етне	e Pu	ıblic Visu	al Render	ObjectId	: 2023013593	349314890 - Su	ubmissio	n: 202	23-05	-15	1	'IN: 47-	4655361
(00	20	R	eturn of (Organizat	ion Exempt	From	Inco	ome	Тах		OMB No.	1545-0047
Form 990			Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.							tions)	2022		
		f the Treasury nue Service	•	Go to <u>www.ir</u>	<u>s.gov/Form99</u>	<pre>0 for instructions</pre>	and the l	atest iı	nforma	ition.			o Public ection
A Fe	or th	e 2022 ca	alendar year	, or tax year be	eginning 01-01	-2022 , and end	ing 12-31	-2022					
O Ad	dress	applicable: change	C Name of orga FRONTLINE H	anization IEALING FOUNDAT	ION					D Employ 47-465		ification n	umber
O Ini	ial re	nange eturn rn/terminated	Doing busine OPERATION	ss as WARRIORS HEART	FOUNDATION								
		d return ion pending	Number and PO BOX 9100		if mail is not delive	ered to street address)	Room/suit	te		E Telephon (702) 2			
			City or town, BANDERA, TX		country, and ZIP o	r foreign postal code				G Gross re	ceipts \$	900,317	
			F Name and ANGELA LAN	l address of prir IDON	ncipal officer:				subord	a group re linates? subordinat ed?			es ☑No ′es □No
		mpt status: te:▶ WW	501(c)(3) W.WARRIORS	501(c) () ◀ (insert no.) FION.ORG	□ 4947(a)(1) or 〔	527	H(c)	If "No,	" attach a l exemption			ons.
K Forn	n of o	organization:	Corporatio	on 🗌 Trust 🗌	Association 🗌 O	ther 🕨		L Year o	of format	ion: 2015	M Stat	e of legal do	omicile:
/emance			TIES THE TOC		THE UNMET NEE SELF- SUFFICIE	DS OF SUFFERING NT.	SERVICEM	IEN ANL		EN AND GI	VES IN	DIVIDUAL	S AND
activities & Governance	2 3 4 5 6	Check this Number o Number o Total num Total num	s box f voting mem f independent ber of individ ber of volunte	bers of the gove toting member uals employed in teers (estimate if	SELF- SUFFICIE erning body (Par rs of the governi n calendar year i necessary)	NT. t VI, line 1a) ng body (Part VI, lir 2022 (Part V, line 2	ne 1b) . a)	· · ·	· · · · · · · · · · · · · · · · · · ·		3 4 5 6		6 6 0
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×	2 3 4 5 6 7a	Check this Number o Number o Total num Total num	s box of voting mem of independent ober of individ ober of volunte elated busines	bers of the gove t voting member uals employed in eers (estimate if s revenue from	SELF- SUFFICIE erning body (Par rs of the governi n calendar year necessary) Part VIII, column	NT. t VI, line 1a) ng body (Part VI, lir 2022 (Part V, line 2	ne 1b) . a)	· · ·	· · · · · · · · · · · · · · · · · · ·		3 4 5 6		6 6 0
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Expenses Revenue Activities &	234 567a 910 111 1213 1415 16a 1718	Check this Number of Total num Total num Total num Total unrel Net unrela Contributi Program s Investmen Other rev Total reve Grants an Benefits p Salaries, of Profession Total fundra Other exp Total expe	s box ► □ of voting mem of independent ober of individ ober of volunte elated business ated business ated business ated business ated previce revenu- nt income (Part enue (Part VII enue—add line d similar amo baid to or for r other compen nal fundraising aising expenses penses (Part I) enses. Add line	bers of the gove to voting member uals employed in eers (estimate if s revenue from taxable income ts (Part VIII, line it (Part VIII, line it VIII, column (A), line s 8 through 11 unts paid (Part I) sation, employe g fees (Part IX, column (A, column (A), line s 13–17 (must	SELF- SUFFICIE erning body (Par rs of the governi n calendar year 3 f necessary) . Part VIII, column from Form 990- 1h) 2g) A), lines 3, 4, ar nes 5, 6d, 8c, 9c (must equal Part IX, column (A), li e benefits (Part column (A), line (D), line 25) 0 nes 11a-11d, 11 equal Part IX, co	NT. t VI, line 1a) ng body (Part VI, lin 2022 (Part V, line 2) t (C), line 12 T, Part I, line 11 . t (C), and 11e) t VIII, column (A), line ines 1–3) ne 4) IX, column (A), line 11e) f–24e) blumn (A), line 25)	ne 1b) . a) 			r Year 812,7 812,7 714,1 714,1	3 4 5 6 7a 7b 43 43 43 43 43 443 66 666 666 666 677		6 6 0 0 2 900,317 0 0 0 0 900,317 22,530 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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Revenue Activities &	2 3 4 5 6 7 a b 7 a b 10 11 12 13 14 15 16a b 17 18 19 20 21	Check this Number o Total num Total num Total num Total unrel Net unrela Contributi Program s Investmen Other rev Total reve Grants an Benefits p Salaries, o Profession Total fundra Other exp Total expe Revenue l Total asse Total liabi	s box ► □ of voting mem of independent ober of individ ober of volunte elated business ated business ated business ated business ons and gran service revenu nt income (Part enue (Part VII enue—add line d similar amo baid to or for r other compen nal fundraising asing expenses penses (Part I) enses. Add lin less expenses ets (Part X, lin lities (Part X, lin	bers of the gove voting member uals employed in ers (estimate if s revenue from taxable income ts (Part VIII, line it VIII, column (A), line s 8 through 11 unts paid (Part I) sation, employe g fees (Part IX, column (A), li es 13–17 (must . Subtract line 1 e 16) line 26)	SELF- SUFFICIE erning body (Par rs of the governi n calendar year 1 r ecessary) . Part VIII, column from Form 990- 1h) 2g) A), lines 3, 4, ar nes 5, 6d, 8c, 9c (must equal Part IX, column (A), li column (A), line (D), line 25) 0 nes 11a-11d, 11 equal Part IX, co 8 from line 12	NT. t VI, line 1a) ng body (Part VI, lin 2022 (Part V, line 2: t (C), line 12 T, Part I, line 11 . d 7d) t VIII, column (A), line t VIII, column (A), line 11e) ff-24e) plumn (A), line 25) 	ne 1b) . a) 			r Year 812,7 812,7 812,7 714,1 714,1 98,5 f Current Yo	3 4 5 6 7a 7a 7a 7a 7a 66 66 66 66 677 6aar 227	Current	6 6 0 0 2 Year 900,317 0 0 0 900,317 22,530 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

	N.								2023-03-14		
Sign	Sigi	nature of officer							Date		
Here	ANG	GELA LANDON B	OD TREASURER								
		e or print name									
	-	Print/Type pre	parer's name		Preparer's	signature		Date 2023-05-15	Check 🗌 if	PTIN P01381603	
Paid		Firm's name	WHEELWRIGHT	малани					self-employed Firm's EIN > 8	1-4879630	
	Darer	FITTISTIdITIE	WHEELWRIGHT	MANARA	AN PLLC					1-40/9030	
Use	Only	Firm's address	5 🕨 2402 S RURAL R	D STE 2	03				Phone no. (480) 485-6560	
			TEMPE, AZ 852	82							
May th	he IRS discu	uss this return	with the prepare	r showi	n above? S	See Instruct	ions			. 🗹 Ye	s 🗆 No
For Pa	aperwork	Reduction Ac	t Notice, see th	e sepa	rate inst	ructions.		Cat. I	No. 11282Y		Form 990 (2022)
						- Page	2				
Form 9	990 (2022)										Page 2
Par	t III Sta	tement of	Program Serv	ice Ac	complis	hments					5
	Che	ck if Schedule	O contains a res	ponse o	or note to	any line in t	his Part III				🗹
1	Briefly deso	cribe the organ	nization's mission	:							
HEAL	OUR NATIO	NS WARRIORS	S THROUGH PRIV T & CO-OCCURRI	ATE, LI	CENSED, A			T-STYLE HEAL	ING CENTERS,	SPECIALIZI	ING IN
5065	TANCE ADU:	SE TREATMEN		NG PST	CHOLOGI	CAL DISORI	JERS. PROVID			CARE.	
2	Did the org	anization und	ertake any signifi	cant pr	ogram ser	vices during	the year which	ch were not lis	ted on		
	the prior Fo	orm 990 or 99	0-EZ?							C	Yes 🗹 No
	If "Yes," de	scribe these n	new services on S	chedule	e O.						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?			• •		• •				•	🗌 Yes 🗹 No
	If "Yes," describe these changes on Schedule O.										
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses,										
			each program serv					5		,	
4a	(Code:) (Expenses \$		643,636	including g	rants of \$) (Revenue \$)
70	SUBSIDIZE 1		ALING PROGRAMS F		ESTIMATED) 13.3 MILLIO	N VETERANS SU		CHEMICAL DEPE		PTSD SO THEY CAN
	UNFORTUNA	TELY, INSURANC	ESPECT. PTSD ALSO	HESE WA	ARRIORS IS	NOT ALWAYS	ADEQUATE FOR	R MENTAL HEALT	H TREATMENT. AI	ND, THE OPTIC	ON FOR USING
			LLY A VIABLE COURS . THIS IS THE MAIN								
	PROGRAM FL	JNDED.									
46	(0.1)				120.207) (D		
4b	(Code:	SOBER LIVING) (Expenses \$ MANY OF OUR WAR	RIORS N	138,207 WHEN THEY	including g		ATMENT NEED) (Revenue \$	PORT AND ST) RUCTURE SOBER
	LIVING PROV	/IDES THIS. THI	S ALLOWS OUR WAR	RRIORS	AN ENVIRO	NMENT WHER	E THEY CAN GO	OUT AND WORK	, VOLUNTEER, I	NTEGRATE BAG	CK INTO THE
	COMMUNITY	WHILE ALSO HA	AVE THE SAFETY NE	IUFAS	UBER HOUS	SING STRUCT	JRE. FUNDING A	4551515 IN SOM	E OF THE COSTS	OF THEIR HU	USING.
4c	(Code:) (Expenses \$		16,422	including g	rants of \$) (Revenue \$)
	•	ARRIORS WITH N	NEW TOOLS TO BE S	TRONGE	1 - C			ITRIBUTE TO TH	, ,	S. TESTIMONI	,
			VHO SUCCESSFULLY ETERANS AND FIRST								
	COUNTRY AF	RE YOU GOING T		THAT TR	EATS ITS CL	IENTS WITH	RESPECT WHILE	ADDRESSING E	BOTH THE SUBST	ANCE ABUSE /	AND THE PTS WHILE
	THE CLIENT		EIR EMOTIONAL BAG								
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	(Code:) (Expenses \$		57,727	including g	rants of ¢	JJ ED) (Revenue \$)
	•	RIORS THE OPT	TON OF TAKING A S	ERVICE				-		HAT OUR SER	,
			BOTH ENDS OF THE								
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			PROVIDE EDUCATIO								
	VFW'S, GOLD	O STAR FAMILIES	S MEETINGS, AND H ING AWARENESS TO	AVE HAD	D BOOTHS A	T VARIOUS P	UBLIC EVENTS. I	MOST RECENTLY	, WE HAVE FORG	ED A PARTNE	RSHIP WITH THE
	WARRIORS H	HEART AND WAR	RIORS HEART FOUN	IDATION	HAVE WOR	KED EXTENSI	VELY WITH SEVE	ERAL LAW ENFO	RCEMENT ORGAN	IZATIONS IN	TEXAS WITH
			COPING WITH PTSD MICHIGAN TO ASSIS						Y WORK). WE HA	VE WORKED	WITH THE
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4d Other program services (Describe in Schedule O.)

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	(Expenses a	51,121	including grants or a	۲۲,۵۵) (Revenue »	J
4e	Total program service e	xpenses 🕨	855,992			
						Form 990 (2022)
				Page 3		
Form	990 (2022)					Page 3
Pa	rt IV Checklist of Re	auired Scl	nedules			

i ai			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 50	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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? <i>If "Yes," complete Schedule D</i> , Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i> . Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11d		No
e		11e		No
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
∠∪a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No

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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 2

Form 990 (2022)

Yes

20b

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Dai	t IV Checklist of Required Schedules (continued)			Page
Fai			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	100	No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

https://projects.propublica.org/nonprofits/organizations/474655361/202301359349314890/full

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1a

1b

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . .

- ${\bm b}\,$ Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable $\,$.
- с Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? • . .

Form 990 (2022)

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Form 990 (2022) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b H ary time during the calendar year and the organization have an interest lin, or a signature or other authority over, a financial account in a foreign country: 3b 4 At any time during the calendar year, did the organization have an interest lin, or a signature or other authority over, a financial account in a foreign country: 4a 5 We set norganization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a 5 D id any taxable party notify the organization file Form 8886-T? 5a 5 D id any contributions that were not tax deductible contributions? 5a 5 D id any contributions that were not tax deductible? 5a 6 Organization have annual gross receipts that are normally greater than \$100,000, and did the organization on tax edductible? 5a 6 If "Yes," did the organization necipts eductible contributions under section 170(c). a bid the organization notink execon ta deductible contribution and partly for go	Page No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . 3a 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. . 4a 5b If "Yes," enter the name of the foreign country. . . 5a 5a Was the organization aparty to a prohibited tax shelter transaction? . . . 5a Did any taxable party notify the organization file Form 8886-T? . <	No No No
Tax Statements, filed for the calendar year ending with or within the year covered by 2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has it filed a Form 990-T for this year?!!" 'No" to line 3b, provide an explanation in Schedule 0 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 5b If "Yes," enter the name of the foreign country: See instructions for finICEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Id any taxable party notify the organization have or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5a 7 Organization stat may receive deductible contributions under section 170(c). 6b 6b 7 Organization stat may receive deductible contributions under section 170(c). 7a 7a 7 If "Yes," did the organiz	No No No
a Did theorganization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year?II "No" to line 3b, provide an explanation in Schedule O 3a b If "Yes," has it filed a Form 990-T for this year?II "No" to line 3b, provide an explanation in Schedule O 4a theorem of the organization have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a Form 990-T for this year?II "No" to line 3b, provide an explanation in Schedule O 4a d and the organization have unrelated business gross income of \$1,000 or more during the year? 4a d and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: 5a b If "Yes," enter the name of the foreign country: 5a Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization file Form 8886-T? 5c Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization folde with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Ga Does the organization necleve adputt in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization net were solicitation a	No No No
b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	No No No
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 b If "ves," enter the name of the foreign country. 5a See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5a a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a 7 Organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a 7b If "ves," indicate the number of Forms 8282 filed during the year 7d 7c If "tes," indicate the number of Forms 8282 filed during the year 7d 7g If the organization receive a contribution of qualified intellectual property, did the organization file Form 8282 filed during the year 7d 7g If the organization receive a contribution of qualified intellectual property, did the organization file Form 8282 filed during the year 7d 7g If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the	No
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Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Ga b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Gb 7 Organizations that may receive deductible contributions under section 170(c). Ga a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization notify the donor of the value of the goods or services provided? 7c 7d 7c 7d e Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization smaintaining donor advised funds	No
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sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 8	No
a Did the sponsoring organization make any taxable distributions under section 49662	
a Did the sponsoring organization make any taxable distributions under section 4966?	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	
10 Section 501(c)(7) organizations. Enter:	
a Initiation fees and capital contributions included on Part VIII, line 12 10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	
11 Section 501(c)(12) organizations. Enter:	
a Gross income from members or shareholders	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	
a Is the organization licensed to issue qualified health plans in more than one state?	
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ps://projects.propublica.org/nonprofits/organizations/474655361/202301359349314890/full 	

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С	Enter the amount of reserves on hand					
14a	a Did the organization receive any payments for indoor tanning services during the tax year?					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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	No			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17				
		F	orm 990 (2022)			

------- Page 6 -

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	n" recr	onse to	Page
ral	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			~
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	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 in Schedule O.			
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?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\ .$	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
		_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
162	Nid the organization invect in contribute accete to or participate in a joint venture or cimilar arrangement with a			

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Did the organization invest in, contribute assets to, or participate in a joint venture or similar analycinent with a	
taxable entity during the year?	•
TE Was I did the susprimetion follows switten policy or presedue requiring the susprimetion to such the portional	L:

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partici in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's ex

•	16a	No
pation empt		
	16b	

Se	ection C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	🗌 Own website 🛛 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: FRONTLINE HEALING FOUNDATION 756 PURPLE SAGE ROAD BANDERA, TX 78003 (830) 225-1622
	Form 990 (2022)

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90 (2022)									Page 7
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 \square Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ecto	n is r/trı	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) WILLIAM BLACK	10.00			x				0	0	0
BOD PRESIDEN				^				0	0	0
(2) JORDYN JURECZKI	5.00			v						
BOARD OF DIR	-			х				0	0	0
(3) JOSH JURECZKI	3.00									
BOD SECRETAR	-			х				U	0	0
(4) ANGELA LANDON	2.00									
BOD TREASURE	-			х				0	0	0
(5) TEDDY LANIER	10.00									
EXECUTIVE DI	-			х				0	0	0
(6) PAT MEFFERT	2.00			x						
BOARD OF DIR	•							0	0	0

•	•		•	•	F	orm 990 (2022)

Form 990 (2022)										Page 8
Part VII Section A. Office	rs, Directors, Tru	ustees	s, Key Employ	ees	s, a	nd Hi	ghe	est Compensated	Employees (con	tinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Positi box, or director	(C) on (do not chec unless person i and a director Institutional Trustee;	s bo r/tru	oth a	in offic	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
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1b Sub-Total	· · · · ·					•	•	<u> </u>	L I	
c Total from continuation sh d Total (add lines 1b and 1c							·F			

of reportable compensation from the organization **>**

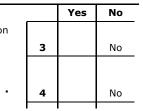
3	Did the organization list any forme	r officer, directo	r or trus	stee, key	' empl	oyee,	or hi	ghest	comp	ensated	l emp	loyee o
	line 1a? If "Yes," complete Schedul	e J for such indiv	vidual .		•	• •	•	•	•			•

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. . . .

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 . . •



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Se	ection B. Independent Contractors									
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No						
5	und any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for									

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► Form 990 (2022) Page 9 Page	Complete this table for y from the organization. Re						ensation
compensation from the organization > Form 990 (2 Page 9					Des		(C) Compensation
compensation from the organization > Form 990 (2 Page 9							
compensation from the organization > Form 990 (2 Page 9							
compensation from the organization > Form 990 (2 Page 9							
Page 9 Page 9 Total revenue Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Related or program service or note to any line in this Part VIII Total revenue Or the second of the secon			uding but not limite	ed to those listed abo	ve) who received m	ore than \$100,000	of
Page 9	compensation from the org	anization 🕨					Form 990 (20)
m 990 (2022) Part VIII Statement of Revenue Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII Image:							
Statement of Revenue Check If Schedule O contains a response or note to any line in this Part VIII				Page 9 ———			
Statement of Revenue Check If Schedule O contains a response or note to any line in this Part VIII. (C)	m 990 (2022)						Page
Total revenue (a) Related or revenue (c) Unrelated business revenue (c) Unrelated Unrelated revenue (c) Unrelated Unr	Part VIII Statement of	f Revenue					
Total revenue Related or prevenue Unrelated bisiness revenue Revenue Pederated campaigns . 1a tributions, (Membership dues . 1b revenue 1b revenue 1c 34,002 1c 34,002 1d Covernment grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included in lines 1a - 1f. 1g Total. Add lines 1a - 1f . 900,317 Za 2a grant grant (contributions included in lines 1a - 1f. grant grant (contributions included in lines 1a - 1f. grant grant grant (contributions included in lines 1a - 1f. grant grant grant (contributions included in lines 1a - 1f. grant	Check if Schedu	le O contains a res	ponse or note to ar	1			<u> </u>
function revenue tax Federated campaigns 1a istributions, intrubutions, intrubutions, intrubutions, intrustion included in lines 1a - 1f					Related or	Unrelated	Revenue
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erAnt	s, Grants, Membership dues	1b					
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Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 866,315 Noncesh contributions included in lines 1a - 1f	ound for the second sec	1c					
Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included in lines 1a - 1f.5 1f Noncash contributions included in lines 1a - 1f.5 1g Total. Add lines 1a - 1f							
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and similar amounts not included above 1f 966,315	Government grants (contributio	ons) 1e					
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Noncash contributions included in lines 1a - 1f:\$ 1g Total. Add lines 1a - 1f. 900,317 2a Business Code 3 Business Code 1 Image: Solution of the second	above						
Ines la - 1f:\$ 1g Total. Add lines 1a-1f		Lin					
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g g g f All other program service revenue. g g Total. Add lines 2a-2f. j investment income (including dividends, interest, and other similar amounts) income from investment of tax-exempt bond proceeds j j (i) Real (ii) Personal							
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4 Income from investment of tax-exempt bond proceeds Image: Comparison of tax-exempt bond proceeds 5 Royalties Image: Comparison of tax-exempt bond proceeds (i) Real (ii) Personal	3 Investment income (incl	luding dividends, in	terest, and other				
5 Royalties							+
(i) Real (ii) Personal							+
		r					+
				1			

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ĺ		Va								
	b Less: rental expenses	6b								
	c Rental income or (loss)	6c								
	d Net rental income	or (l	oss)							
]	[(i) Securi		(ii) Other					
a	7a Gross amount from sales of assets other than inventory	7a								
Other Revenue	Less: cost or other basis and sales expenses	7b								
2	Gain or (loss)	7c								
Ť	d Net gain or (loss)									
Ċ	(not including \$		34,002 of							
	contributions reported See Part IV, line 18	l on lir	ne 1c).	8a						
	b Less: direct expense	ses		8b						
	c Net income or (los	s) fro	m fundraisir	ig ever	nts 🕨					
	 9a Gross income from g See Part IV, line 19 b Less: direct expension c Net income or (loss) 	• ses	· · · · ·	9a 9b ctivitie	s					
	10a Gross sales of inve returns and allowa	ntory	, less	10a						
	b Less: cost of goods	s sold		10b						
	c Net income or (los	s) fro	m sales of i	nvento	ry 🕨					
	11a				Business Coo	le				
	b									
Oth	er f evenueMiscAmt									
	d All other revenue	•								
	e Total. Add lines 11	la-11	Ld							
	12 Total revenue. Se	ee ins	structions .	•	•		900,317			

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Part IX Statement of Functional Expenses														
Section 501(c)(3) and 501(c)(4) organizations must of	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).													
Check if Schedule O contains a response or note to any line in this Part IX														
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses										
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,530	22,530												
2 Grants and other assistance to domestic individuals. See Part IV, line 22														
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.														
4 Benefits paid to or for members														
5 Compensation of current officers directors trustees and														

5 Compensation of current officers directors trustees and

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-	key employees				
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	7,616		7,616	
С	Accounting	3,600		3,600	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			Γ	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	6,487		6,487	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,182		1,182	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
i	a TREATMENT EXPENSE	643,636	643,636		
I	b WH - SOBER LIVING PROGRAM	138,207	138,207		
	c WH - K9 SUPPORT ANIMAL	35,197	35,197		
	d BUSINESS DEVELOPMENT	16,422	16,422		
	e All other expenses	788		788	
25	Total functional expenses. Add lines 1 through 24e	875,665	855,992	19,673	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

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 Form 990 (2022)

 Part X
 Balance Sheet

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

 (A)

 Beginning of year

 Beginning of year

х			🗆
	(A) Beginning of year		(B) End of year
	655,627	1	680,279
		2	
		3	
		4	

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	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%		5	
Assets	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section		6		
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	
	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 equ	ual line 33)	655,627	16	680,279
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
s	21	Escrow or custodial account liability. Complete F		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons		22		
Ť	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	· · ·		24	
	25	Other liabilities (including fedral income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25	. –	0	26	0
Fund Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck here 🕨 🗹 and	655,627	27	680,279
Bal	28			000,021	28	000,210
p	20	Net assets with donor restrictions			20	
or Fur	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	958, check here ► □ and		29	
	30	Paid-in or capital surplus, or land, building or ec	uipment fund		30	
Assets	31	Retained earnings, endowment, accumulated in			31	
	32	Total net assets or fund balances	⊢	655,627	32	680,279
Net	33	Total liabilities and net assets/fund balances .	I	655,627	33	680,279
		•				

Form 990 (2022)

------ Page 12 -

Form	n 990 (2022)		Page 12
Pa	Art XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	1	900,317
2	Total expenses (must equal Part IX, column (A), line 25)	2	875,665
3	Revenue less expenses. Subtract line 2 from line 1	3	24,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	655,627
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	
10	Net assets or fund balances at end of vear. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	680,279

Frontline Healing	Foundation -	Full Filing-	Nonprofit	Explorer -	 ProPublica

L Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on	<u> </u>	Yes	
Schedule O.			No
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	1	No
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:			
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	1	No
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:	,		
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule (Э.		
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		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb		
	-	Form 99	0 (202

Form 990 (2022)

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Additional Data

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

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efi	le Pul	olic Visual	Render	ObjectId: 2	20230135934931	4890 - Submi	ssion: 2023-(05-15	TIN: 47-4655361
SC	HED	ULE A		Public	Charity Statu	s and Put	olic Suppo	ort	OMB No. 1545-0047
(For	m 990)	Cor		rganization is a sect	ion 501(c)(3) d	organization or		2022
		he Treasury			4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. <u>ww.irs.gov/Form990</u> for instructions and the latest information.				
Interna	al Revenu	e Service	•	Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in	nstructions and	the latest info	rmation.	Open to Public Inspection
		he organiza IEALING FOUN						Employer identifi	cation number
				<u></u>				47-4655361	
	organiz				us (All organization e it is: (For lines 1 thro			ee instructions.	
1		A church, d	convention of	churches, or as	sociation of churches	described in sect	tion 170(b)(1)	(A)(i).	
2		A school de	escribed in s	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital	or a cooperat	tive hospital service	vice organization desc	ribed in section	170(b)(1)(A)(i	iii).	
4			research orga and state:	anization operat	ed in conjunction with	a hospital descri	bed in section 1	170(b)(1)(A)(iii).	Enter the hospital's
5				ed for the benefi omplete Part II.)	t of a college or unive	rsity owned or op	perated by a gove	ernmental unit descr	ibed in section
6				. ,	, governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7				rmally receives (vi). (Complete	a substantial part of it	s support from a	governmental u	nit or from the gene	ral public described in
8	\Box				n 170(b)(1)(A)(vi).	(Complete Part II	I.)		
9					escribed in 170(b)(1) ee instructions. Enter				llege or university or a
10		An organiz	ation that no	rmally receives:	(1) more than 331/3%	of its support fr	om contributions	s, membership fees,	
		investment	income and	unrelated busin	nctions—subject to cer ness taxable income (le nomplete Part III.)				support from gross organization after June
11		An organiz	ation organiz	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more publi	cly supported	d organizations (d exclusively for the be described in section 5 s the type of supportin	09(a)(1) or sec	tion 509(a)(2)	. See section 509(
а		Type I. A solution	supporting of on(s) the pow	rganization oper	ated, supervised, or composite or elect a major	ontrolled by its s	upported organiz	ation(s), typically by	
b		Type II. A manageme	supporting on the sup	organization sup	pervised or controlled i ation vested in the sar				
с		Type III f	unctionally	integrated. A	supporting organizatio ions). You must com				ated with, its
d		Type III r functionally	on-function integrated.	nally integrate The organizatio	d. A supporting organi n generally must satis	ization operated i fy a distribution i	in connection wit	h its supported orga	nization(s) that is not quirement (see
e		Check this	box if the or	ganization recei	rt IV, Sections A and ved a written determir integrated supporting	nation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter			d organizations		-		<u>.</u>	
g					upported organization(
	(1) 1	Name of sup organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
									J
Tota	1								
	-	work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 11285	ίF	Schedule	e A (Form 990) 2022
					Pa	ge 2			
Çah -	dulo A	(Form 000)	2022						
	aule A	(Form 990)		e for Organia	zations Described	in Sections 1	70(6)(1)(4)	(iv) and 170(b)(Page 2
F 6		(Compl	ete only if y	ou checked th	ne box on line 5, 7, ify under the tests l	or 8 of Part I c	or if the organiz	zation failed to qu	
	ection	A. Public		1			1	, 	
			org/nonprofits/	organizations/474	655361/20230135934931	4890/full	•	•	

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	r 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 grant.").	739,267	869,796	481,645	740,744	866,316	3,697,768
2	Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3 The portion of total contributions by	739,267	869,796	481,645	740,744	866,316	3,697,768
5	each person (other than a governmental unit or publicly supported organization) included on						1,359,224
6	line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from						2,338,544
_	line 4.						2,330,344
	Section B. Total Support alendar vear	1			1	1	
	or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7		739,267	869,796	481,645	740,744	866,316	3,697,768
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
9	income from similar sources.						
9	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain o	r					
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
11	10						3,697,768
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					► 🗆	
-	Section C. Computation of Publ						
14	Public support percentage for 2022 (line 6, column (f) d	ivided by line 11,	column (f))		14	63.240 %
15						15	53.940 %
	a 33 1/3% support test—2022. If the						
10	and stop here. The organization qua						
	b 33 1/3% support test-2021. If th						
17	box and stop here. The organizatio a 10%-facts-and-circumstances te and if the organization meets the "fa	st—2022. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	meets the "facts-and-circumstances"						_
t	10%-facts-and-circumstances te	est—2021. If the o	rganization did no	t check a box on li	ine 13, 16a, 16b, o	or 17a, and line 1	5 is 10% or
	more, and if the organization meets						_
	meets the "facts-and-circumstances						🕨 🗆
18					•		
	instructions					<u></u>	
						Schedule A (I	Form 990) 2022
			Page 3				
Sch	nedule A (Form 990) 2022						Page 3
	Part III Support Schedule	for Organizatio	ns Described i	n Section 509	(a)(2)		- 5
	(Complete only if yo					d to qualify und	er Part II. If
	the organization fails						
9	Section A. Public Support						
	alendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(0	r fiscal year beginning in) Gifts, grants, contributions, and						
-	membership fees received. (Do not						
_	include any "unusual grants.") .						<u> </u>
2	Gross receipts from admissions, merchandise sold or services				1		
	performed, or facilities furnished in				1		
	any activity that is related to the				1		
3	organization's tax-exempt purpose Gross receipts from activities that a	re		+			
3	not an unrelated trade or business						
	under section 513	1		1	I		1

4 Tax revenues levied for the organization's benefit and either paid

	to or expended on its benair		-	-		1	1		
5	The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified 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.								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support	-	-	-		-			
Cale	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	6	f) Total	
(or 1 9	iscal year beginning in) Amounts from line 6.	. ,	. ,			.,	`		
9 10a	Gross income from interest,								
10a	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				l				
	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
12	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.) First 5 years. If the Form 990 is for the form 990 is for		first second thin.	d farruth an fifth t		r = 501(r)(2)		ation of	a a al í
14	-	-			-				_
	this box and stop here								
Se	ction C. Computation of Public	Support Perce	ntage						- 0
Se 15	ction C. Computation of Public S Public support percentage for 2022 (lir	Support Perce ne 8, column (f) d	ntage ivided by line 13,	column (f))		15			
	ction C. Computation of Public	Support Perce ne 8, column (f) d	ntage ivided by line 13,	column (f))				· · · ·	
15 16	ction C. Computation of Public S Public support percentage for 2022 (lir	Support Perce ne 8, column (f) d Schedule A, Part II	ntage ivided by line 13, II, line 15	column (f))		15	<u> </u>	· · · ·	
15 16	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S	Support Perce ne 8, column (f) d Schedule A, Part II ment Income	ntage ivided by line 13, II, line 15 Percentage	column (f))		15	<u> </u>	· · · ·	
15 16 Se 17	ction C. Computation of Public S Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Investor	Support Perce he 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur	ntage ivided by line 13, II, line 15 Percentage nn (f) divided by	column (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17	<u> </u>	· · · ·	
15 16 Se 17 18	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A,	ntage ivided by line 13, II, line 15 Percentage nn (f) divided by Part III, line 17 .	column (f))		15 16 17 18			
15 16 Se 17 18	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage from 2 33 1/3% support tests-2022. If the	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n	ntage ivided by line 13, II, line 15 Percentage nn (f) divided by Part III, line 17 . ot check the box	column (f))	())	15 16 17 18 33 1/3%, a	nd line 1	7 is not	
15 16 Se 17 18 19a	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The o	ntage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . iot check the box organization quali	column (f))	()) ()) ()) ()) ()) ())	15 16 17 18 133 1/3%, a ation	nd line 1	7 is not	
15 16 Se 17 18 19a	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The o e organization did	ntage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . iot check the box organization quali not check a box of	column (f))	()) ()) ())) ()))) ())))))))	15 16 17 18 133 1/3%, a ation more than	nd line 1 33 1/3%	7 is not ▶ □ and line	
15 16 Se 17 18 19a b	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The c organization did and stop here. T	ntage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box organization quali not check a box of The organization of	column (f))	())	15 16 17 18 133 1/3%, a ation more than anization .	nd line 1 33 1/3% 	7 is not ► □ and line	
15 16 Se 17 18 19a	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The c organization did and stop here. T	ntage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box organization quali not check a box of The organization of	column (f))	())	15 16 17 18 17 18 ation more than anization . instructions	nd line 1 33 1/3% 	7 is not	18 is
15 16 Se 17 18 19a b	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The c organization did and stop here. T	ntage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box organization quali not check a box of The organization of	column (f))	())	15 16 17 18 133 1/3%, a ation more than anization .	nd line 1 33 1/3% 	7 is not	18 is
15 16 Se 17 18 19a b	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The c organization did and stop here. T	ntage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box organization quali not check a box of The organization of	column (f))	())	15 16 17 18 17 18 ation more than anization . instructions	nd line 1 33 1/3% 	7 is not	18 is
15 16 Se 17 18 19a b	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The c organization did and stop here. T	ntage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box organization quali not check a box of The organization of	column (f))	())	15 16 17 18 17 18 ation more than anization . instructions	nd line 1 33 1/3% 	7 is not Carlot of the second	18 is
15 16 Se 17 18 19a b	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The c organization did and stop here. T	ntage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box organization quali not check a box of the organization of box on line 14, 1	column (f))	())	15 16 17 18 17 18 ation more than anization . instructions	nd line 1 33 1/3% 	7 is not Carlot of the second	18 is
15 16 17 18 19a b 20	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Investment Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The c organization did and stop here. T	ntage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box organization quali not check a box of the organization of box on line 14, 1	column (f))	())	15 16 17 18 17 18 ation more than anization . instructions	nd line 1 33 1/3% 	7 is not	18 is 2022
15 16 Se 17 18 19a b 20	ction C. Computation of Public S Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	Support Perce be 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The o e organization did and stop here. The on did not check a	ntage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box organization quali not check a box of the organization of box on line 14, 1	column (f))	())	15 16 17 18 17 18 ation more than anization . instructions	nd line 1 33 1/3% 	7 is not	18 is
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c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use. 3b

30

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported
	organization? If "Yes," describe in Part VI how the organization had such control and discretion 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 under sections С 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) purposes.

5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the b organization's organizing document?

с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 .		
	organization's supported organizations: in res, provide detain in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial		
	contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
	complete Part 1 of Schedule E (1 of m 350).	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more 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	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting		
	organization had an interest? If "Yes," provide detail in Part VI.	9b	
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets		
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	0-	

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings). 10b

Schedule A (Form 990) 2022

10a

9c

4a

4b

4c

5a

5b

– Page 5 –

Schedule A (Form 990) 2022

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 11c below, the					
	governing body of a supported organization?	11a				
b	A family member of a person described on 11a above?	11b				
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c				

Section B. Type I Supporting Organizations

1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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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, supervised or controlled the supporting organization.
organization.

Yes No 1 Yes 2 No

Yes

No

Page 5

Section C. Type II Supporting Organizations

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 1

supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section 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 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 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? <i>If "No," explain in Part VI how the</i>			
	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		

Section 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 (see instructions):
 - **a** \square The organization satisfied the Activities Test. Complete **line 2** below.
 - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

- a 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 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 that these activities constituted substantially all of its activities.
 b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more
- **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 have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- 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.

3b Schedule A (Form 990) 2022

2b

3a

Yes

No

1

Schedule A (Form 990) 2022

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VT)	1		

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Frontline Healing Foundation - Full Filing- Nonprofit Explorer - ProPublica

		_	1 1
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrat	ed Type III supporting organization (see

Schedule A (Form 990) 2022

Page 7

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Schedule A (Form 990) 2022				Page 7
Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (co	ntinued	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt put	rposes of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	nich the organization is respon	sive (<i>provide</i>	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	(i)	(ii) Underdistributio		(iii) Distributable
(see instructions)	Excess Distributions	Pre-2022	ns	Amount for 2022
(see instructions) 1 Distributable amount for 2022 from Section C, line 6			ins ins	
 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). 				
 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: a From 2017 				
 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 				
 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: From 2017. From 2018. From 2019. From 2019. 				
 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: From 2017. From 2018. From 2019. From 2020. From 2020. 				
 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022: a From 2017. b From 2018. c From 2019. c From 2020. c From 2021. c From 2021. 				
 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through e 				
 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through e g Applied to underdistributions of prior years 				
 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 From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through e 				
 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 From 2018. c From 2019. d From 2020. e From 2021. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see 				
 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 From 2018. c From 2019. c From 2020. c From 2021. c From 2021. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) 				
 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 From 2018. c From 2019. c From 2020. c From 2021. c From 2021. f Total of lines 3a through e 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. 				

b Applied to 2022 distributable amount

1	
	Schedule A (Form 990) (2022
	Schedule A (Form 990) (

Schedule A (Form 990) 2022

Page **8**

Part VI Supplemental Information. 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).

Facts And Circumstances Test

Explanation

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Schedule A (Form 990) 2022

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Additional Data

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efile Public Visual R	ender	ObjectId: 202	230135	934931	4890 - Submission	: 2023-0	5-15	TIN: 47-4655361
SCHEDULE G (Form 990) Supple Fund Complete if the organization organization Internal Revenue Service Go to www.				1g Of ered "Yes" d more tha ch to Form	OMB No. 1545-0047			
Name of the organization FRONTLINE HEALING FOU	NDATION						Employer ide	entification number
	-	ties. Complete if are not required to	-		answered "Yes" on F	orm 990		17.
		•			ollowing activities. Check	k all that a	pplv.	
a 🗌 Mail solicitations	5				 Solicitation of nor 			
b Internet and ema	ail solicitat	tions		1	f 🗌 Solicitation of gov	/ernment o	grants	
c Phone solicitation					g 🗌 Special fundraisir		-	
d 🗌 In-person solicita				-				
or key employees lis If "Yes," list the 10 h	ted in Fori highest pai	m 990, Part VII) or id individuals or ent	entity in ities (fun	connectio	vidual (including officers on with professional fund pursuant to agreements	raising se	rvices?	es 🗆 No er is
to be compensated a	at least \$5	5,000 by the organiz	zation.					
(i) Name and address of i or entity (fundraise		(ii) Activity	fundrai cust cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				•				
3 List all states in which licensing.	the organ	ization is registered	d or licen	sed to sol	icit contributions or has	l been notif	ied it is exempt	from registration or
For Paperwork Reduction A	ct Notice, s	see the Instructions	for Form		0-EZ. Cat. No	. 50083H	S	chedule G (Form 990) 2022
Schedule G (Form 990) 20	22				~			Page 2
than \$15,0	00 of fun	draising event co			nswered "Yes" on For gross income on Forr			
gross recei	pis great	er than \$5,000.						

8/

/9/24	, 1:50 PM	Frontline Healing Fou	ndation - Full Filing- Nonpro	fit Explorer - ProPublica	
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		RIDE & RISE (event type)	(event type)	(total number)	col. (c))
ale					
Revenue					
Re					
	1 Gross receipts	9,440			9,440
	2 Less: Contributions	9,440			9,440
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
uses	6 Rent/facility costs				
xpe	7 Food and beverages				
Direct Expenses	8 Entertainment				
D	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		🕨	
	11 Net income summary. Subtract line 10			. •	
Pa	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
le			(b) Pull tabs/Instant		(d) Total gaming (add col.
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(a) through col.(c))
Re	1 Gross revenue				
es	2 Cash prizes				
Expens					
ă	3 Noncash prizes				
Direct	4 Rent/facility costs				
Ω	5 Other direct expenses				
		☐ Yes%_	□ Yes%	☐ Yes%	
	6 Volunteer labor	Νο	□ No	Νο	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		🕨	
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati	on conducts gaming activi	ties:		
а	Is the organization licensed to conduct ga	aming activities in each of	these states?		🗌 Yes 🗌 No
b	If "No," explain:				
10a b	Were any of the organization's gaming lic	enses revoked, suspended	d or terminated during the	e tax year?	
10а b	Were any of the organization's gaming lic If "Yes," explain:	enses revoked, suspended	d or terminated during th	e tax year?	□ Yes □ No

Schedule	G (Form	990) 2022
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Sche	dule G (Form 990) 2022					Page 3
11	Does the organization conduct gamin	g activities with nonmember	s?		· 🗌 Yes	
12	Is the organization a grantor, benefic formed to administer charitable gam			ntity 	· O Yes	_
13	Indicate the percentage of gaming a	ctivity conducted in:			U les	
а	The organization's facility			13	а	%
b	An outside facility			13	b	%
14	Enter the name and address of the p	erson who prepares the orga	nization's gaming/special events boo	ks and record	ls:	
	Name 🕨					
15a b	Address Does the organization have a contract revenue?	ct with a third party from who				
	amount of gaming revenue retained			_		
с	If "Yes," enter name and address of	he third party:				
	Name 🕨					
	Address					
16	Gaming manager information:					
	Gaming manager compensation \triangleright \$					
	Description of services provided \blacktriangleright					
	Director/officer	Employee	Independent contract	or		
17	Mandatory distributions:					
a	Is the organization required under st	ate law to make charitable d	istributions from the gaming proceed	ls to		
	retain the state gaming license?		5 5.		· 🗌 Yes	□ No
b	Enter the amount of distributions rec in the organization's own exempt act			or spent		
Pai	t IV Supplemental Informat	ion. Provide the explanat	tions required by Part I, line 2b, licable. Also provide any additio			
	Return Reference		Explanation			
			•	Schedule G	(Form 990) 2	022

Additional Data

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efile Public Visual Render	ObjectId: 2	0230135934931489	0 - Submission: 202	23-05-15			TIN: 47-4655361	
Note: To capture the full co					n printing.	I	OMD No. 1545 0017	
Schedule I		Grants and O	ther Assistanc	e to Organiza	ations.		OMB No. 1545-0047	
(Form 990) Governments and Individuals in the United States							2022	
		mplete if the organizat	tion answered "Yes," o	n Form 990, Part IV			Open to Public	
Department of the Treasury		► Go to <u>www</u>	Attach to Form <u>v.irs.gov/Form990</u> for		on.		Inspection	
Internal Revenue Service Name of the organization						Employer identifi	cation number	
FRONTLINE HEALING FOUNDATIO	N					47-4655361		
Part I General Informa								
 Does the organization maint the selection criteria used to 						e, and	🗌 Yes 🛛 🗸 No	
2 Describe in Part IV the organ	nization's procedur	es for monitoring the use	e of grant funds in the Uni	ited States.				
		estic Organizations an can be duplicated if addi		nts. Complete if the or	ganization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) JA & KATHRYN ALBERTSON FOUNDATION 501 E BAYBROOK COURT BOISE, ID 83706	82-6012000	501C3	22,530				FUND VETERANS	
2 Enter total number of sectio	n 501(c)(3) and go	overnment organizations	listed in the line 1 table .			🕨		
3 Enter total number of other	organizations liste	d in the line 1 table						
For Paperwork Reduction Act Notice	, see the Instructio	ns for Form 990.		Cat. No. 50055	Ρ	Sc	hedule I (Form 990) 2022	
		Page 2						
							_	
		estic Individuals. Com	plete if the organization a	nswered "Yes" on Forr	n 990, Part IV, line 22.		Page 2	
Part III can be duplic (a) Type of grant or assista		(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (b	oook (f) Description	of noncash assistance	
(-, -,		recipients	cash grant	noncash assistance	FMV, appraisal, other			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
Part IV Supplemental	Information. F	Provide the information	n required in Part I, lin	e 2; Part III, colum	n (b); and any other ad	ditional information.		

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efile Public	Visual Render	ObjectId: 202301359349	314890 - Submission: 2023-	05-15	TIN: 47-4655361	
SCHEDUL (Form 990) Department of the Tre Internal Revenue Ser	easury	Supplemental Informa Complete to provide informatio Form 990 or 990-EZ or to p Attach to Go to <u>www.irs.gov/Fo</u>	ions on on.	OMB No. 1545-0047 2022 Open to Public Inspection		
Name of the org FRONTLINE HEALI				Employer ident 47-4655361	ification number	
Return Reference			Explanation			
FORM 990, PAGE 1, ITEM C	WARRIORS HE	ART FOUNDATION				
FORM 990, PAGE 2, PART III, LINE 4D	4. GIVE WARRIORS THE OPTION OF TAKING A SERVICE DOG HOME WITH THEM AS AN "EXTRA BATTLE BUDDY." WE TO SAY THAT OUR SERVICE DOGS AND OUR CLIENTS "HEAL" FROM BOTH ENDS OF THE LEASH. SINCE APRIL 2016 OPERATION OVERWATCH (A NON-PROFIT PARTNER ORGANIZATION RESPONSIBLE FOR THIS SERVICE) HAS PROVI OVER 60 SERVICE DOGS TO WARRIORS HEART CLIENTS. OPERATION OVERWATCH, WORKING IN CONJUNCTION W WARRIORS HEART FOUNDATION AND OTHER NON-PROFITS "SCHOLARSHIP" (PROVIDE) LARGE PORTIONS OF THE COST THEREBY REDUCING THE OVERALL PRICE TO THE CLIENT, 5,000 PER DOG. 5. PROVIDE EDUCATIONAL AND COMMUNITY EVENTS. WARRIORS HEART AND WARRIORS HEART FOUNDATION HAVE SPOKEN AND PROVIDED EDUCATION AT VARIOUS EVENTS SUCH AS NETWORK OF INDEPENDENT INTERVENTIONISTS, TEXAS ASSOCIATION ADDICTION PROFESSIONALS, VFW'S, GOLD STAR FAMILIES MEETINGS, AND HAVE HAD BOOTHS AT VARIOUS PUBL EVENTS. MOST RECENTLY, WE HAVE FORGED A PARTNERSHIP WITH THE SAN ANTONIO ZOO PROMOTING AWAREN TO THE SAN ANTONIO MILITARY COMMUNITY. 6. LAW ENFORCEMENT AND FIRE DEPARTMENT PTSD TRAINING. WARRIORS HEART AND WARRIORS HEART FOUNDATION HAVE WORKED EXTENSIVELY WITH SEVERAL LAW ENFORCEMENT ORGANIZATIONS IN TEXAS WITH REGARD TO EDUCATION OF COPING WITH PTSD, TO INCLUDE TH SAPD AND SAFD (PEER TO PEER AND ACADEMY WORK). WE HAVE WORKED WITH THE SHERIFF'S DEPARTMENT IN MICHIGAN TO ASSIST IN DEVELOPING THIER PEER TO PEER PROGRAMS.					
FORM 990, PAGE 6, PART VI, LINE 2	JOSH JURECZ	KI JORDAN JURECZKI BOD SECRE	TAR BOARD OF DIR FAMILY RELA	TIONSHIP		
FORM 990, PAGE 6, PART VI, LINE 4		A CERTIFICATE OF AMENDMENT N S NAME FROM OPERATION WARRI				
FORM 990, PAGE 6, PART VI, LINE 11B	DRAFT COPY C	DF COMPLETED FORM 990 IS REC	EIVED AND REVIEWED PRIOR TO	FILING.		
FORM 990, PAGE 6, PART VI,	NO DOCUMENT	TS AVAILABLE TO THE PUBLIC				

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Schedule O (Form 990) 2022

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