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# 501(c)(3) Tax Exempt Filing IRS 990-N Pro Forma 2011

**Submitted January 15, 2013** 



PO Box 1555 • Peña Blanca • New Mexico • 87041

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Return of Organization Exempt From John State St		$\circ$	T	9THWA	y5 0	F HEALING					
The recomposition   The cognitization may have to use a copy of this return to satisfy state reporting requirements.   The process service   The process service   The process service   The process	/	RO	FORMA	A Bar /	555	NEW MEXICO					
The recomposition   The cognitization may have to use a copy of this return to satisfy state reporting requirements.   The process service   The process service   The process service   The process	•			DOX	RIAL	ICA 870					
The recomposition   The cognitization may have to use a copy of this return to satisfy state reporting requirements.   The process service   The process service   The process service   The process	Forn	, <b>9</b> 9	Return of Organization Exempt From In	ncome Ta	PW"	OMB No. 1545-0047					
The recomposition   The cognitization may have to use a copy of this return to satisfy state reporting requirements.   The process service   The process service   The process service   The process			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	de (except blac	ck lung	2011					
Bottless applicable   Downwest department of the property of t	Internal Revenue Service  The organization may have to use a copy of this return to satisfy state reporting requirements.										
Address change   Number and parties for \$10, box if mail is not delivered to street address)   Room/suize   ETalephone number   Talephone number	A	For the 2	2011 calendar year, or tax year beginning / - / , 2011, and end	ling /2-	3/	,20 //					
Name change   Institute received   Poor and in not delivered to street address)   Poor easily   P	В	Check if a		ING							
Institution   Place   Society   So											
Terminated Ameedaded truly   Second Secon				suite	E Telephor						
Americal return					50	5-465-3011					
A population pending   Themse and address principal officer   1/3   1/				141		5/0					
Tax-exempt status:						ceibis a					
Tax-exempt status:		пррпоцио	SUSAN KINZIE COCKITI LAKE NH 87	708 RH(b) Are a	a group return i Il affiliates in	cluded? Ves No					
New Sentex   PATHWAPYS OF     PATHWAP   No.	1	Tax-exem	pt status:	If "N	lo," attach a	list. (see instructions)					
Briefly describe the organization's mission or most significant activities:   THE ORGANUIZATION PROVIDES	J	Website:		H(c) Group	exemption	number >					
Briefly describe the organization's mission or most significant activities:   IHE ORGANIZATION PROVIDES SUPPORT, HEHLINS, AND EDUCATION TO THOUSE WIND HENCE BEEN FOR AND EDUCATION TO THOUSE BEIND.   INC. AUDITORS BEUNDER AND PROVIDED HENCE WIND HENCE BEEN FOR AND PROVIDED HENCE WIND HENCE BEEN BEEN BEEN BEEN BEEN BEEN BEEN				nation: 2008	M State	of legal domicile: NH					
Sufficient   Suf	P										
A   Number of independent voting members of the governing body (Part VI, line 1a)   A   A		] 1 E	Briefly describe the organization's mission or most significant activities:	E ORGAN	ソノスタフ	TON PROVIDES					
A   Number of independent voting members of the governing body (Part VI, line 1a)   A   A	8	-	SUPPORT, HEALING, AND EDUCATION TO "TO	40SE L	UHO I	MAVE BEEN					
Total unrelated business revenue from Part VIII, column (A), line 12  B Contributions and grants (Part VIII, line 1h)  Prior Year  Current Year  Prior Year  Current Year  End of Year  Current Year  End of Year  Current Year  C	Гa	-	AND DISCOULANTACED CHILDREN	MBANP	ONEL	ANIMALS					
Total unrelated business revenue from Part VIII, column (A), line 12  B Contributions and grants (Part VIII, line 1h)  Prior Year  Current Year  Prior Year  Current Year  End of Year  Current Year  End of Year  Current Year  C	ě	2 0		of more than	25% of i	te net assets					
Total unrelated business revenue from Part VIII, column (A), line 12  B Contributions and grants (Part VIII, line 1h)  Prior Year  Current Year  Prior Year  Current Year  End of Year  Current Year  End of Year  Current Year  C	ğ					4					
Total unrelated business revenue from Part VIII, column (A), line 12  B Contributions and grants (Part VIII, line 1h)  Prior Year  Current Year  Prior Year  Current Year  End of Year  Current Year  End of Year  Current Year  C	88	4 1	Number of independent voting members of the governing body (Part VI, line 1b	o)	<del></del>						
Total unrelated business revenue from Part VIII, column (A), line 12  B Contributions and grants (Part VIII, line 1h)  Prior Year  Current Year  Prior Year  Current Year  End of Year  Current Year  End of Year  Current Year  C	ξ	5 7	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	·	5						
Total unrelated business revenue from Part VIII, column (A), line 12  B Contributions and grants (Part VIII, line 1h)  Prior Year  Current Year  Prior Year  Current Year  End of Year  Current Year  End of Year  Current Year  C	달		the state of the s								
8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 14 Benefits paid to or for members (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expensess. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 22 Index penses of pellyn Lideare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is funder pentales of pellyn Lideare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is funder pentales of pellyn Lideare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is funder pentales of pellyn Lideare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  Signature of officer    Sugnature of officer   Preparer's signature   Date   Check   if PTIN   Self-employee   Firm's EIN	_	1		7a							
8 Contributions and grants (Part VIII, line 1h)		<b>b</b> 1	Net unrelated business taxable income from Form 990-T, line 34	<del></del>							
9 Program service revenue (Part VIII, line 2g) 1 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 1 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1 Professional fundraising fees (Part IX, column (A), line 11e) 1 Total fundraising sepenses (Part IX, column (A), line 11e) 1 Total expenses (Part IX, column (D), line 25) 1 Provenue less expenses. Subtract line 18 from line 12 2 Total assets (Part X, line 16) 2 Total liabilities (Part X, line 26) 2 Net assets or fund balances. Subtract line 21 from line 20 2 Net assets or fund balances. Subtract line 21 from line 20 3 Signature Block 2 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 office) is based on all information of which preparer has any knowledge.  Signature of officer    Primt/Type preparer's name   Preparer's signature   Date   Check   if   PTIN			Contributions and greats (Dort VIII line 1b)	Prior Ye	ear	Current Year					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	울	r e									
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Se .		- · · · · · · · · · · · · · · · · · · ·								
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	æ	1									
14 Benefits paid to or for members (Part IX, column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   16a Professional fundraising fees (Part IX, column (D), line 25)											
15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)								
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Paid Print/Type or print name and title Preparer Use Only Firm's name Firm's name Firm's name Firm's name Firm's elin ▶ Firm's lin ▶ Firm's lin ▶ Firm's lin ▶ Firm's elin No											
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Part II  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Paid  Preparer  Preparer  Use Only  Firm's name  Firm's name  Firm's saddress  Phone no.  May the IRS discuss this return with the preparer shown above? (see instructions)    Yes   No	es	l									
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Part II  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Paid  Preparer  Preparer  Use Only  Firm's name  Firm's name  Firm's saddress  Phone no.  May the IRS discuss this return with the preparer shown above? (see instructions)    Yes   No	ens										
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Print/Type preparer's name  Preparer's signature  Date  Check ☐ if self-employed  Firm's name ▶ Firm's name ▶ Firm's address ▶  May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No	꿃					21 Table 1 Tab					
19   Revenue less expenses. Subtract line 18 from line 12				<b>-</b>							
Beginning of Current Year    End of Year											
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer	- S		orported and the following to Hollimio 12	Beginning of Cu	rrent Year	End of Year					
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer	sets	20 T	otal assets (Part X, line 16)								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign	at As	21 T	otal liabilities (Part X, line 26)								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer											
Sign Here											
Sign Here    Signature of officer   Date	true	der penalti e, correct, a	es of perjury, I declare that I have examined this return, including accompanying schedules and stat and complete. Declaration of preparer (other than officer) is based on all information of which prepar	tements, and to t rer has any knowl	he best of medge.	y knowledge and belief, it is					
Here    SUSAN LKINZIE PRESIDENT     Type or print name and title		<del>-                                    </del>	A Paris	,,	/-	15-13					
Type or print name and title  Paid Preparer  Use Only Firm's name ▶ Firm's address ▶  May the IRS discuss this return with the preparer shown above? (see instructions)  Preparer's signature  Date Check ☐ if self-employed Firm's EIN ▶ Phone no.  Yes ☐ No	Sig	n	Signature of officer	Da	te						
Type or print name and title  Paid Preparer  Use Only Firm's name ▶ Firm's address ▶  May the IRS discuss this return with the preparer shown above? (see instructions)  Preparer's signature  Date Check ☐ if self-employed Firm's EIN ▶ Phone no.  Yes ☐ No	He	re	SUSAN L KINZIE PRESIDENT								
Preparer Use Only Firm's name ▶ Firm's EIN ▶  May the IRS discuss this return with the preparer shown above? (see instructions)			Type or print name and title								
Preparer Use Only Firm's name ► Firm's address ► Phone no.  May the IRS discuss this return with the preparer shown above? (see instructions)	Pai	id	Print/Type preparer's name Preparer's signature [	Date	Check F	] if PTIN					
Use Only Firm's name ► Firm's EIN ►  Firm's address ► Phone no.  May the IRS discuss this return with the preparer shown above? (see instructions)											
May the IRS discuss this return with the preparer shown above? (see instructions)			Eirm's name	e							
		e Only		Firm	n's EIN ▶						
			Firm's address ▶								



Form 990 (2011)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$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.

  List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons.

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

		Γ		(4	C)					<u> </u>	
(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SUSAN KINZIE PRESIDENT		X		X				0	0	0	
(2) COOKIE NORRIS VICE PRESIDENT	6	X		Х				0	0	0	
(3) DAVID CRAIG SECRETARY	15	χ		X				0	0	0	
(4) RAYMOND SANDOR	10	χ		X				0	0	0	
(5)											
(6)											
(7)											
(8)											
(9)											
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(12)											
(13)											
(14)											
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Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:	s, aı	nd H	lighes	st C	ompensated E	mployees (contin	nued)
	(A) (B)  Name and title Average hours per				Pos neck ss pe	c) ition more rson	than o	one an	(D)  Reportable compensation	(E) Reportable compensation from	<b>(F)</b> Estimated amount of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
15)											
16)					ļ						
17)											
18)										11-11-11-11-11-11-11-11-11-11-11-11-11-	
19)											
20)											
21)											12.50
22)											
23)											
24)											
25)											·
1b c d	Sub-total	•	 n A	•	· ·	 	. 1	<b>A A</b>	000	0	0
2	Total number of individuals (including but reportable compensation from the organi	not limited				ed a					0 of
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual										
5	individual										
Section	for services rendered to the organization?  on B. Independent Contractors	r ir "res," c	omple	ete .	sch	edu	ie J fo	or s	ucn person		5
1	Complete this table for your five highest of compensation from the organization. Rep year.	compensate ort comper	ed inc	lepe	ende or th	ent d	contra	acto	ors that receive ear ending with	d more than \$10 n or within the or	0,000 of ganization's tax
	(A) Name and business addr	ress		<b>5.8</b> 28.45.45					(B) Description of se	ervices	(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compens							the	ose listed abo	ove) who	
	more than \$100,000 or compens	adon Iroifi	uie or	yan	nZäll	iON					Form <b>990</b> (2011)



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Part VIII Statement of Revenue (D)
Revenue
excluded from tax
under sections
512, 513, or 514 (A) Total revenue Contributions, Giffs, Grants and Other Similar Amounts 1a Federated campaigns 1a Membership dues . . 1b Fundraising events . . 1c Related organizations . 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 510 Program Service Revenue All other program service revenue. Total. Add lines 2a-2f . Investment income (including dividends, interest, and other similar amounts) . . . . . . Income from investment of tax-exempt bond proceeds ▶ 5 Royalties Gross rents b Less: rental expenses Rental income or (loss) Net rental income or (loss) (i) Securities (ii) Other Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . **b** Less: direct expenses . . c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . . . **b** Less: direct expenses . . Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . Less: cost of goods sold . . . b b Net income or (loss) from sales of inventory . 11a b C All other revenue Total. Add lines 11a-11d . Total revenue. See instructions. 510

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PATHWAYS OF HEALING PO BOX 1555 PENA BLANCA NM 8704/Page 10

Form 990 (2011) PRO FORMA

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete	e all columns. All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D).	, , , , , , , , , , , , , , , , , , ,

requir	ed to complete columns (B), (C), and (D).		**************************************		
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				4
3	Grants and other assistance to governments,				
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and 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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a b	Management				
C	Legal			ļ	- Volta - Volt
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				***************************************
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15 16	Royalties				
17	Occupancy				
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.)				
а	OFFICE	154	154		
b	OFFICE OFFICE	200	200		
C					
d	All alban and an arrangement of the state of				
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	2011	3 - 11		
26	Joint costs. Complete this line only if the	354	354	100	<u>Q</u>
20	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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	PATHWAYS OF	- /	HEAL	1106
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Form 9	PATHWAYS OF PO BOX 15	IM	8704	// Page <b>12</b>
Par	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		
2	Total expenses (must equal Part IX, column (A), line 25)	2		
3	Revenue less expenses. Subtract line 2 from line 1	3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	1		
Dout	column (B))	6	<u> </u>	
Pan	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	• •	· · ·	
1	Accounting method used to prepare the Form 990: ★ Cash Accrual Other		9979	Yes No
•	Accounting method used to prepare the Form 990: \( \bar{\text{L}} \) Cash \( \bar{\text{L}} \) Other \( \bar{\text{Other}} \) If the organization changed its method of accounting from a prior year or checked "Other," expenses the control of the c	nlain	_	
	Schedule O.	piairi	""	1 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versia		
_	of the audit, review, or compilation of its financial statements and selection of an independent according	untant	? 2c	1
	If the organization changed either its oversight process or selection process during the tax year, ex			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar we	re 🗀	1
	issued on a separate basis, consolidated basis, or both:			1 . 1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in	
	the Single Audit Act and OMB Circular A-133?		. За	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		ne	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	
			F	QQQ (2011)