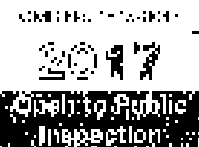


Return of Organization Exempt From Income Tax

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private inurement).
 Do not enter your security number on this form as it may be made public.
 E-file to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury
 Internal Revenue Service

A For the 2017 calendar year, or tax year beginning January 1, 2017, and ending December 31, 2017

B Check the type of organization: Charitable Educational Religious Scientific or literary Art Historic preservation Amateur sports Youth center Community development Other (explain): Head In Hand Parenting

C Employer identification number: 77-0227676

D State: GA

E Mailing address: 353 Waverley Street Atlanta, GA 30303

F Telephone number: 404-525-0000

G Website: www.headinhandparenting.org

H Name and address of principal office: Paul Russell, 353 Waverley St. Apt. 104, Atlanta, GA 30303

I Accounting method: Cash Accrual Other (specify): None

J Website: www.headinhandparenting.org

K Form type: Corporate Other Association Trust Other (specify): None **L** Period of fiscal year: 1206 **M** State or foreign jurisdiction: GA

Part III Summary		Part IV Revenue		Part V Expenses		Part VI Assets or Liabilities	
Line	Description	2017	2016	2017	2016	2017	2016
1	Chiefly describe the organization's mission or most significant activities: <u>Head In Hand Parenting forms healthy parent-child relationships that will last a lifetime. Our Parenting by Connection approach teaches parents how to meet their child's core emotional needs and reverse the damaging effects of early childhood stress.</u>						
2	Check this box if: <input type="checkbox"/> The organization discontinued its operations or disposed of more than 25% of its net assets.						
3	Number of governing members (Part VI, line 1a)	10	10				
4	Number of independent voting members of the governing body (Part VI, line 1a)	0	0				
5	Total number of individuals employed in calendar year 2017 (Part VII, line 2a)	1	1				
6	Total number of volunteers (estimate if necessary)	34	34				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	0				
7b	Net unrelated business taxable income from Form 990-T, line 31	0	0				
8	Contributions and grants (Part VIII, line 1j)	861,344	487,137				
9	Program service revenue (Part VIII, line 2g)	412,000	470,657				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7c)	25	61				
11	Other revenue (Part VIII, column (A), lines 6, 7d, 8c, 9c, 10c, and 11e)	0	0				
12	Total revenue (add lines 8 through 11) (must equal Part VIII, column (C), line 12)	1,299,119	957,855				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-5)	0	0				
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 6-10)	380,511	435,314				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0				
16b	Total fundraising expenses (Part IX, column (C), line 2c) <u>390,815</u>						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	501,808	546,859				
18	Total expenses (add lines 13-17) (must equal Part IX, column (C), line 2b)	1,272,609	982,213				
19	Revenue less expenses (subtract line 18 from line 12)	26,510	75,642				
20	Total assets (Part X, line 1b)	705,067	177,824				
21	Total liabilities (Part X, line 2a)	48,905	531				
22	Net assets or fund balances (subtract line 21 from line 20)	251,161	176,053				

Part VII Signature Block

I, the undersigned officer, declare that I have examined the return, accompanying schedules and statements, and to the best of my knowledge and belief, the return and accompanying schedules and statements are true, correct, and complete. I declare under penalty of perjury that I am an officer or director of the organization and am authorized to sign this return.

Signature: [Signature] Title: 11/14/2017
 Name: Paul Russell, Dir. of Finance + Operations

Preparer's Information

Name: [Signature] Title: Preparer

Employer: [Signature] Tax ID: [Signature]

Preparer's Signature: [Signature] Date: [Signature]

May the IRS discuss this return with the preparer shown above? (see instruction 10) Yes No

Part III Statement of Program Service Accomplishments
 Check if Schedule O contains a reference or note to any line in this Part III

- 1 Briefly describe the organization's mission:

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.....
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E? Yes No

If "Yes," describe these services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes to 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)(29) 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 \$ 116,690 including grants of \$) (Revenue \$ 289,000)
 Hand in Hand Parenting served 23,148 parents and adolescents through in-person and online classes, calls, consultations, support groups, and workshops. We delivered 69,444 hours of program content to these individuals. We partnered with 9 agencies to deliver the services.

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4b (Code:) (Expenses \$ 112,721 including grants of \$) (Revenue \$ 227,323)
 Hand in Hand Parenting trained and supported 201 instructors of Parenting by Connection. We distributed 21,747 materials and 10,149 parenting podcasts. We sent monthly information and support to 81,207 newsletter subscribers and answered 115,880 parent calls monthly.

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4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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.....

4d Other program services (described in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 229,411

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 501(c)(29) (other than a private foundation)? If "Yes," complete Schedule A	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributions (see instructions)?	2	✓
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations: Did the organization engage in lobbying activities, or have a section 501(c)(3) affiliate in effect, during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(29), or 501(c)(28) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Ruling 86-119? If "Yes," complete Schedule C, Part III	5	✓
6 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	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization maintain an amount in Part X, line 21, for receipt or disbursement of a credit facility, serve as a custodian for accounts included in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	✓
11 If the organization answers "Yes" to any of the following questions, a "Yes," then complete Schedule E, Parts VI, VII, VIII, IX, or X as applicable: <ul style="list-style-type: none"> a Did the organization report an amount for total outlays and equipment in Part X, line 10? If "Yes," complete Schedule E, Part VI 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 10? If "Yes," complete Schedule E, Part VII c 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 10? If "Yes," complete Schedule E, Part VIII d Did the organization report an amount for other assets in Part X, line 14 that is 1% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule E, Part IX e Did the organization report an amount for other (do not list) in Part X, line 20? If "Yes," complete Schedule E, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability to a certain tax position under Title 48 (ASC 760)? If "Yes," complete Schedule E, Part X 	11a	✓
	11b	✓
	11c	✓
	11d	✓
	11e	✓
	11f	✓
12 a Did the organization obtain separate, independent certified financial statements for the tax year? If "Yes," complete Schedule E, Parts XI(a) and (b)	12a	✓
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 E, Parts XI(a) and (b) is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(y)(ii)? If "Yes," complete Schedule e	13	✓
14 a Did the organization maintain offices, employees, or agents outside of the United States?	14a	✓
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 II	14b	✓
15 Did the organization report on Part IX, column (a), line 5, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts III and IV	15	✓
16 Did the organization report on Part X, column (c), 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	16	✓
17 Did the organization report a total of more than \$5,000 of expenses for professional fundraising services on Part IX, column (A), line 10a? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 4a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$5,000 of gross income from gambling activities on Part VII, line 9a? If "Yes," complete Schedule B, Part III	19	✓

Part III Checklist of Required Schedules (Continued)

	Yes	No
20a	20a	✓
b	20b	
21	21	✓
22	22	✓
23	23	✓
23a	23a	✓
b	23b	✓
c	23c	✓
d	23d	✓
23e	23e	✓
a	23a	✓
b	23b	✓
24	24	✓
a	24a	✓
b	24b	✓
c	24c	✓
d	24d	✓
25	25	✓
a	25a	✓
b	25b	✓
26	26	✓
27	27	✓
28	28	✓
a	28a	✓
b	28b	✓
c	28c	✓
29	29	✓
30	30	✓
31	31	✓
32	32	✓
33	33	✓
34	34	✓
35a	35a	✓
b	35b	✓
36	36	✓
37	37	✓
38	38	✓

Note. All Form 990 filers are required to complete Schedule O.

Part III **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule C contains a response or note to any line in this Part III.

		Yes	No
1a	Enter the number reported in Box 4 of Form 1099. Enter -0- if not applicable.		
b	Enter the number of Forms 1099 included in line 1a. Enter 0 if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>
2a	Enter the number of employees reported on Form 945, Transmittal of Wage and Tax Statements, filed for the calendar year ending on or within the year covered by the return.	2a	<input checked="" type="checkbox"/>
b	If the total wage is reported on the 945, are the organization file all required federal employment tax returns? Note: If the sum of lines 2a and 2b is greater than zero, you may be required to file (see instructions).	2b	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income over \$1,000 during the year?	3a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for the year? If "No," include an explanation in Schedule D.	3b	<input checked="" type="checkbox"/>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input checked="" type="checkbox"/>
b	If "Yes," state the name of the foreign country: P _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4b	<input checked="" type="checkbox"/>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b	Has any taxable party notified the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8868-1?	5c	<input checked="" type="checkbox"/>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	<input checked="" type="checkbox"/>
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made solely as a contribution and partly for goods and services provided to the payor?	7a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<input checked="" type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which a was required to file Form 8829?	7c	<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8829 filed during the year.	7d	<input checked="" type="checkbox"/>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<input checked="" type="checkbox"/>
g	If the organization received contributions of qualified intellectual property, did the organization file Form 8890 as required?	7g	<input checked="" type="checkbox"/>
h	If the organization received a contribution of cash, Leas, shares, or other securities, did the organization file a Form 1099-C?	7h	<input checked="" type="checkbox"/>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	<input checked="" type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4065?	9a	<input checked="" type="checkbox"/>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<input checked="" type="checkbox"/>
10	Section 501(c)(7) organizations. Enter:		
a	Institution fees and capital contributions not used on Part VIII, line 12.	10a	<input checked="" type="checkbox"/>
b	Gross receipts, included on Form 990, Part VIII, line 12, for (a) gifts and (b) distributions.	10b	<input checked="" type="checkbox"/>
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	<input checked="" type="checkbox"/>
b	Gross income from other sources (100% net net amounts due or paid to other 501(c)(3) against amounts due or received from friends).	11b	<input checked="" type="checkbox"/>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 1001 in lieu of Form 1041?	12a	<input checked="" type="checkbox"/>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	<input checked="" type="checkbox"/>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule C.	13a	<input checked="" type="checkbox"/>
b	Enter the amount of reserves the organization is required to maintain by the state in which the organization is licensed to issue qualified health plans.	13b	<input checked="" type="checkbox"/>
c	Enter the amount of reserves on hand.	13c	<input checked="" type="checkbox"/>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input checked="" type="checkbox"/>
b	If "Yes," have it filed a Form 1042 to report these payments? If "No," provide an explanation in Schedule D.	14b	<input checked="" type="checkbox"/>

990-2015 **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 9b below, describe the circumstances, provisions, or changes in Schedule O. See instructions. Check if Schedule O contains a reference or note to any line in this Part VII.

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization written a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11b	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, or key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c	Did the organization regularly and nonselectively monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
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 have steps to safeguard the organization's exempt status with respect to such arrangements?	16b	<input checked="" 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 514(b) requires an organization to make its Forms 990 (or 1024 if applicable), 990-E, and 990-B (where 514(b)(5) only available for public inspection) available to the public. Indicate how you made these available. (Check all that apply.)
 Our website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in 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:
Hand in Hand Farming, 555 Waterloo Street, 225 Pala 4116, GA 30461, 678-222-5022

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

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 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 7 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 \$10,000 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.

List persons in the following order: individual trustees or directors; individual trustees, officers, key employees, highest compensated employees; and former such persons.

If a shareholder has filed a demand for the organization for any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Amount of reportable compensation (do not include below-reported pay)	(C) Is this person other than one listed in box 7 on the organization's Form W-2, Form 1099-MISC, or Form 1099-NEC?	(D) Reportable compensation from the organization (W-2, 1099-MISC)	(E) Reportable compensation from related organizations (W-2, 1099-MISC)	(F) Estimated amount of non-reportable compensation from the organization and related organizations
(1) <u>Kawalit Carr Jr.</u> Director	0	✓			
(2) <u>Mary Lee Johnson</u> Director	0	✓			
(3) <u>Teresa Zapata Kelleher</u> Director	0	✓			
(4) <u>Hue Meines</u> Director	0	✓			
(5) <u>Suehalla Das Vu</u> Director	0	✓			
(6) <u>Julia Wilhoit</u> Director	0	✓			
(7) <u>John Holize</u> Chairman and Acting Executive Director	0	✓			
(8) <u>Craig Pielman</u> Treasurer	0	✓			
(9) <u>Kelly Neuman</u> Secretary	0	✓			
(10) <u>Paola Wlifer</u> Program Director	0	✓	56,160		
(11) <u>Gull Berman</u> Director of Marketing and Communications	0	✓	37,587		
(12) <u>Paul Huxwell</u> Director of Finance and Operations	0	✓	193,600		
(13)					
(14)					

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

(A) Name and title	(B) Average for calendar year of the class organized and held in office by	(C) Number of months for which individual held office or other position						(D) Reportable compensation from the organization (Part III, Section A)	(E) Expenses reimbursed by the organization (Part III, Section A)	(F) Estimated amount of other compensation from the organization and other sources
		12 months ending 12/31/2010	12 months ending 12/31/2011	12 months ending 12/31/2012	12 months ending 12/31/2013	12 months ending 12/31/2014	12 months ending 12/31/2015			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							256,747			
c Total from continuation sheets to Part III, Section A										
d Total (add lines 1b and 1c)							256,747			
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										

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for each individual	3	✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for each individual	4	✓
5 Did any person listed on line 1a receive or accrue compensation from any unaffiliated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for each person	5	✓

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 without the organization's tax year.

(A) Name and business address	(B) Description of services	(C) 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

Form 990

2019

Statement of Revenue

Check if Schedule C contains a response or note to any line in this Part VII

			(A) Total Column (C)	(B) Total Column (D) less (E)	(C) Total Column (F) less (G)	(D) Total Column (H) less (I) and (J) less (K)
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns				
	b	Membership dues				
	c	Raising events	66,275			
	d	Related organizations				
	e	Government grants (contributions)				
	f	All other contributions, gifts, grants and similar amounts (do not report net gifts)	376,911			
	g	Net gifts and similar contributions (see 17)				
	h	Total. Add lines 1a-1f	443,186			
Program Service Revenue	Business Code					
	2a		824,100	470,657	470,657	0
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-f	470,657	470,657	470,657	0	
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0	0	0
	4	Income from investments held for investment and business		0	0	0
	5	Royalties		0	0	0
	6a	Gross rents	0	0	0	0
	b	Less: rental expenses	0	0	0	0
	c	Rental income or (loss)	0	0	0	0
	d	Net rental income or (loss)	0	0	0	0
	7a	Gross sales from selling or leasing other than inventory	0	0	0	0
	b	Less: cost of other assets and lease expenses	0	0	0	0
	c	Gain or (loss)	0	0	0	0
	d	Net gain or (loss)	0	0	0	0
	8a	Gross income from fundraising events (if including 66,275 of contributions reported on line 1c) See Part III, line 10	0	0	0	0
	b	Less: direct expenses	0	0	0	0
	c	Net income or (loss) from fundraising events	0	0	0	0
	9a	Gross income from gaming activities. See Part IV, line 18	0	0	0	0
	b	Less: direct expenses	0	0	0	0
	c	Net income or (loss) from gaming activities	0	0	0	0
10a	Gross sales of inventory less returns and allowances	0	0	0	0	
b	Less: cost of goods sold	0	0	0	0	
c	Net income or (loss) from sales of inventory	0	0	0	0	
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-d					
12	Total revenue. See instructions		907,005	470,657	470,657	0

Part IX Statement of Functional Expenses

Section 501(c)(29) and 501(c)(30) 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 **01**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program services (4013-4040)	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to charitable organizations and federal, state, or local governments. See Part III, line 21	0	0	0	0
2 Grants and other assistance to (benefit) individuals. See Part III, line 22	0	0	0	0
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16	0	0	0	0
4 Benefits paid to or for members	0	0	0	0
5 Compensation of retreat centers, directors, trustees, and key employees	220,750	127,057	71,701	57,286
6 Compensation not included above for disqualified persons (see definition under section 4950(f)(3)) and persons described in section 4958(b)(3)(D)	0	0	0	0
7 Other salaries and wages	125,507	60,107	30,756	6,454
8 Pension plan costs and contributions (include section 401(a) and 408(a) employee contributions)	0	0	0	0
9 Other employee benefits	44,718	24,063	12,725	7,940
10 Payroll taxes	33,241	16,329	9,634	5,860
11 Fees for services from unrelated parties				
a Management	0	0	0	0
b Legal	50	0	100	0
c Accounting	7,948	0	7,948	0
d Printing	0	0	0	0
e Professional and management services. See Part V, line 7	0	0	0	0
f Investment management fees	0	0	0	0
g Other (include description of each of the 25 or more management fee-related expenses on Schedule O)	200,116	237,683	43,980	6,042
12 Advertising and promotion	96,155	57,126	38,223	9,109
13 Office expenses	7,154	1,254	1,673	1,254
14 Information technology	89,502	17,754	12,762	9,046
15 Royalties	0	0	0	0
16 Occupancy	10,811	3,437	6,205	3,989
17 Travel	2,251	2,251	0	0
18 Payments of travel or entertainment, except 50% for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	257	0	257	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	16,070	2,127	1,702	2,159
24 Other expenses. List the expenses not covered above (for miscellaneous expenses, see line 21a). If the total amount exceeds 10% of the (A) column amount, list the 24c expenses on Schedule O				
a Printing	10,709	14,240	0	1,649
b Program supplies	4,876	1,970	0	0
c Health Care and Bank Fees	1,782	0	17,762	0
d Shipping	13,022	9,118	1,028	1,959
e All other expenses. Max:	23,833	733	461	22,609
25 Total functional expenses. Add lines 1 through 24e	802,433	502,482	268,420	139,985
26 Joint costs. Complete this line only if the organization reported in column (D) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if allowed by 501(c)(29) or 501(c)(30)				

Balance Sheet

Check the appropriate organization's response to each line in this Part X.

		(A) Reg. (vol.) or year	(B) Fed. (or year)
Assets	1 Cash—non-market trading	224,580	1 224,580
	2 Savings and temporary cash investments	0	2 0
	3 Prepaid and grants receivable, net	0	3 0
	4 Accounts receivable, net	4,977	4 4,977
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I		5
	6 Loans and other receivables from other disqualified persons (as defined in section 501(c)(3)(C)), II, persons who had in section 501(c)(3)(C) and combining employees and sponsoring organizations of section 501(c)(3) voluntary employees' beneficiary organizations (as defined in section 501(c)(3)(D)). Complete Part III of Schedule I		6
	7 Notes and loans receivable, net	0	7 0
	8 Inventories for sale or use	5,325	8 5,325
	9 Prepaid expenses and other assets		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D	10a 26,243	10a 26,243
	b Less: accumulated depreciation	10b 219	10b 26,024
	11 Investments—publicly traded securities		11 0
	12 Investments—other securities. See Part IV, line 11		12 0
	13 Investments—program-related. See Part IV, line 11		13 0
	14 Other investments		14 0
	15 Other assets. See Part IV, line 11		15 0
16 Total assets. Add lines 1 through 15 (must equal line 34)	236,087	16 236,087	
Liabilities	17 Accounts payable and accrued expenses	13,926	17 13,926
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Reserve or conditional liability. Complete Part V of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule I		22
	23 Secured mortgages and notes payable to unrelated third parties	0	23 0
	24 Unsecured notes and loans payable to unrelated third parties	0	24 0
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	13,926	26 13,926
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	27 251,161	27 251,161
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		30
	31 Cash, stocks or bond principal, or current funds		31
	32 Paid-in or capital surplus, or land, building, or equipment fund		32
	33 Retained earnings, endowment, asset related income, or other funds		33
	34 Total net assets or fund balances	251,161	34 251,161
35 Total liabilities and net assets or fund balances	250,087	35 250,087	

Part VIII Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	801,936
2	Total expenses (must equal Part IX, column (C), line 25)	2	884,213
3	Revenue less expenses. Subtotal (line 1 from line 1)	3	-82,277
4	Net assets or fund balances at beginning of year (must equal Part X, line 20, column (A))	4	751,161
5	Net realized (gain) (loss) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Net capital gain (loss)	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Consists of lines 3 through 9 (must equal Part X, line 20, column (B))	10	178,884

Part IX Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the form: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or started "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	<input checked="" type="checkbox"/>
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 in Schedule O and describe any steps taken to undergo such audits.	3b	