      |
|                                                                                      | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                               |                          | <b>30</b> |                      |
|                                                                                      | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                               |                          | <b>31</b> |                      |
|                                                                                      | <b>32</b> Total net assets or fund balances . . . . .                                                                                                                                                                              | 860,586                  | <b>32</b> | 1,011,659            |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .                   | 1,613,108                                                                                                                                                                                                                          | <b>33</b>                | 1,747,846 |                      |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |                                                                                                                |           |           |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 943,012   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 791,939   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 151,073   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 860,586   |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |           |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  |           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 1,011,659 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes                      | No                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| <b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                              |                          |                                     |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . .<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>c</b> 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? . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>3a</b> 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? . . .                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</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 .                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/>            |