Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	16,282.	22	42,978.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	495.	24	120.
25	**Total assets**	16,777.	25	43,098.
26	**Total liabilities** (describe in Schedule O) SEE SCHEDULE O	0.	26	19,772.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	-2,195.	27	23,326.

Part III **Statement of Program Service Accomplishments** (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III X

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ► ☐ **28a** 41,310.

29

(Grants $) If this amount includes foreign grants, check here ► ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here ► ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ► ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) ► **32** 41,310.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BRYAN NASH 307 W. TAFT STE. A ORANGE, CA 92865	PRESIDENT & CEO 30.00	0.	0.	0.
CINDY GOODFELLOW 307 W. TAFT STE. A ORANGE, CA 92865	VICE PRESIDENT 0	0.	0.	0.
CAROL LUTZ 17871 SANTIAGO # 227 VILLA PARK, CA 92861	SECRETARY 0	0.	0.	0.
LORIE MCROBERTS 12932 MIRIAM PLACE SANTA ANA,	VICE PRESIDENT 0	0.	0.	0.
MILTON STAMOS 17871 SANTIAGO BLVD. # 227 VILLA PARK, CA 92861	TREASURER 0	0.	0.	0.