Form <b>990</b>
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# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form	33	U	i i i i i i i i i i i i i i i i i i i						2022			
				527, or 4947(a)(1) of the Internal Rev				ations)				
		e Treasury		er social security numbers on this for	-		-		Open to Public			
-	Revenue			ww.irs.gov/Form990 for instructions	6764233	67 N.S.			Inspection			
-			ar year, or tax year begin		, 2022, a	nd end	ing		, 20			
	neck if app			IOLE AGAIN INTERNATIONAL	14			D Employ	yer identification number			
	dress cha	ange		IOLE AGAIN					04-3810137			
Na Na	ame chan	ge		ox if mail is not delivered to street address)		Room/su	ite	E Teleph	one number (513)847-6038			
ini												
Fi	Final return/terminated       City or town, state or province, country, and ZIP or foreign postal code       G Gross recommendation         Amended return       WEST CHESTER, OH 45071       \$											
Ar												
Ap	oplication	pending	F Name and address of principa						r subordinates? 🗌 Yes X No			
		62	SAME AS C ABOY		1		H(b) Are all s		CARPONELLECT:			
	ix-exempl		501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or	527		1		. See instructions			
-	ebsite:		. WHOLE-AGAIN . ORG				H(c) Group e	and a second second				
		anization: X		sociation Other	L Year of formati	on: 200	05 M S	State of lega	I domicile: OH			
Par	-	Summar										
		2	U						I NON-PROFIT			
e				MEALS, EDUCATION ENRICHM				AMS FO	R UNDERSERVED			
anc	3	YOUTH IN	ORDER FOR THEM 1	TO HAVE A HEALTHY MIND, BO	DDY, AND S	PIRIT	•					
srné	1											
Governance				discontinued its operations or disposed				11 14				
			-	erning body (Part VI, line 1a)				3	6			
es 4				rs of the governing body (Part VI, line 1				4	6			
Activities &				n calendar year 2022 (Part V, line 2a) necessary)				5	13			
Acti		Total numbe	2000									
-												
-	b	Net unrelate	d business taxable income	e from Form 990-T, Part I, line 11	• • • • • • • •	<u></u>	• • • • •	7b	0			
				Current Year								
	8 (	Contributions	s and grants (Part VIII, line	1h)			576	5,574	305,660			
ne	9 F	Program ser	vice revenue (Part VIII, lin	e 2g)								
Revenue	10 I	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							193			
Re									0			
	12 1	Total revenu	e - add lines 8 through 11	(must equal Part VIII, column (A), line 12	2)		576	5,798	305,853			
	13 (	Grants and s	similar amounts paid (Part	IX, column (A), lines 1-3)	• • • • • • •				0			
	<b>14</b> 8	Benefits paid	d to or for members (Part I		0							
	15 8	Salaries, oth	er compensation, employed	e benefits (Part IX, column (A), lines 5-1		91	,663	99,352				
ses	16a F	Professional	fundraising fees (Part IX,	column (A), line 11e)					0			
Expense	b 1	Total fundrai	ising expenses (Part IX, co	point	241342	-1-1						
Ĕ	17 (	Other expen	ses (Part IX, column (A), li		425	i,911	181,859					
	18 1	Total expens	ses. Add lines 13-17 (musi	tequal Part IX, column (A), line 25)	• • • • • • •		517	,574	281,211			
	19 F	Revenue les	s expenses. Subtract line	18 from line 12			59	,224	24,642			
58						Begi	inning of Curre	ent Year	End of Year			
t Assets or nd Balances	20 1	Total assets	(Part X, line 16)				173	,450	193,288			
Ass Ba	21	Total liabilitie	es (Part X, line 26)						C			
Fund	22	Net assets o	or fund balances. Subtract	line 21 from line 20			173	3,450	193,288			
Par	tll	Signatu	re Block									
Under	penalties	s of perjury, I de	clare that I have examined this retu	urn, including accompanying schedules and stateme	ents, and to the best	of my know	wledge and bel	ief, it is				
true, c	orrect, an	ia complete. De		ficer) is based on all information of which preparer h	as any knowledge.							
		THOM	AS DOYLE, JD						11-01-2023			
Sign	1	Signature of offic	cer					Date	3			
Here	,	THOM	AS DOYLE, JD, BOA	ARD CHAIR								
		Type or print nar	me and title									
2		Print/Type pre	eparer's name	Preparer's signature	Date		Check	X if	PTIN			
Paid		GAIL BU	JLLARD	GAIL BULLARD	11-13-20	23	self-em		P01995270			
	arer	Firm's name		TAX SERVICE ROSELAWN			Firm's EIN					
-	Only			MIT ROAD SUITE 103			Phone no.					
200	y	, in a dourds		ati OH 45237			-	513-9	48-1829			
May+	he IDC	discuse this				1111	2.2.2.2020					
ividy L	UE INO	GIOCUSS UIIS	return with the preparel SI						Eorm 000 (202)			

Creack if Schedule Contains aregores or note to any line in Pis Part III	orm	990 (2022) WHOLE AGAIN INTERNATIONAL 04-3810137 Page 2
Birdey describe the organization's ministor.         OWR, MISSION IS 50 PARTINER WITH NON-PROFIT ORGANIZATIONS TO PROVIDE MEALS, EDUCATION ENRICHMENT, AND FITNESS PROGRAMS FOR UNDERSERVED YOUTH IN ORDER FOR THEM TO HAVE A HEALTHY MIND, BODY, AND SPIRIT.         2       Did the organization undertake any significant program services during the year which were not listed on the prior form 500 or 900-622.       I'ves; 'describe these mes services on Schedule 0.         3       Did the organization causes on Schedule 0.       I'ves; 'describe these changes on Schedule 0.         4       Describe the organization program service assomptionents for each of its three largest program services, as measured by expenses. Bactos 501(c)(3) organizations are required to report the amount of grants and allocations to others, the total expenses. Action 501(c)(a) organizations are required to AND ERRICHMENT PROGRAMS PEOR CHILDREN N. LAND SUBMERN REALS AND ENRICHMENT: WE PROVIDED MEALS AND ERRICHMENT PROGRAMS PEOR CHILDREN ALLY IN EMMILTON COUNTY. MOST CHILDREN RECEIVED BOTH BREAKFAST AND LUNCH. MONDAY - FEDAY, MONDAY - PRIDAY, MOST STITES) FOR UP TO 11 WEEKS, AND SCH WEEKSMENT PROGRAMS FOR CHILDREN ALSO PRIOT.         bit LODING ENRICHMENT WE PROVIDED MEALS AND ERRICHMENT PROGRAMS MEALS. TO AN AVERAL OF BOC CHILDREN PER DAY AT 25 SITE LOCATIONS.         c       Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$       )         c       Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$       )       )	Par	
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AND FITNESS PROCEAMS FOR UNDERSERVED YOUTH IN ORDER FOR THEM TO HAVE A HEALTHY MIND, BODY, AND SPIRIT.         2       Dot the organization undertake any significant program services during the year which were not linked on the phor Form 990 or 990-E27       Image: Control of the organization cases controlling, or make significant charges in how it conducts, any program services?       Image: Control of the organization cases controlling, or make significant charges in how it conducts, any program services?       Image: Control of Control of Control of the three largest program services, as measured by expresses. Sectors 501(c)(3) and solido report the amount of grants and allocations to others.         19       (Code:	1	
SPIRIT.         2       Did the organization understate any significant program services during the year which were not listed on the prior 980 e27		
bit the organization undertake any significant program services during the year which were not listed on the prior Form 998 or 990-E27 bit the organization ease and/outing, or make significant changes in how it conducts, any program services 7. bit we constrain the second services and schedule 0. bit the organization ease and/outing, or make significant changes in how it conducts, any program services, as measured by expresses. Second 501(c)(d) anguing service accomplethments for each of its three largest program services, as measured by expresses. Second 501(c)(d) and 501(c)(e) organizations are organized to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. bit (Code:		AND FITNESS PROGRAMS FOR UNDERSERVED YOUTH IN ORDER FOR THEM TO HAVE A HEALTHY MIND, BODY, AND
prior Form 580 or 590-522		SPIRIT.
<pre>if "Yes," dearbe these new services on Schedule 0. bid the organization cease conducting, or make significant changes in how it conducts, any program services?</pre>	2	
<ul> <li>B ∪ the arganization cesse conducting, or make significant changes in how it conducts, any program services, as measured by services it dearbe these changes on Schedule 0.</li> <li>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) organizations are required to report the anount of grants and allocations to others, the total expenses, and rownus, if any, for each program service reported.</li> <li>(Expenses 1 600, C)(3) COMMENT WE PROVIDED MEALS AND ENRICHMENT PROGRAMS FOR CHILDREN DAILY IN ENANGEMENT STRESS FOR UP TO 11 WEEKS, AND SOME WEEKEND WEALS. CHILDREN DAILY IN ENDINGE WEALS OF TOTAL PHYSICAL, PHYSICAL, PHYSICAL, PHYSICAL, CHILDREN RECEIVED OVER SIDE OF MERANGES, CRIME PREVENTION, COUNTY, MONDAY - FRIDAY, (AT MOST SITES) FOR UP TO 11 WEEKS, IN 2022, WE SERVED OVER 50,000 SUMMER MEALS TO AN AVERAU OF 800 CHILDRENT FOR UP TO 11 WEEKS, IN 2022, WE SERVED OVER 50,000 SUMMER MEALS TO AN AVERAU OF 800 CHILDRENT FOR UP TO 11 WEEKS, IN 2022, WE SERVED OVER 50,000 SUMMER MEALS TO AN AVERAU OF 800 CHILDRENT FOR UP TO 11 WEEKS. IN 2022, WE SERVED OVER 50,000 SUMMER MEALS TO AN AVERAU OF 800 CHILDRENT FOR UP TO 11 WEEKS. IN 2022, WE SERVED OVER 50,000 SUMMER MEALS TO AN AVERAU OF 800 CHILDRENT FOR UP TO 11 WEEKS. IN 2022, WE SERVED OVER 50,000 SUMMER MEALS TO AN AVERAU OF 800 CHILDRENT FOR UP TO 11 MEEKS. IN 2022, WE SERVED OVER 50,000 SUMMER MEALS TO AN AVERAU OF 800 CHILDRENT FOR UP TO 11 MEEKS IN 2022, WE SERVED OVER 50,000 SUMMER MEALS TO AN AVERAU OF 800 CHILDREN SERVES SERVES</li></ul>		
services?	3	
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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.         ia       (Code:) (Expenses S160,592 including grants of S169,357) (Revenue S305,660)         SUMMER MEALS AND ENRICICIMENT: WE PROVIDED UPALS AND ENRICIPMENT PROGRAMS FOR CHILDREN DAILY IN EARLINON COUNTY. MOST CHILDREN RECEIVED BOTH BREAKFAST AND LUNCH, MONDAY - FRIDAY, MONDAY - FRIDAY (AN MOST CHILDREN RECEIVED BOTH BREAKFAST AND LUNCH, MONDAY - FRIDAY, MONDAY OF DO 11 WEEKS. AND SOME WEEKEND DATES. CHILDREN MEAD PARACTINE DUILDING ENRICHMENT FOR UP TO 11 WEEKS. IN 2022, WE SERVED OVER 50,000 SUMMER MEALS TO AN AVERAL OF 800 CHILDREN PER DAY AT 25 SITE LOCATIONS.	4	
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FRIDAY (AT MOST SITES) FOR UP TO 11 WEEKS, AND SOME WEEKEND MEALS. CHILDREN ALSO PARTICIPATED II         ACADEMIC, NURTITIONAL, PHYSICAL FITNESS, DRUG AWARENESS, CRIME PREVENTION, CULTURAL AND CHARACTER         BUILDING ENTICHEMENT FOR UP TO 11 WEEKS. IN 2022, WE SERVED OVER 50,000 SUMMER MEALS TO AN AVERAGOF 800 CHILDREN PER DAY AT 25 SITE LOCATIONS.		
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Image: Arrow of the services (Describe on Schedule O.)	4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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	4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	44	Other program services (Describe on Schedule Q.)
(Expanses \$ including grapts of \$ ) (Revenue \$	+u	
	4	
E 000 (2022	4e EA	Total program service expenses 160,592 Form 990 (2022)

Form 990	(2022)
Part IV	C

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		5	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	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.	5		x
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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ŭ	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		-
	VII, VIII, IX, or X as applicable.			F
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
d	complete Schedule D, Part VI	11a	х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	110	<u>^</u>	
Q	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
_				X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	11-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		X
15	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	15		X
16	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	16		x
17	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 / See instructions	17		x
18	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	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2	2022)
Part IV	С

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		6 (	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	_	
d or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
Ŀ	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		-
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21	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	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	1.00		
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):	1.000		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
2 <del>9</del>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			<u> </u>
50	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		1		
i ai	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			SHC.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		150	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form		-381013	7	P	Page 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1.5				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	13						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	and the second se	2b	Х				
3a								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	····	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	···· [	4a		X			
b	If "Yes," enter the name of the foreign country			1				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	and the second s	5b	_	x			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0	6a		v			
L	organization solicit any contributions that were not tax deductible as charitable contributions?	);=(0()= ()=	oa		X			
Ь	gifts were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		00	101				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	50						
а	and services provided to the payor?		7a		x			
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Contraction and the second	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
•	required to file Form 8282?		7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year	1						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1999 1	7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		x			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.		7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	· · ·	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	5		1.0	2.0			
	sponsoring organization have excess business holdings at any time during the year?		8		X			
9	Sponsoring organizations maintaining donor advised funds.			10	1.1			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• • •	9b		X			
10	Section 501(c)(7) organizations. Enter:	8						
a	Initiation fees and capital contributions included on Part VIII, line 12			2 - 1				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			6.1				
11	Section 501(c)(12) organizations. Enter:	5	1.4		f - 15			
a	Gross income from members or shareholders 11a		1.6	31				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			1				
40-	against amounts due or received from them.)		12a					
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	···· •	124	1				
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			513	<u> </u>			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	1			1.1			
b	Enter the amount of reserves the organization is required to maintain by the states in which	10		1.00				
	the organization is licensed to issue qualified health plans			ŵ.				
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		x			
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	· • • • [	15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16	-	х			
	If "Yes," complete Form 4720, Schedule O.			18.2	1.92			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities				1			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	41.000				
	If "Yes," complete Form 6069.		0.10	-				

_	m 990 (2022) WHOLE AGAIN INTERNATIONAL 04-3810			Page 6							
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo	ra "No	н								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructi										
25	Check if Schedule O contains a response or note to any line in this Part VI		• • •	X							
Se	ction A. Governing Body and Management										
		_	Yes	No							
1a											
	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 Enter the number of voting members included in line 1a, above, who are independent 1b 6										
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?										
3	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?	3		x							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		X							
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		x							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?	7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	198	1215	22							
-	the year by the following:	1	1.6.6	1.11							
а	The governing body?	8a	x								
b											
9											
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x							
Sec	tion 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		x							
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 provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	_							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			397							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0									
C		12c	x								
13	describe on Schedule O how this was done										
14	Did the organization have a written document retention and destruction policy?										
	Did the process for determining compensation of the following persons include a review and approval by	14	X	100							
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1.4.5	6 A 1							
-	The organization's CEO, Executive Director, or top management official	15a	x								
a h	Other officers or key employees of the organization	15a	-	x							
Ь	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150	1.13	A -							
46-											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
Ь	with a taxable entity during the year?										
b			1.1	1.5							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b									
800	organization's exempt status with respect to such arrangements?	100	I								
3ec 17	List the states with which a copy of this Form 990 is required to be filed Ohio										
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)										
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.										
40	X     Own website     Image: Set of up of the set of t										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,										
20	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.										
	KENDRA SCOTT (513)847-6038, PO BOX 1331, WEST CHESTER, OH 45071										

Form 990 (2022) WHOLE AGAIN INTERNATIONAL	04-3810137 Page 7							
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 Compen	sated Employees							
1a Complete this table for all persons required to be listed. Report compensation for the calendar year en	nding with or within the							
organization's tax year.								
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations</li> </ul>	s), 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 instructions for the order in which to list the persons above.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box in hearier the organization nor any relation	1				C)					
	(B)				sition			(D)	(E)	(F)
(A) Name and title	(B) Average hours per week	box,	unless	s per	son is	han one 5 both ar (trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	related organizations
(1) KENDRA SCOTT EXECUTIVE DIRECTOR	40.00	2				x		80,000	0	0
(2) DIANE_CHANDLER	1.00	x						0	0	0
(3) SURESH NIRODY MEMBER	1.00	x						0	0	0
(4) JIM VICKERS MEMBER	1.00	x						0	0	0
(5) GREGORY CHANDLER SR. FOUNDER-PRESIDENT EMERITUS	2.00	x						0	0	0
(6) THOMAS P DOYLE BOARD CHAIR	2.00			x				0	0	0
(7) STEVE LONG VICE CHAIR	1.00			x				0	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (confinued)         (A)       (B)       (C)		00 (2022) WHOLE AGAIN INTER									04-3810			age 8
(A) Nervo and the Mark bar late (1) (1) Nervo and the mark bar late (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp	oloy	/ee	s, an	d F	lighest Comp	ensated Empl	oyees	(cont	inued)
Image: Section 2     Image: Section 2 <th></th> <th></th> <th>Average hours</th> <th>box,</th> <th>, unles</th> <th>Pos eck m ss per</th> <th>sition Iore th Ison is</th> <th>s both an</th> <th></th> <th>Reportable compensation from the</th> <th>Reportable compensation from related</th> <th>cor</th> <th>-</th>			Average hours	box,	, unles	Pos eck m ss per	sition Iore th Ison is	s both an		Reportable compensation from the	Reportable compensation from related	cor	-	
(19)			hours for related organizations below	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1099-MISC/	orgai	nization	
(17)	(15)													
(18)       (19)       (19)         (20)       (20)       (20)         (21)       (21)       (22)         (23)       (23)       (24)         (24)       (25)       (26)         (25)       (26)       (27)         (26)       (27)       (28)         (26)       (27)       (28)         (26)       (27)       (28)         (27)       (28)       (29)         (28)       (29)       (29)         (29)       (29)       (29)         (29)       (29)       (29)         (29)       (29)       (29)         (29)       (29)       (29)         (29)       (29)       (29)         (29)       (29)       (29)         (29)       (29)       (20)         (20)       (20)       (20)         (20)       (20)       (20)         (20)       (20)       (20)         (20)       (20)       (20)         (21)       (21)       (22)         (22)       (23)       (24)         (23)       (24)       (26)         (24)       (25)	(16)													
(19)	(17)													
(20)       (21)       (21)         (21)       (22)       (23)         (23)       (24)       (25)         (24)       (25)       (26)         (25)       (26)       (27)         (26)       (27)       (28)         (26)       (27)       (28)         (26)       (27)       (28)         (26)       (29)       (29)         (27)       (29)       (29)         (28)       (29)       (29)         (29)       (29)       (29)         (29)       (29)       (20)         (29)       (29)       (20)         (29)       (29)       (20)         (20)       (20)       (20)         (21)       (21)       (21)         (22)       (23)       (21)         (24)       (21)       (21)         (24)       (21)       (21)         (25)       (21)       (21)         (26)       (21)       (21)         (27)       (21)       (21)         (28)       (20)       (21)         (3)       (21)       (21)         (4)       (21)       (2	(18)													
(21)	(19)												_	
(22)	(20)													
(23)       (24)         (24)       (25)         (25)       (25)         (26)       (27)         (27)       (28)         (26)       (27)         (27)       (28)         (26)       (27)         (27)       (28)         (28)       (29)         (29)       (29)         (20)       (20)         (21)       (20)         (22)       (23)         (23)       (24)         (25)       (25)         (26)       (20)         (27)       (20)         (28)       (20)         (29)       (20)         (20)       (20)         (20)       (20)         (21)       (21)         (22)       (21)         (23)       (21)         (24)       (21)         (25)       (21)         (24)       (21)         (25)       (21)         (21)       (21)         (3)       (21)         (4)       (21)         (5)       (21)         (6)       (21)	<u>(21</u> )													
(24)       (25)         1b       Subtotal         c       Total from continuation sheets to Part VII, Section A         d       Total from continuation sheets to Part VII, Section A         d       Total from continuation sheets to Part VII, Section A         d       Total (add lines 1b and 1c)         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         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	(22)													
(25)	(23)													
1b       Subtotal	(24)													
c       Total from continuation sheets to Part VII, Section A       80,000       0       0         d       Total (add lines 1b and 1c)       80,000       0       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       Yes       No         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	(25)			5										
d Total (add lines 1b and 1c)       80,000       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       Yes       No         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						• •	•	•0 <b>•</b> 1•	۰.					
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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								• • • •	•	80.000	0			0
reportable compensation from the organization         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual														
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	-					<i>,</i>								0
employee on line 1a? If "Yes," complete Schedule J for such individual		· · · · · · · · · · · · · · · · · · ·											Yes	No
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Section B. Independent Contractors       5       X         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.       (C)         (A)       (B)       (C)	3													
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3		x
individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         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.       (B)       (C)	4													1
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)												4		x
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)	5									ation or individual		물리습		1.1
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)       (B)       (C)		for services rendered to the organization? If "Yes	s," complete	Schea	iule .	J for	suc	h pers	on			5		х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)														
(A) (B) (C)	1													
			ensation for	the car	enda	arye	are	inding	WILD		izations tax year.	(C)		
			55								es		ation	
				_									_	
						_								
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	2					se lis	ted a	above)	) wh	0		南於		

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Part					
	Check if Schedule O contains a response or note to any line in the interview of the second se	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a       Federated campaigns       1a         b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e       180,209         f       All other contributions, gifts, grants, and similar amounts not included above       1f       125,451         g       Noncash contributions included in lines 1a-1f       1g       \$         h       Total. Add lines 1a-1f				
	Business Code				
Program Service Revenue	2a				
	f All other program service revenue				
_	g Total. Add lines 2a-2f				
	<ul> <li>3 Investment income (including dividends, interest, and other similar amounts)</li> <li>4 Income from investment of tax-exempt bond proceeds</li> <li>5 Royalties</li> </ul>	193	193		
	(i) Real (ii) Personal				120123-01
	6a       Gross rents       6a         b       Less: rental expenses       6b         c       Rental income or (loss)       6c         d       Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory     (i) Securities     (ii) Other				
evenue	b Less: cost or other basis and sales expenses       7b         c Gain or (loss)       7c         d Net gain or (loss)	-			
Other Revenu	8a Gross income from fundraising events (not including \$				
	b Less: direct expenses 8b		1995		
	c Net income or (loss) from fundraising events          9a Gross income from gaming activities, See Part IV, line 19       9a				
	b Less: direct expenses       9b         c Net income or (loss) from gaming activities          10a Gross sales of inventory, less				
	returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory				
Revenue	11a				
Rev	d All other revenue				th street st
	12 Total revenue. See instructions	305,853	193	0	1

### WHOLE AGAIN INTERNATIONAL

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).

Page 10

Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations		1		
and domestic governments. See Part IV, line 21			C. S. Star Star	Card et al -
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22			Park-selected being	
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	80,000		80,000	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,278	3,513	8,765	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits				
0 Payroll taxes	7,074	283	6,791	
Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,600		2,600	
<b>d</b> Lobbying		aller and a second	and the second second	
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	5,575		5,575	
2 Advertising and promotion				
3 Office expenses	6,933	16-16-16-16-16-16-16-16-16-16-16-16-16-1	6,933	
4 Information technology	1,184		1,184	
5 Royalties				
6 Occupancy				
7 Travel				
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	7,464	7,464	1.640	
3 Insurance	1,643		1,643	
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If			State Party in	
line 24e amount exceeds 10% of line 25, column		28 8 8 8 4	1223 102 22	
(A), amount, list line 24e expenses on Schedule O.)		111021352351324	0.440	
a EQUIP RENTAL & MAINT	3,449		3,449	
b SUMMER FOOD & ENRICHMENT	149,332	149,332		
C MANAGEMENT GENERAL EXPENSES	3,679		3,679	
d				
e All other expenses		160 502	120 610	

281,211

160,592

following SOP 98-2 (ASC 958-720) . . . .

0

120,619

25 26

orm 9	990 (20		L		04	4-381	0137 Page 1
Part	: X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			[
					(A)		<b>(B</b> )
					Beginning of year		End of year
	1	Cash - non-interest-bearing			48,928	1	80,843
	2	Savings and temporary cash investments		•••••••••	85,443	2	85,452
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former o	fficer, e	director,		and:	
		trustee, key employee, creator or founder, substantial cor					
		controlled entity or family member of any of these person	s.			5	
	6	Loans and other receivables from other disqualified perso	ons (as	defined			
		under section 4958(f)(1)), and persons described in section	on 495	i8(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As:	9	Prepaid expenses and deferred charges		[		9	
	10a	Land, buildings, and equipment: cost or other		[			
		basis. Complete Part VI of Schedule D	10a	37,322			
	b	Less: accumulated depreciation	10b	18,039	30,874	10c	19,283
	11	Investments - publicly traded securities			8,205	11	7,710
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets		[		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	3)	[	173,450	16	193,288
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	Scheo	lule D [		21	
'n	22	Loans and other payables to any current or former officer				1.5	
iti e		trustee, key employee, creator or founder, substantial con					
Liabilities		controlled entity or family member of any of these person	s .			22	
ן ב	23	Secured mortgages and notes payable to unrelated third		s		23	
	24	Unsecured notes and loans payable to unrelated third pa	arties			24	
	25	Other liabilities (including federal income tax, payables to	o relate	d third			
		parties, and other liabilities not included on lines 17-24).	Comple	ete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0	26	C
		Organizations that follow FASB ASC 958, check here	X				
		and complete lines 27, 28, 32, and 33.					
š	27	Net assets without donor restrictions			173,450	27	193,288
lan	28	Net assets with donor restrictions				28	
ň		Organizations that do not follow FASB ASC 958, che	ck here	e 🗌 🔰			
ŭ		and complete lines 29 through 33.					
10	29	Capital stock or trust principal, or current funds				29	
SIS	30	Paid-in or capital surplus, or land, building, or equipment				30	
<b>VSS</b> (	31	Retained earnings, endowment, accumulated income, or	other f	unds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		[	173,450	32	193,288
z	33	Total liabilities and net assets/fund balances	<u></u> .		173,450	33	193,288

Form	990 (2022) WHOLE AGAIN INTERNATIONAL	04-381013	7	P	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		305	,853
2	Total expenses (must equal Part IX, column (A), line 25)	2		281,	,211
3	Revenue less expenses. Subtract line 2 from line 1	3		24,	,642
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		173,	,450
5	Net unrealized gains (losses) on investments	5			(605)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(4)	,199)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		193,	288
Pa	rt XII Financial Statements and Reporting				
G	Check if Schedule O contains a response or note to any line in this Part XII		* * *		
				Yes	No
1	Accounting method used to prepare the Form 990: 🕱 Cash 🛛 Accrual 🗌 Other		14.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		新祝	K	
	Schedule O.		( least	100	12.10
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	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:		51	100	1.5
	Separate basis Consolidated basis Both consolidated and separate basis		1.1	5.5	1
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	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:		6.8	26	120
	Separate basis Consolidated basis Both consolidated and separate basis		1.0	1320	10.25
с	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.		26.5	1.0	1.1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
ь	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		3b		
EEA			For	n <b>990</b>	(2022)

SCHE	DULE	A
(Form	990)	

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

Attach to Form 990 or Form 990-EZ.

t.	2022					
	Open to Public					
	Inspection					
ntificati	on number					
88101	37					

OMB No. 1545-0047

Interna	nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								
Name	lame of the organization Employer identification number								
WHOL	ΕA		RNATIONAL					04-381013	
Part					I organizations mus		-	art.) See instruction	ons.
The or	-				nes 1 through 12, check o				
1	<u> </u>	A church, con	vention of churches,	or association of c	hurches described in <b>se</b>	ction 170	(b)(1)(A)(i)	•	
2	<u> </u>	A school desc	ribed in <b>section 170</b>	0(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	D).)			
3	_		· ·	-	ion described in section				
4		A medical res	earch organization o	perated in conjunct	tion with a hospital desc	ribed in <b>se</b>	ction 170(	b)(1)(A)(iii). Enter the	
			e, city, and state:						
5		An organizatio	n operated for the be	enefit of a college o	r university owned or op	erated by a	a governme	ental unit described in	
		•	•)(1)(A)(iv). (Comple						
6	=		-	-	I unit described in section				
7	_	Ũ	-		art of its support from a g	overnmen	tal unit or f	rom the general public	
	_		ection 170(b)(1)(A)						
8	_				(vi). (Complete Part II.)				
9		-			ction 170(b)(1)(A)(ix) ୦				lege
		-	r a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	tate of the college or	
	_	university:							
10	r	receipts from a support from o	activities related to it ross investment inco	s exempt functions, ome and unrelated b	33 1/3% of its support from subject to certain except pusiness taxable income a section 509(a)(2). (Co	tions; and (less sect	(2) no mor ion 511 tax	e than 33 1/3% of its	3S
11	<u> </u>	An organizatio	n organized and op	erated exclusively t	to test for public safety.	See <b>sectic</b>	on 509(a)(4	l).	
12	<u> </u>	An organizatio	n organized and ope	rated exclusively for	r the benefit of, to perform	m the func	tions of, o <b>r</b>	to carry out the purpos	ses of
		•		-	ed in section 509(a)(1)				3). Check
	t				pe of supporting organization				
а					rvised, or controlled by i				ving
		the suppo	rted organization(s)	the power to regula	rly appoint or elect a ma	jority of the	e directors	or trustees of the	
	_	supporting	organization. You	must complete Pa	rt IV, Sections A and B				
b			11 0 0	•	controlled in connection				-
		control or	management of the s	supporting organiza	tion vested in the same	persons that	at control o	r manage the supporte	d
		•	on(s). You must co	•					
С					rganization operated in c				with,
	_				ou must complete Par				
d		Type ill n	on-functionally inte	egrated. A supporti	ng organization operate	d in conne	ction with	its supported organiza	tion(s)
			, .	•	n generally must satisfy a			ent and an attentivenes	S
	_		( ,		ete Part IV, Sections A				
е		Check this	box if the organizati	on received a writte	en determination from the	IRS that it	t is a Type	I, Type II, Type III	
				•	integrated supporting of	rganizatior	٦.		
f			r of supported orgar			• • • • •		<i></i>	
g	Pr	ovide the follo	wing information abo	1	ganization(s).				
	i) Nar	me of supported o	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		organization ur governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedu	le A (Form 990) 2022 WHOLE AGAIN					04-381013	
Part	II Support Schedule for Organiza	ations Descri	ibed in Secti	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	e box on line	5, 7, or 8 of l	Part I or if the	e organization	failed to qua	llify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, ple	ease complet	e Part III.)	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	(-)					
	membership fees received. (Do not						
	include any "unusual grants.")	312,886	250,167	569,585	576,574	305,660	2,014,872
2	Tax revenues levied for the	512,000	230,107	509,505	370,374	303,000	2,014,072
2							
	organization's benefit and either paid to						
•	or expended on its behalf		()				
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	312,886	250,167	569,585	576,574	305,660	2,014,872
5	The portion of total contributions by				C. Starting		
	each person (other than a				Service Service	1.20.20	
	governmental unit or publicly					1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
	supported organization) included on					CARE LINE	
	line 1 that exceeds 2% of the amount					5 TO 16 19 19	
	shown on line 11, column (f)			2 3 1 1 2 2 3			
6	Public support. Subtract line 5 from line 4.		の資料はいる。	Sector Contraction			2,014,872
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	312,886	250,167	569,585	576,574	305,660	2,014,872
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources				224	193	417
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or	· · · · · · · · · · · · · · · · · · ·					
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,015,289
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	· · · · ·
13	First 5 years. If the Form 990 is for the or	ganization's fir	st. second. thi	rd, fourth, or fif	th tax vear as a	a section 501(	c)(3)
10	organization, check this box and <b>stop her</b>						_
Secti	on C. Computation of Public Support			interimination in the state			
14	Public support percentage for 2022 (line 6	column (f) di	vided by line 1	1. column (f))		14	99.98 %
14	Public support percentage from 2022 (intel Public support percentage from 2021 Sch					15	99.99 %
16a	33 1/3% support test - 2022. If the organ	ization did not	check the box	on line 13 and	d line 14 is 33		
iva	box and <b>stop here.</b> The organization qua						
b	33 1/3% support test - 2021. If the organ						
b	this box and <b>stop here.</b> The organization						
170	10%-facts-and-circumstances test - 202						
17a	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			-			
	organization						
b	10%-facts-and-circumstances test - 202						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization		•••••				
18	Private foundation. If the organization di	d not check a b	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see _
	instructions						

Schedule A (Form 990) 2022

	le A (Form 990) 2022 WHOLE AGAIN					04-381013	7 Page 3
Part	· · · · · · · · · · · · · · · · ·						
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the organ	nization failed	I to qualify und	ler Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please co	mplete Part I	1.)	
Secti	on A. Public Support		44				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees			- N 12			
	received: (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
5	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	1					
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3				1		· · · · · ·
	received from disgualified persons .						
b	Amounts included on lines 2 and 3			· · · · · · · · · · · · · · · · · · ·			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b				Î.		
8	Public support. (Subtract line 7c from		See Bass				
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	-	rst, second, thi	rd, fourth, or fil	fth tax year as	a section 501(c	)(3)
	organization, check this box and stop her					• • • • • • • •	• • • • • •
	on C. Computation of Public Suppor			<b>a</b> 1 ( <b>b</b> )		1 - 1	
15	Public support percentage for 2022 (line 8					15	%
16	Public support percentage from 2021 Sch			• • • • • • • •	•••••	16	%
	on D. Computation of Investment Inc					47	0/
17	Investment income percentage for 2022 (I					17 18	<u>%</u> %
18	Investment income percentage from 2021						
19a	<b>33 1/3% support tests - 2022.</b> If the orga						
L	17 is not more than 33 1/3%, check this be	-	-				
b	<b>33 1/3% support tests - 2021.</b> If the organizati line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization did						
20	rivate iounuation. It the organization die	a not check a	55X 011 III e 14,	130, 01 190, 0	ALCON UNS DOX 2		

#### Supporting Organizations Part IV (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С 3c purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion **4**b despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." 5a answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity 7 with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 8 7? If "Yes," complete Part I of Schedule L (Form 990). Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b 9b the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1.1		
	11c below, the governing body of a supported organization?	11a		
Ь	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		12.1	
	provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations			
-			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			3-5
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	and a		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	)	
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1.5		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	2.15		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	615		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instr	ructic	ns).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1.1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2.12		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			Te 11
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	100		

WHOLE AGAIN INTERNATIONAL

Schedule A (Form 990) 2022

- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990) 2022

3a

3b

04-3810137

Page 5

e A (Form 990) 2022 WHOLE AGAIN INTERNATIONAL	aaniz	04-381 ations	.0137 Page
Check here if the organization satisfied the Integral Part Test as a qualifying	yanız a trust	anons on Nov. 20, 1970 (exp	lain in Part VI). See
			(B) Current Yea
on A - Adjusted Net Income		(A) Prior Year	(optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see			
	1a		
	1b		
	1c		
Total (add lines 1a, 1b, and 1c)	1d		
(explain in detail in Part VI):			알려 있는 것은 가격이다.
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		18
Enter 0.85 of line 1.	2	Service Stream in	512
Minimum asset amount for prior year (from Section B, line 8, column A)	3	The Alexandree State	
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		15
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
$\Box$ Check here if the current year is the organization's first as a non-functional	ally inte	arated Type III suppo	rting organization
	V       Type III Non-Functionally Integrated 509(a)(3) Supporting Or         Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ         on A - Adjusted Net Income         Net short-term capital gain         Recoveries of prior-year distributions         Other gross income (see instructions)         Add lines 1 through 3.         Depreciation and depletion         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         on B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors         (explain in detail in Part VI):         Ace demed held for exempt-use assets (subtract line 3 (for greater amount, see instructions).         Nutiply line 5 by 0.035.         Recoveries of prior-year distributions         Minimum Asset Amount         Adjusted net income for prior year (from Section A, line 8, column A)	V       Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz         Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization         on A - Adjusted Net Income       1         Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or collection       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       7         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors       2         (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3	V       Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations         Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (exp instructions. All other Type III non-functionally integrated supporting organizations must complete Sect on A - Adjusted Net Income       (A) Prior Year         Net short-term capital gain       1       Recoveries of prior-year distributions       2         Other gross income (see instructions)       3       4       Depreciation and depletion         J orgony of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7       Adjusted Net Income       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1       Recoveries         Average monthly cabe balances       1b       1       1       1         Average monthly cabe balances       1b       1       1       1       1         Average monthly cabe discust       1a       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       <

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 WHOLE AGAIN INTERNATIONAL Part V Type III Non-Functionally Integrated 509(a)(		04-381 zations (continued)	0137 Page 7
Section D - Distributions	/ pp		Current Year
1 Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2 Amounts paid to perform activity that directly furthers exer		ed	
organizations, in excess of income from activity		2	
3 Administrative expenses paid to accomplish exempt purple	oses of supported organi	izations 3	
4 Amounts paid to acquire exempt-use assets		4	
5 Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI) 5	
6 Other distributions (describe in Part VI). See instructions.		6	
7 Total annual distributions. Add lines 1 through 6.		7	
8 Distributions to attentive supported organizations to which	the organization is resp	onsive	
(provide details in Part VI). See instructions.		8	
9 Distributable amount for 2022 from Section C, line 6		9	
10 Line 8 amount divided by line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
<b>b</b> From 2018			Nether and the
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from			a field and shall
Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h	PROPERTY AND A DESCRIPTION		
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
<b>c</b> Excess from 2019	Marcal Andra Andre		NO. ST. O. SALES
d Excess from 2021			A to a second to a
e Excess from 2022			
EEA			Schedule A (Form 990) 202

Schedule A (Fo	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	Times 2, 5, and 6. Also complete this part for any additional mormation. (See instructions.)
~	

SCHEDULE	D
(Form 990)	

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

20 **Open to Public** 

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Internal F	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest informa	tion.	Inspection
Name of	the organization			Employer identi	fication number
WHOLE	AGAIN INTE			04-3810	)137
Part	t I Organiz	zations Maintaining Donor Advised I	Funds or Other Similar Funds or Ac	counts.	
	Comple	te if the organization answered "Yes" of	on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at	end of year			
2	Aggregate value	of contributions to (during year)			
3	Aggregate value	of grants from (during year)			
4	Aggregate value	atend of year			
5	Did the organiza	tion inform all donors and donor advisors in	writing that the assets held in donor advised		
			ation's exclusive legal control?		🗌 Yes 🗌 No
			dvisors in writing that grant funds can be us		
	-		nor or donor advisor, or for any other purpose		
	the second s		• • • • • • • • • • • • • • • • • • • •		Yes No
Part	II Conse	rvation Easements.			
	Comple	te if the organization answered "Yes" of	on Form 990, Part IV, line 7.		
		onservation easements held by the organizat			
		of land for public use (for example, recreation			
	Protection of	natural habitat	Preservation of a	certified historic	structure
	Preservation	· ·			
2	Complete lines 2	a through 2d if the organization held a qualit	ied conservation contribution in the form of a	1	
		e last day of the tax year.			d at the End of the Tax Year
			ucture included in (a)	<u>2</u> c	
		ervation easements included in (c) acquired			
3	Number of cons	ervation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization durir	ng the
	tax year				
		s where property subject to conservation ea			
		zation have a written policy regarding the pe			
			t holds?		
6	Staff and volunte	er hours devoted to monitoring, inspecting, i	nandling of violations, and enforcing conserv	ation easements	s during the year
_					ing the year
7	Amount of exper	nses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements dui	ing the year
			we actisfy the requirements of postion 170/h		
			ove satisfy the requirements of section 170(h		🗌 Yes 🗌 No
			tion easements in its revenue and expense s		ho
			ote to the organization's financial statements		
	organization's a	ccounting for conservation easements.	of Art, Historical Treasures, or C	)ther Similar	r Assets
Part		te if the organization answered "Yes" of			
4-			58, not to report in its revenue statement and	i halance sheet '	works
			blic exhibition, education, or research in furt		
			ancial statements that describes these items.	for a note of public	, ,
			58, to report in its revenue statement and ba	lance sheet worl	ks of
b			c exhibition, education, or research in further		
		wing amounts relating to these items:	e sample of a control of the control in the little	and a papiro d	
					\$
					\$
2			easures, or other similar assets for financial		
		its required to be reported under FASB ASC		gain, provide die	
			••••••••••••••••••••••••••••••••••••••		\$
					\$
-		ion Act Notice, see the Instructions for Fo			Schedule D (Form 990) 2022

Schedu	le D (Form 990) 2022 WHOLE AGAIN IN					04-3810	CONTRACTOR OF A STREET	Page 2
Par							sets (cor	ntinued)
3	Using the organization's acquisition, access	sion, and other record	ls, check any of th	e following that m	nake sig	nificant use of its		
	collection items (check all that apply):							
а	Public exhibition		d 🗌 Loa	n or exchange pr	ogram			
b	Scholarly research		e 🗌 Oth	ər				
с	Preservation for future generations			5				
4	Provide a description of the organization's of	collections and explai	n how they further	the organization	's exen	pt purpose in Part		
	XIII.							
5	During the year, did the organization solicit	or receive donations	of art, historical tre	easures, or other	similar			
	assets to be sold to raise funds rather than						Yes	🗌 No
Par	t IV Escrow and Custodial Arra							
	Complete if the organization		on Form 990	, Part IV, line	9, or r	reported an amo	ount on F	orm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custoo	lian or other intermed	iary for contributio	ns or other asset	is not			
	included on Form 990, Part X?						. 🗌 Yes	🗌 No
b	If "Yes," explain the arrangement in Part XI							
		·				Amo	ount	
с	Beginning balance				. 1c			
d	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on l					v?	Yes	No
ь	If "Yes," explain the arrangement in Part XI							Ē
Par				PO GOLDEN				
	Complete if the organization	answered "Yes'	on Form 990	Part IV, line	10.			
	Complete in the organization	(a) Current year	(b) Prior year	(c) Two years	· · · · · · · · · · · · · · · · · · ·	(d) Three years back	(e) Four y	ears back
15	Beginning of year balance	(a) Guirent year		(0) 110 jour	buon	(1) / //////////////////////////////////	147.11.1	
1а ь	Contributions							
b								
С	Net investment earnings, gains, and							
d	Grants or scholarships						-	
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance	mentures and belong		(a)) hold as:			1	
2	Provide the estimated percentage of the cu		e (ine ig, column	(d)) neu as.				
a	Board designated or quasi-endowment							
b	Permanent endowment%	0						
С	Term endowment %	11						
	The percentages on lines 2a, 2b, and 2c sh				d for th	•		
3a	Are there endowment funds not in the pose	session of the organiz	cauon mat are ner	anu auminisiere		5	5	Yes No
	organization by:							165 110
	(i) Unrelated organizations		2 S S				3a(i)	
	(ii) Related organizations						. 3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organ			R/			3b	
4	Describe in Part XIII the intended uses of t		dowment funds.			G		
Par	t VI Land, Buildings, and Equi	pinent.	on Form 000	Dort IV line	110	See Form 000	Dart V III	no 10
-	Complete if the organization							
	Description of property	(a) Cost or oth		ost or other basis	• • •	Accumulated epreciation	(d) Book	valuê
40		(investm		(other)	C	opreviation		
1a	Land	34-574						
b	Buildings	···						
С	Leasehold improvements	• •						
d	Equipment			37,322		18,039		19,283
e	Other	• •						
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	rt X, column (B), I	ine 10c.)				19,283

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Schedule D (Form 990) 2022

Pag	0	3
r au	C.	~

Schedule D (Form 990) 2022 WHOLE A	GAIN INTERNATIONAL		04-381013/ Page
Part VII Investments - Other Sec	urities.		
Complete if the organization	on answered "Yes" on Forr	n 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
(a) Description of security or o	category	(b) Book value	(c) Method of valuation:
(including name of secu	urity)		Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(C)			
(G)			
(H)			
	col. (B) line 12.).		
(H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Program R	Related.		
(H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Program R	Related.	n 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
(H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Program R	Related. on answered "Yes" on Forr	n 990, Part IV, lin (b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(H) <b>Total.</b> (Column (b) must equal Form 990, Part X, <b>Part VIII</b> Investments - Program R Complete if the organizatio (a) Description of investments	Related. on answered "Yes" on Forr		(c) Method of valuation:
(H) <b>Total.</b> (Column (b) must equal Form 990, Part X, <b>Part VIII</b> Investments - Program R Complete if the organizatio (a) Description of investments (1)	Related. on answered "Yes" on Forr		(c) Method of valuation:
(H) <b>Total.</b> (Column (b) must equal Form 990, Part X, <b>Part VIII</b> Investments - Program R Complete if the organizatio (a) Description of investm (1) (2)	Related. on answered "Yes" on Forr		(c) Method of valuation:
(H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Program F Complete if the organizatio (a) Description of investm (1) (2) (3)	Related. on answered "Yes" on Forr		(c) Method of valuation:
<ul> <li>(H)</li> <li>investments - Program R Complete if the organization</li> <li>(a) Description of investments</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> </ul>	Related. on answered "Yes" on Forr		(c) Method of valuation:
(H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Program R Complete if the organizatio (a) Description of investm (1) (2) (3) (4) (5)	Related. on answered "Yes" on Forr		(c) Method of valuation:
<ul> <li>(H)</li> <li>Total. (Column (b) must equal Form 990, Part X,</li> <li>Part VIII Investments - Program R Complete if the organizatio (a) Description of investm</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> </ul>	Related. on answered "Yes" on Forr		(c) Method of valuation:
<ul> <li>(H)</li> <li>(Column (b) must equal Form 990, Part X,</li> <li>Part VIII Investments - Program R Complete if the organizatio (a) Description of investm</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> </ul>	Related. on answered "Yes" on Forr		(c) Method of valuation:
(H) Total. (Column (b) must equal Form 990, Part X, Part VIII Investments - Program R Complete if the organizatio (a) Description of investm (1) (2) (3) (4) (5) (6)	Related. on answered "Yes" on Forr		(c) Method of valuation:

### Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	

#### Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		15164
(3)		and the
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu		4-3810137	Page
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	-
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)	21 S C	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII.)	1.336.5	
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		
Provid	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	Part X, line	

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

> Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

### WHOLE AGAIN INTERNATIONAL

Employer identification number 04-3810137

### 01. Officer, directors, etc. family relationship (Part VI, line 2)

PART VI, LINE 2: FOUNDER-PRESIDENT EMERITUS IS MARRIED TO A MEMBER OF THE BOARD.

### 02. Form 990 governing body review (Part VI, line 11)

PART VI, LINE 11B: ACCOUNTANT PROVIDES A DRAFT COPY OF 990 FOR REVIEW BY BOARD. UPON

APPROVAL OF THE 990 RETURN, THE RETURN IS ELECTRONICALY FILED.

03. Conflict of interest policy compliance (Part VI, line 12c)

PART VI, LINE 12C: BOARD MEMBERS REGULARLY MEET AND DISCUSS ANY POTENTIAL CONFLICT OF

INTEREST MATTERS AS THEY ARISE. EACH ARE DEALT WITH AT THAT TIME.

04. CEO, executive director, top management comp (Part VI, line 15a)

PART VI, LINE 15A: THE BOARD RESEARCHED AND APPROVED ANNUAL COMPENSATION FOR THE EXECUTIVE

DIRECTOR POSITION.

05. Governing documents, etc, available to public (Part VI, line 19)

PART VI, LINE 19: 990 IS UPLOADED TO THE ORGANIZATIONS WEBSITE AND AVAILABLE UPON REQUEST.

### 06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

PART XI, LINE 9: BALANCE OF DEPRECIATION AND A PAYROLL TAX ADJUSTMENT

	4562	Depreciation and Amortization				ОМ	B No. 1545-0172	
Form	4302	(Including Information on Listed Property)					2022	
	ment of the Treasury Revenue Service					Atta	chment uence No. <b>179</b>	
	(s) shown on return	Business or activity to which this form relates				ng number		
WH	OLE AGAIN INTE					04-381	-	
Par	tI Election To	Expense Ce	rtain Property Und	er Section	179			
		have any listed	property, complete Pa	art V before y	ou complete Par	t I.		
1			s)				1	
			placed in service (see				2	
3			erty before reduction				3	
4			ne 3 from line 2. If zero				4	
5	Dollar limitation fo	r tax year. Subtr	act line 4 from line 1.	f zero or less	, enter -0 If ma	rried filing		
							5	
6		escription of property		(b) Cost (busin		(c) Elected cost	-	
7	Listed property. E	nter the amount	from line 29		7			
8			roperty. Add amounts				8	
			aller of line 5 or line 8				9	
10			from line 13 of your 2				10	
11	,		naller of business income				11	
12			dd lines 9 and 10, but				12	
			to 2023. Add lines 9 a			13	46. J D	
-			for listed property. Ins					
			owance and Other			de listed property. S	ee instruc	tions.)
14	Special depreciati	on allowance for	qualified property (oth	ner than liste	d property) place	ed in service		
			1 <b>5</b>				14	
15			1) election				15	
	Cost - 25		S)				16	7,464
			on't include listed pro					
		providenci (D		ection A				
17	MACRS deduction	ns for assets pla-	ced in service in tax ye		g before 2022		17	
			sets placed in service			or more general		Service Part
		-						
	Section	B - Assets Plac	ed in Service During	2022 Tax Y	ear Using the G	eneral Depreciatio	n System	
(a)	Classification of propert	(b) Month and yea	(c) Basis for depreciation (business/investment use	(d) Recovery	(e) Convention	(f) Method		reciation deduction
		service	only-see instructions)	period				
<u>19a</u>								
b								
<u> </u>							-	
d							-	
	15-year property	and the second second second					10 m	
e	00	and the second se						
f				OE vite		C/I		
f	25-year property			25 yrs.	N 4 N 4	S/L		
f	25-year property Residential renta			27.5 yrs.	MM	S/L		
f g h	25-year property Residential renta property			27.5 yrs. 27.5 yrs.	MM	S/L S/L		
f	25-year property Residential renta property Nonresidential re			27.5 yrs.	MM MM	S/L S/L S/L		
f g h	25-year property Residential renta property Nonresidential re property			27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L	ion Suct	
f h i	25-year property Residential renta property Nonresidential re property Section (		ed in Service During	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L ternative Depreciat	ion Syste	em
f 9 h i 20a	25-year property Residential renta property Nonresidential re property Section ( Class life		ed in Service During	27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Ye	MM MM MM	S/L S/L S/L S/L ternative Depreciat S/L	ion Syste	em
f 9 h i 20a	25-year property Residential renta property Nonresidential re property Section ( Class life 12-year		ed in Service During	27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Ye 12 yrs.	MM MM ar Using the Al	S/L S/L S/L S/L ternative Depreciat S/L S/L	ion Syste	em
f g h i 20a b c	25-year property Residential renta property Nonresidential re property Section ( Class life 12-year 30-year		ed in Service During	27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Ye 12 yrs. 30 yrs.	MM MM ar Using the Al	S/L S/L S/L S/L ternative Depreciat S/L S/L S/L	ion Syste	em
f 9 h 20a 20a c d	25-year property Residential renta property Nonresidential re property Section ( Class life 12-year 30-year 40-year	al - Assets Place		27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Ye 12 yrs.	MM MM ar Using the Al	S/L S/L S/L S/L ternative Depreciat S/L S/L	ion Syste	em
f g h i 20a b c d Par	25-year property Residential renta property Nonresidential re property Section ( Class life 12-year 30-year 40-year t IV Summary (S	I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I <td< td=""><td>)</td><td>27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Ye 12 yrs. 30 yrs. 40 yrs.</td><td>MM MM ar Using the Al</td><td>S/L S/L S/L S/L ternative Depreciat S/L S/L S/L</td><td></td><td>em</td></td<>	)	27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Ye 12 yrs. 30 yrs. 40 yrs.	MM MM ar Using the Al	S/L S/L S/L S/L ternative Depreciat S/L S/L S/L		em
f 9 h 20a b c d Par 21	25-year property Residential renta property Nonresidential re property Section ( Class life 12-year 30-year 40-year t IV Summary (S Listed property.	C - Assets Place	) m line 28	27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Ye 12 yrs. 30 yrs. 40 yrs.	MM MM ar Using the Al MM MM	S/L S/L S/L S/L ternative Depreciat S/L S/L S/L S/L	ion Syste	9m
f 9 h 20a 20a c d Par 21	25-year property Residential renta property Nonresidential re property Section ( Class life 12-year 30-year 40-year t IV Summary ( Listed property. E Total. Add amour	C - Assets Place	) m line 28 ines 14 through 17, lir	27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Ye 12 yrs. 30 yrs. 40 yrs. mes 19 and 20	MM MM ar Using the Al MM MM 0 in column (g),	S/L S/L S/L S/L ternative Depreciat S/L S/L S/L S/L	21	
f g h 20a b c d Par 21 22	25-year property Residential renta property Nonresidential re property Section ( Class life 12-year 30-year 40-year t IV Summary (S Listed property. E Total. Add amour here and on the a	C - Assets Place	m line 28 ines 14 through 17, lir of your return. Partner	27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Ye 12 yrs. 30 yrs. 40 yrs. 	MM MM ar Using the Al MM MM 0 in column (g), corporations - se	S/L S/L S/L S/L ternative Depreciat S/L S/L S/L S/L		em 7 , 464
f g h 20a b c d Par 21 22	25-year property Residential renta property Nonresidential re property Section ( Class life 12-year 30-year 40-year t IV Summary (S Listed property. E Total. Add amour here and on the a For assets shown	C - Assets Place	) m line 28 ines 14 through 17, lir	27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Ye 12 yrs. 30 yrs. 40 yrs. 40 yrs. 19 and 20 rships and S e current yea	MM MM ar Using the Al MM MM 0 in column (g), corporations - se ar, enter the	S/L S/L S/L S/L ternative Depreciat S/L S/L S/L S/L	21	

Form	8868
(Rev. Ja	nuary 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
print	WHOLE AGAIN INTERNATIONAL	04-3810137
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	PO BOX 1331	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see	instructions.
instructions.	WEST CHESTER OH 45071	

Enter the Return Code for the return that this application is for (file a separate application for each return) .....

Application	Return	Application	Return
is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		기미 프로그 공연기 입

The books are in the care of EKENDRA SCOTT, PO BOX 1331 WEST CHESTER OH 45071

Т	elephone No ► 513-847-6038 FAX No.►	_	
• If	the organization does not have an office or place of business in the United States, check this box		• • • • • • • •
• If	Tails is for a Group Retain, once the organizations four agree every stemption for the couption of the organization of the org	this is	
for ti	he whole group, check this box 🛛	ı	
	t with the names and TINs of all members the extension is for		
1	I request an automatic 6-month extension of time until		
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Tetum The Change in accounting period	15	
3a	a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<u>3a</u>	\$
ť	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3Ь	\$
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
	ition: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Fo ructions.	rm 88	79-TE for payment
For	Privacy Act and Paperwork Reduction Act Notice, see instructions.	For	m 8868 (Rev. 1-2022)

EEA

Form 8879-TE

### **IRS** *e-file* Signature Authorization for a Tax Exempt Entity

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

, 2022, and ending For calendar year 2022, or fiscal year beginning

2022

, 20

EIN or SSN

04-3810137

Department of the Treasury Internal Revenue Service

Name of filer

### WHOLE AGAIN INTERNATIONAL

Name and title of officer or person subject to tax

#### THOMAS DOYLE, JD, BOARD CHAIR Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b.** Total revenue, if any (Form 990, Part VIII, column (A), line 12) 16

la	Form 990 check here	D		
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here.	b	Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here	Ь	Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here 😨 🔀	b	Balance due (Form 8868, line 3c)	0
6a	Form 990-T check here 😱 🗌	Ь	Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b	
Part	II Declaration and Signatu	re	Authorization of Officer or Person Subject to Tax	
Under p	enalties of perjury, I declare that		am an officer of the above entity or 🛛 🗌 I am a person subject to tax with respect to (name	
of entity	·)		, (EIN) and that I have examined a copy of the	
2022 el	ectronic return and accompanying scheo	dule	s and statements, and, to the best of my knowledge and belief, they are true, correct, and	

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one hox only

<b>X</b> I authorize	,	TAX	SERVICE	ROSELAW		to enter	my PIN	45212	as my signature
			ERO 1	firm name				Enter five numb do not enter all	•
agency(ies) re return's disclo As an officer o filed return. If	egulating cha sure consent or person subj I have indicat	rities a screer ect to ed wit	as part of the n. tax with resp thin this return	IRS Fed/State p pect to the entity, n that a copy of th	ed within this return th rogram, I also author I will enter my PIN as he return is being file 's disclosure consent	ize the a s my sign d with a s	foremention ature on th	ned ERO to ente ne tax year 2022	er my PIN on the electronically
Signature of officer or p			•					Date 11-0	)1-2023
	ification a								
ERO's EFIN/PIN. E number (EFIN) follow	nter your six- wed by your f	digit e ive-dig	lectronic filin jit self-select	ig identification ed PIN.	31	9202	45207		
						0	o not enter	r all zeros	
l certify that the abov am submitting this n Providers for Busine	eturn in acco	ntry is i rdance	my PIN, whic e with the rec	ch is my signatum quirements of <b>Pu</b>	e on the 2022 electro I <b>b. 4163,</b> Modernized	nically file I e-File (I	ed retum ir NeF) Infori	ndicated above. mation for Autho	I confirm that I prized IRS <i>e-file</i>
ERO's signature							Date	11-13-202	23
					This Form - Sec the IRS Unles			o Do So	
			or annin		o the ins office	sneq	Jesteu I	0 00 30	

Form 8879-TE

## IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

, 2022, and ending For calendar year 2022, or fiscal year beginning

Do not send to the IRS. Keep for your records.

2022

, 20

04-3810137

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

Name of filer

### WHOLE AGAIN INTERNATIONAL

Name and title of officer or person subject to tax

#### THOMAS DOYLE, JD, BOARD CHAIR Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. x **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12). 1b 305,853 4... Form 990 check here

Ia				
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	ЗЬ
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here 🔒 🔒 🗌	b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here 😱 📋	b	Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here 💷 👘 🗍	b	Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here 👔 📋	b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b
Part	II Declaration and Signatu	re	Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that		am an officer of the above entity or 🛛 🗌 I am a person subject to tax with	respect to (name
of entit	/)		, (EIN) and that I have example.	mined a copy of the
2022 e	ectronic return and accompanying scher	dule	s and statements, and, to the best of my knowledge and belief, they are true,	correct, and
comple	te. I further declare that the amount in Pa	art I	above is the amount shown on the copy of the electronic return. I consent to a	allow my
interme	diate service provider, transmitter, or el	lect	ronic return originator (ERO) to send the return to the IRS and to receive fror	n the IRS (a) an
acknov	/ledgement of receipt or reason for reject	ctio	n of the transmission, <b>(b)</b> the reason for any delay in processing the return of	r refund, and (c)
the dat	e of any refund. If applicable, I authorize	the	U.S. Treasury and its designated Financial Agent to initiate an electronic fun	ds withdrawal
(direct	debit) entry to the financial institution acc	cour	t indicated in the tax preparation software for payment of the federal taxes own	ed on this
retum,	and the financial institution to debit the er	ntry	to this account. To revoke a payment, I must contact the U.S. Treasury Finance	sial Agent at
1-888-3	353-4537 no later than 2 business days	ргіс	r to the payment (settlement) date. I also authorize the financial institutions inv	volved in the

processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

x I authorize	WINNERS TAX SERVICE RO	OSELAW	to enter	my PIN	45212	as my signature
—	ERO firm	name			Enter five numb do not enter all :	
agency(ies) re	r 2022 electronically filed return. If I egulating charities as part of the IR sure consent screen.	l have indicated within this return S Fed/State program, I also auth	that a copy orize the at	of the ret foremention	um is being filed ned ERO to ente	with a state r my PIN on the
filed return. If	or person subject to tax with respect I have indicated within this return th d/State program, I will enter my PIN	at a copy of the return is being fi	led with a s	ature on th tate ageno	ne tax year 2022 cy(ies) regulating	electronically 3 charities as part
Signature of officer or	person subject to tax				Date 11-0	1-2023
Part III Cert	ification and Authentication	on				
ERO's EFIN/PIN. E number (EFIN) follo	nter your six-digit electronic filing id wed by your five-digit self-selected	DIN	319202	45207		
			D	o not ente	r all zeros	
l certify that the abo am submitting this r Providers for Busine	ve numeric entry is my PIN, which is eturn in accordance with the requir ess Retums.	s my signature on the 2022 elect rements of <b>Pub. 4163,</b> Moderniz	ronically file ed e-File (l	ed return ir NeF) Infor	ndicated above. mation for Autho	l confirm that I rized IRS <i>e-file</i>
ERO's signature				Date	11-13-202	3
		ust Retain This Form - S		-		
	Do Not Submit T	his Form to the IRS Unle	ess Requ	uested 1	To Do So	

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022	Page 1
Name(s) as shown on return	INTERNATIONAL	FEIN	4-3810137
WHOLE AGAIN	INTERNATIONAL		1 0010101
	NON-GOVERNMENT CONTRIBUTIONS		
Description			Amount
CONTRIBUTION GRANTS FROM	S 501C3 ORGANIZATIONS	<u>\$</u>	50,539 74,912
	Total:	\$	125,451
	INVESTMENT INCOME		
Description			Amount
INTEREST DIVIDEND		\$	9 184
	Total:	\$	193
	OTHER/MANAGEMENT & GENERAL		
Description			Amount
PAYROLL PROC	ESSING SERVICES	\$	3,956
PROFESSIONAL BANK FEES	SERVICES		1,544 75
	Total:	\$	5,575

## **Depreciation Detail Listing**

2022 PAGE 1

for Section 199A calculations.

# See "UBIA" in lower right corner.

#### Program Services (This page is not filed with the return. It is for your records only.)

Social security number/EIN

Name(s) as shown on return

\* Item is included in UBIA

W	HOLE AGAIN INTERNATION	AL											04	-3810137		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	r	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	LAPTOPS, TABLETS, PER	08152020	37,322		100.00			37,322	5	SL	НΥ	20	10,575	7,464	18,039	7,464
	Totals		37,322					37,322					10,575	7,464	18,039	7,464

					epreciation V the return. It is for yo				202	2
(s) as	shown on retur	n <b>I</b>	(1113)	age to not mod with					Tax ID I	
LE		810137								
n ;	Multi-Form 1	Description LAPTOPS,	TABLETS,	PERIPH	Date 08-15-2020	Basis	37,322	Method SL	Life 5	Deduction 7,464
		TOTAL								7,464