EXTENDED TO MAY 17, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	For the	e 2019 calendar year, or tax year beginning J	<u>UL 1, 2019</u> and	ending J	<u>UN 30, 2</u>	020			
	Check if applicable	C Name of organization			D Employer i	dentific	cation number		
	Addre								
	Name chang				86-06	443	38		
	Initial return		livered to street address)	Room/suite					
	Final return	1660 N. ALVERNON WAY	,				3-1136		
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$ 11,736,408.				
	Amen return	10CSON, AZ 03/12			H(a) Is this a c	group re	eturn		
	Application	F Name and address of principal officer: LLL	ZABETH SLATER		for subor	dinates	? Yes X No		
	pendi	SAME AS C ABOVE			H(b) Are all subor	dinates in	cluded? Yes No		
				or 527	1		list. (see instructions)		
		te: ► WWW.YOTO.ORG			H(c) Group ex				
			ssociation Other	L Year	of formation: 19	89 N	1 State of legal domicile: ${f AZ}$		
Pa	_	Summary	CDD.	COLLEDIA	T. T. O.				
ø	1	Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	LE O				
Governance									
ērn	2		ntinued its operations or dispos			1 1			
90	3	Number of voting members of the governing body					15 15		
	1 -	Number of independent voting members of the gov				. —	34		
ties		Total number of individuals employed in calendar y Total number of volunteers (estimate if necessary)					572		
Activities &		Total unrelated business revenue from Part VIII, col					0.		
Ą		Net unrelated business taxable income from Form				7b	0.		
		The difference business taxable moone from 1 om 1	000 1, 11110 00		Prior Year	. 12	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			5,108,5	85.	9,015,883.		
nue	9				5,4		3,401.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			74,2		73,953.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-14,9		-16,991.		
	1	Total revenue - add lines 8 through 11 (must equal			5,173,2		9,076,246.		
		Grants and similar amounts paid (Part IX, column (992,6		1,686,728.		
	1	Benefits paid to or for members (Part IX, column (A			0.	0.			
ģ	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		1,082,7	29.	1,441,137.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0.	0.		
x be	b	Total fundraising expenses (Part IX, column (D), line	e 25) \rightarrow 443,6	23.					
Û	''	Other expenses (Part IX, column (A), lines 11a-11d,			709,4		716,425.		
	18	Total expenses. Add lines 13-17 (must equal Part IX	X, column (A), line 25)		2,784,8		3,844,290.		
_	19	Revenue less expenses. Subtract line 18 from line	12		2,388,4	62.	5,231,956.		
Net Assets or				Ве	ginning of Curren		End of Year		
Sset	20	Total assets (Part X, line 16)			6,199,2		11,766,368.		
et A	21	Total liabilities (Part X, line 26)			126,4		414,887.		
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		6,072,8	11.	11,351,481.		
		alties of perjury, I declare that I have examined this return,	including accompanying echodula	e and etatome	and to the he	et of my	knowledge and helief it is		
		ct, and complete. Declaration of preparer (other than office			•		knowledge and belief, it is		
truo	, 001100	, and complete. Becommend of property (early man emec	n / 13 basea on an information of wi	non proparor	nas any knowicag	, o.			
Sig	n	Signature of officer			Date				
Her		ELIZABETH SLATER, CEO							
	•	Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Paid	i	MICHAEL J. DEVRIES	, , , , , , , , , , , , , , , , , , , ,			if self-employ:	P00748581		
Prep	parer	Firm's name ► HBL CPAS, P.C.				86-0360084			
Use	Only	Firm's address 5470 E BROADWAY 1	BLVD						
		TUCSON, AZ 85711			Phone	no. (5	20) 886-3181		
May	the II	RS discuss this return with the preparer shown above	ve? (see instructions)				X Yes No		

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to report the amount of grants and allocations to others, the	
40	revenue, if any, for each program service reported. (Code:) (Expenses \$3 , 117 , 978including grants of \$1, 686 , 728) (Revenue \$\$	3,401.
4a	(Code:) (Expenses \$ 3,117,978. including grants of \$ 1,686,728.) (Revenue \$ SEE SCHEDULE O	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,117,978.	

11150129 130252 7276

Form 990 (2019) YOUTH ON THEIR OWN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- · · · ·		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2019)

YOUTH ON THEIR OWN
Part IV Checklist of Required Schedules (continued)

			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	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?	00		v
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37		37		х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
30	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c				
_	(gambling) winnings to prize winners?	1c	Х	
932004	¥ 01-20-20	Form	990	(2019)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X 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 on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form **990** (2019)

If "Yes," complete Form 4720, Schedule O.

YOUTH ON THEIR OWN 86-0644388 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 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.

X Own website X Another's website X Upon request Other (explain on Schedule O)

Describe on 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.

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 520-293-1136

THE ORGANIZATION - 520-293-1136
1660 N. ALVERNON WAY, TUCSON, AZ 85712

Form **990** (2019)

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

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

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

- 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.

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

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

(A) Name and title	(B) Average hours per	box	not cl	Pos heck i ss per	more rson i	than is both	h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LINDA MONTER-COTA MEMBER	1.00	х						0.	0.	0
(2) TONY CAZZATO	1.00	^				\vdash	<u> </u>	0.	0.	0.
TREASURER	1.00	Х		х				0.	0.	0.
(3) DEB SALAIZ	3.00	^		Λ		\vdash	-	0.	0.	<u></u>
PRESIDENT	3.00	х		Х				0.	0.	0.
(4) JULIE STEVENSON	1.00					\vdash		•	•	•
MEMBER		x						0.	0.	0.
(5) SEAN MURRAY	1.00									
MEMBER		Х						0.	0.	0.
(6) SEAN DENLINGER	1.00									
MEMBER		Х						0.	0.	0.
(7) JANE KLIPP	1.00									
MEMBER		Х						0.	0.	0.
(8) KATINA KOLLER	1.00									
MEMBER		Х						0.	0.	0.
(9) EVA MURZAITE	1.00	<u> </u>								
SECRETARY		Х		Х				0.	0.	0.
(10) JAY PESKOE	1.00									
MEMBER		Х						0.	0.	0.
(11) WILLIAM STOFFERS	1.00]							_	
MEMBER		Х				_		0.	0.	0.
(12) ELAINE BABCOCK	1.00	ļ								_
MEMBER	1	Х				_		0.	0.	0.
(13) MARIA CUADRA	1.00	ļ								•
MEMBER	1 00	Х				_	_	0.	0.	0.
(14) KRISTINA SCOTT	1.00	٠,,							_	•
MEMBER	1 00	Х				_	_	0.	0.	0.
(15) MICHELLE SINGER	1.00	₹.							_	^
MEMBER	40 00	Х				\vdash	-	0.	0.	0.
(16) THOMAS HOYT INTERIM CEO	40.00	1		х				22 400	0.	_
(17) ELIZABETH SLATER	40.00		\vdash	^	\vdash	+	<u> </u>	22,400.	U •	0.
CEO	40.00	1		х				49,203.	0.	0.
932007 01-20-20	1	<u> </u>		77	<u> </u>		<u> </u>	±3,403•	<u> </u>	Form 990 (2019)

932007 01-20-20 Form **990** (2019)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		ነ than	one	Reportable	Reportable		Es	stimate	∍d
	hours per week	box,	unle	ss per	rson i	is botl or/trus	n an	compensation	compensatio		an	nount	
	(list any					T	100,	from the	from related organization		com	other	
	hours for	director				Ļ		organization	(W-2/1099-MIS			pensa om th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 11110	, ,		anizat	
	organizations	trust	nal tru		yee	om pe					an	d relat	ed
	below	Individual trustee or	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizati	ons
	line)	Indi	Insti	Officer	Key	High	Former						
(18) MATTHEW PALMER	40.00												
DIR OF FINANCE				Х		_		69,023.		0.			0.
						_							
1b Subtotal							ightharpoons	140,626.		0.			0.
c Total from continuation sheets to Part VI	l, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	140,626.		0.			0.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable)			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director, truste	e, k	еу е	empl	oye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									[3		X
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	J f	for such individual		[4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch ı	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	eper	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ar e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0	C)	
Name and business	address							Description of s		C		nsatio	n
GOJI LABS, LLC, 800 WILSH	IRE BLV	D	#2	00	,			STUDENT PORT	AL				
LOS ANGELES, CA 90017								DESIGN			17	2,3	09.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form **990** (2019)

Form 990 (2019) YOUTH ON THEIR OWN
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			X
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
ant			Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events	1c	292,394.				
			Related organizations	1d	2,0,1.				
ij gi					192,044.				
ons,			Government grants (contributions)	1e	132,044.				
utio er (T	All other contributions, gifts, grants, and		0 521 445				
ĕŧ			similar amounts not included above \dots	1f	8,531,445.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$	178,029.	0 015 003			
O g		n	Total. Add lines 1a-1f			9,015,883.			
					Business Code	2 401	2 401		
ce	2	а	OTHER PROGRAM REVENUE		900099	3,401.	3,401.		
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f			3,401.			
	3		Investment income (including divide	ends, intere	st, and				
			other similar amounts)			103,916.			103,916.
	4		Income from investment of tax-exer						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)		•				
			` '	Securities	(ii) Other				
	•	_		584,553.	. ,				
		h	Less: cost or other basis	,					
ø		~		614,516.					
nue		_		-29,963.					
eve		4	Net gain or (loss)		>	-29,963.			-29,963.
her Revenue			Gross income from fundraising events			25,500:			25,500.
	0	а	including \$ 292,394						
Ò				-					
			contributions reported on line 1c). S	I	28,655.				
			Part IV, line 18		45,646.				
			Less: direct expenses			-16,991.			-16,991.
			Net income or (loss) from fundraisir			10,551.			10,551.
	9	a	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming a		·····				
	10	а	Gross sales of inventory, less return	I					
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales of in	nventory					
တ					Business Code				
on e	11	а							
Miscellaneous Revenue		b							
cell Seve		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			9,076,246.	3,401.	0.	56,962.

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Form **990** (2019)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,686,728. 1,686,728. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 134,575. 207,730. 31,198. 41,957. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,008,028. 650,719. 152,393. 204,916. Other salaries and wages 7 Pension plan accruals and contributions (include 26,844. 18,117. 3,717. 5,010. section 401(k) and 403(b) employer contributions) 72,234. 107,031. 14,821. 19,976. Other employee benefits 9 91,504. 61,755. 12,671. 17,078. 10 Payroll taxes 11 Fees for services (nonemployees): Management 2,810. 2,405. 185. 220. Legal 24,603. 21,061. 1,618. 1,924. Accounting Lobbying Professional fundraising services. See Part IV, line 17 14,337. 14,337. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 243,917. 208,798. 16,045. 19,074. column (A) amount, list line 11g expenses on Sch O.) 24,641. 550. 24,091. Advertising and promotion 12 Office expenses 13 32,834. 28,106. 2,160. 2,568. Information technology 14 15 Royalties 38,161. 6,726. 50,568. 5,681. 16 Occupancy 13,427. 11,039. 1,729. 659. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 1,831. 865. 895. 71. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 39,515. 47,901. 3,106. 5,280. Depreciation, depletion, and amortization 22 13,428. 10,494. 1,398. 1,536. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 61,938. 50,194. 6,351. 5,393. SUPPLIES BANK SERVICE CHARGES 37,204. 39. 2,239. 34,926. 30,801. 11,027. 19,774. PRINTING 29,381. 10,766. 2,562. d DUES AND SUBSCRIPTIONS 16,053. 86,804. 60,830. 9,583. 16,391. All other expenses 3,844,290. 3,117,978. 282,689. 443,623. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2019)

11150129 130252 7276

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		691,972.	1	1,255,813	
	2	Savings and temporary cash investments			266,400.	2	1,157,494
	3	Pledges and grants receivable, net	1,360,874.	3	1,353,469		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ပ္ခ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	39,970
₹	9	B ::			47,962.	9	78,565
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,039,499.			
	b	Less: accumulated depreciation	10b	234,992.	852,409.	10c	804,507
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	2,834,452.	12	2,549,376		
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		145,147.	15	4,527,174	
	16	Total assets. Add lines 1 through 15 (must equ			6,199,216.	16	11,766,368
	17	Accounts payable and accrued expenses	126,405.	17	156,487		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
,	22	Loans and other payables to any current or form	ner offic	er, director,			
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
֡֡֡֞֞֜֞֡֞֜֞֡֓֞֡֡֡֡֡֡֡֓֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unrela	ated thir			23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on line	s 17-24).	. Complete Part X			
		of Schedule D			0.	25	258,400
	26	Total liabilities. Add lines 17 through 25			126,405.	26	414,887
		Organizations that follow FASB ASC 958, che	ck here	• ► X			
Ses		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			4,765,428.	27	5,444,319
ם ם	28	Net assets with donor restrictions	1,307,383.	28	5,907,162		
		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌			
2		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,072,811.	32	11,351,481
-	33	Total liabilities and net assets/fund balances			6,199,216.	33	11,766,368

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>46.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2				90.	
3	Revenue less expenses. Subtract line 2 from line 1	3	5,	231	.,9	56.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,	072	2,8	<u>11.</u>	
5	Net unrealized gains (losses) on investments	5		46	7	14.	
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	11,	351	.,4	81.	
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	<u> </u>	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit					
	Act and OMB Circular A-133?		L	3a		<u> X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		<u> </u>	
			F	orm !	990	(2019)	

932012 01-20-20

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization YOUTH ON THEIR OWN 86-0644388 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2584281.	3308035.	3191062.	5108585.	4642983.	18834946.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2584281.	3308035.	3191062.	5108585.	4642983.	18834946.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						18834946.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2584281.	3308035.	3191062.	5108585.		18834946.
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	35,281.	29,343.	54,294.	70,172.	103,916.	293,006.
a	Net income from unrelated business	33,2321	23 / 3 2 3 4	31,2310	, 0 , 2 , 2 0		23373331
J	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						19127952.
	Gross receipts from related activities,	oto (soo instructio	une)			12	<u> </u>
	First five years. If the Form 990 is for	•	,	N fourth or fifth to			
13	organization, check this box and stop	-			-		ightharpoonup
Se	ction C. Computation of Publi	c Support Per	centage	• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2019 (li			olumn (fl)		14	98.47 %
	Public support percentage from 2018					15	98.55 %
	a 33 1/3% support test - 2019. If the c						
102							
L	stop here. The organization qualifies 33 1/3% support test - 2018. If the organization are stop here.						
	• •	•		,		,	
47.	and stop here. The organization quali						
1/2	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac-		•	•	•	•	
	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances test	_					
	more, and if the organization meets th						e
	organization meets the "facts-and-circ			•	,		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b		nd see instructions	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		<u> </u>	T	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						ļ
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						ļ
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•			•	. , . ,	·
800	check this box and stop here						>
	Etion C. Computation of Public			actions (f)		15	
	Public support percentage for 2019 (li	, (,,	,	· · · · · · · · · · · · · · · · · · ·		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2019. If the						
198	more than 33 1/3%, check this box ar						. —
j.	33 1/3% support tests - 2018. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

V-- N-

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in 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.
- 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		162	140
	1		
	2		
	_		
ŀ	3a		
	3b		
	3c		
	4a		
	4b		
	4-		
	4c		
	5a		
	5b		
ŀ	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		

Pai	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	I		
			Yes	No
1	Did the 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s).	1		
Sec	nion b. All Type III Supporting Organizations		V	NI -
	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the		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	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	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	3		
Sec	supported organizations played in this regard. Stion 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				
b				
c		ctions)		
2	Activities Test. Answer (a) and (b) below.	0110113)	Yes	No
а				
	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.	2a		
b				
	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-functiona	lly integrated	Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990 or 990-EZ) 2019

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Complemental Information
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.)
	Tool managina.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YOUTH ON THEIR OWN

Employer identification number 86-0644388

Pai	τl	Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Ac	counts.	Complete if the	he
		organization answered "Yes" on Form 990, Part IV, line	e 6.				
			(a) Donor advised funds	(b) Funds ar	nd other accou	unts
1	Tota	I number at end of year					
2		regate value of contributions to (during year)					
3	Aggr	regate value of grants from (during year)					
4	Aggr	regate value at end of year					
5	Did t	he organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed fund	ds		
	are t	he organization's property, subject to the organization's e	xclusive legal control?			. Yes	No
6	Did t	he organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used o	nly		
	for c	haritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferri	ing		
_						Yes	No
Pai	t II	Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purp	ose(s) of conservation easements held by the organization	n (check all that appl <u>y).</u>				
		Preservation of land for public use (for example, recreating	ion or education) Preservation o	f a histo	orically impo	ortant land area	a
		Protection of natural habitat	Preservation o	f a certi	fied historic	structure	
		Preservation of open space					
2	Com	plete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a cor			_
	-	of the tax year.			Held	at the End of th	ne Tax Year
а		I number of conservation easements			2a		
b		-			2b		
С		ber of conservation easements on a certified historic structure			2c		
d		ber of conservation easements included in (c) acquired af					
		d in the National Register			2d		
3	Num	ber of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organi	zation durin	g the tax	
	year	·					
4		ber of states where property subject to conservation ease					
5		s the organization have a written policy regarding the period					
_		tions, and enforcement of the conservation easements it l				· L Yes	No
6	Stan	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con-	servatio	n easement	ts during the y	ear
_	 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 						
7		unt of expenses incurred in monitoring, inspecting, nandi	ing of violations, and enforcing conserva	ition eas	sements au	ring the year	
	▶ \$	s each conservation easement reported on line 2(d) above	and infert the requirements of anotion 170	(b)(4)(D)	/:\		
8						Yes	No
9		art XIII, describe how the organization reports conservation	n assembnts in its revenue and expense			res	
3		nce sheet, and include, if applicable, the text of the footnot	•			the	
		nization's accounting for conservation easements.	one to the organization's imanetal statem	Citto tite	at describes	, tric	
Pai	t III	Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther S	imilar As	sets.	
		Complete if the organization answered "Yes" on Form 9					
	If the	e organization elected, as permitted under FASB ASC 958	3. not to report in its revenue statement a	and bala	ance sheet v	works	
		t, historical treasures, or other similar assets held for publ	•				
		ce, provide in Part XIII the text of the footnote to its finance	,		•		
b	If the	e organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance	sheet work	s of	
		nistorical treasures, or other similar assets held for public	·				
		ide the following amounts relating to these items:	•		-	•	
	•	Revenue included on Form 990, Part VIII, line 1			> \$		
2	If the	e organization received or held works of art, historical trea					
	the f	ollowing amounts required to be reported under FASB AS	SC 958 relating to these items:	·			
а	Reve	enue included on Form 990, Part VIII, line 1			> \$		
b		ets included in Form 990, Part X					
LHA	For I	Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sche	edule D (Form	990) 2019

Par	t III Organizations Maintaining C	ollections of Art	t, Histori	cal Tre	asures, o	r Other	Simila	r Assets	(contin	ued)	ugo
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition	d	l Lo	an or exc	hange progra	am					
b	Scholarly research	е	Otl	ner							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit o	r receive donations o	of art, histo	rical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the or	ganizatio	n answered '	'Yes" on l	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for cor	tributions	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	e Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						y?	\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Ye	es" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Prio	r year	(c) Two year	rs back ((d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	145,147.	1	37,118.	125	5,207.	1	13,213.		111,	964.
b	Contributions	8,500.		5,000.	Ę	5,000.		1,000.		5,	925.
С	Net investment earnings, gains, and losses	1,427.		3,029.	6	5,911.		11,769.		-3,	907.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	800.						775.			769.
f	Administrative expenses										
g	End of year balance	154,274.	1	45,147.	137	7,118.	1	25,207.		113,	213.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, c	olumn (a)) held as:						
а	Board designated or quasi-endowment		%								
b	74.20										
С	c Term endowment > 25.62 %										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ition that ai	e held ar	nd administer	ed for the	e organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment fund	ds.							
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, lii	ne 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	c valu	<u>—</u>
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land			20	5,000.				205	5,0	00.
	Buildings				1,667.	2	06,2	56.			11.
С	Leasehold improvements						-				
d	Equipment			3	2,832.		28,7	36.	4	1,0	96.
е	Other						-				
	. Add lines 1a through 1e. (Column (d) must e		X. column i	B). line 1	Oc.)				804	1,5	07.
	- (Solatili (a) Mase o			_,,	<u>v</u>			Schedule			

Part VII Investments - Other Securities

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DOMESTIC EQ FUNDS	889,655.	END-OF-YEAR MARKET VALUE
(B) INTL EQ FUNDS	308,294.	END-OF-YEAR MARKET VALUE
(C) FIX INC FUNDS	745,099.	END-OF-YEAR MARKET VALUE
(D) MIXED ASSET FUNDS	57,053.	END-OF-YEAR MARKET VALUE
(E) CDS HELD AT BROKERAGE	549,275.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,549,376.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 000 Part V col (R) line 13)		

Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS	154,274.
(2) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	4,372,900.
(3)	
<u>(4)</u>	
(5)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part Y. col. (R) line 15.)	4,527,174.

Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Federal inco	me taxes	
(2) REFUND	ABLE GRANT ADVANCE	258,400.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) m	ust equal Form 990, Part X, col. (B) line 25.)	258,400.

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

Schedule D (Form 990) 2019

Pal	Reconciliation of Revenue per Audited Financial State		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			0 100 600
1				1	9,109,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	46 714		
a	· · · · · · · · · · · · · · · · · · ·		46,714.	-	
b			1,000.	-	
C				-	
d	/			-	17 71 A
е				2e	47,714. 9,061,909.
3	Subtract line 2e from line 1			3	9,001,909.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	1/ 227		
a	, , , , , , , , , , , , , , , , , , , ,		14,337.	1	
b	,			1	1/ 227
_C				4c	<u>14,337.</u> 9,076,246.
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	ements With	Evnances ner E	5 Poturr	9,070,240.
ı a			Expenses per i	ictuii	1.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line				3,830,953.
1	Total expenses and losses per audited financial statements			1	3,030,333.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	1 000		
a			1,000.	-	
b	, , , , , , , , , , , , , , , , , , , ,			-	
C				-	
d	,			1	1 000
_				2e	<u>1,000.</u> 3,829,953.
3	Subtract line 2e from line 1			3	3,029,933.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اما	14,337.		
a	, , , , , , , , , , , , , , , , , , , ,		14,557.	-	
	Other (Describe in Part XIII.)	·		1	14,337.
	Add lines 4a and 4b			4c	3,844,290.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			<u> </u>	3,044,250.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h a	nd 2h: Part V line /	· Dart \	V line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, Part A	N, III le 2, Part AI,
III IES	20 and 4b, and Part All, lines 20 and 4b. Also complete this part to provide any	additional inform	ation.		
PAT	RT V, LINE 4:				
	V DINI I				
ENI	DOWMENT FUNDS ARE HELD FOR USE AS RESTRIC	TTED BY D	ONORS.		
		<u> </u>	01101101		
PAI	RT X, LINE 2:				
IN	ACCORDANCE WITH FINANCIAL ACCOUNTING STA	ANDARDS B	OARD (FASB) A(CCOUNTING
			(11102	,	20001111110
STA	ANDARDS CODIFICATION NO. 710-10(ASC 740-1	10). УОТО	HOLDS NO	UNCI	ERTAIN TAX
		10,, 1010	110222 110	02102	
POS	SITIONS AND, THEREFORE, HAS NO POLICY FOR	R EVALUAT	ING THEM.		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the org	anization
-----------------	-----------

Employer identification number

YOUTH ON THEIR OWN 86-0644388 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPRING (add col. (a) through FALL EVENT LUNCHEON col. (c)) (event type) (total number) (event type) 113,432. 180,019. 27,598. 321,049. 1 Gross receipts 99,492. 27,598. 292,394. 2 Less: Contributions 165,304. 13,940. 28,655. **3** Gross income (line 1 minus line 2) 14,715. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 17,710. 27,936. 45,646 Other direct expenses 45,646 **10** Direct expense summary. Add lines 4 through 9 in column (d) -16,99111 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

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Sch	edule G (Form 990 or 990-EZ) 2019 YOUTH ON THEIR OWN	<u> </u>	443	00	Page 3				
11	Does the organization conduct gaming activities with nonmembers?	[Y	'es	☐ No				
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
	to administer charitable gaming?	[Y	es	☐ No				
13	Indicate the percentage of gaming activity conducted in:								
а	The organization's facility	L	13a		%				
b	An outside facility	[<i>·</i>	13b		%				
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	_							
	Name								
	Address >								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Y	es	☐ No				
	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$								
С	If "Yes," enter name and address of the third party:								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation > \$								
	Description of services provided								
	Director/officer Employee Independent contractor								
17	Mandatory distributions:								
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?	[Y	'es	☐ No				
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э							
	organization's own exempt activities during the tax year ▶ \$								
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part I	II, line:	s 9, 9	b, 10b,				
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								

Schedule G	G (Form 990 or 990-EZ)	YOUTH ON THE	EIR OWN		86-0644388	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)				
	• • •	(continued)				
		·			<u> </u>	
				·		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	YOUTH ON	THEIR OWN						86-0644388		
Part I	Part I General Information on Grants and Assistance									
1 Doe	es the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectio			
crit	eria used to award the grants or assis	stance?						X Yes No		
2 Des	scribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.					
Part II	Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part l	V, line 21, for any		
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (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		
2 Ent	er total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				>		
3 Ent	er total number of other organizations	s listed in the line 1	table							
LHA Fo	or Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIP - TUITION, BOOKS & OTH	62	49,158.	0.	FMV	
PLOMAS & TOP GPA	303	41,070.	0.	FMV	
ENT	49	26,771.	0.	FMV	
THER STUDENT SPECIAL NEEDS/STIPEND	1069	1,569,729.	0.	FMV	
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
ART I, LINE 2:					
LL GRANT/SCHOLARSHIP REQUESTS WIT				E APPROVED	
Y THE PROGRAM MANAGER AND CEO PRI	OR TO DIS	BURSEMENT.			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

YOUTH ON THEIR OWN

Employer identification number 86-0644388

Fai	ti Types	s of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	(d Method of d noncash contrib	etermini	•	3
1	Art - Works of	art								
2		treasures								
3		l interests								
4		blications								
5		nousehold goods								
6		r vehicles								
7		nes								
8	Intellectual pro									
9	•	iblicly traded	Х	3	25	5,244.	FMV			
10		osely held stock								
11		urtnership, LLC, or								
	trust interests									
12	Securities - Mi	scellaneous								
13		servation contribution -								
	Historic struct	ures								
14	Qualified cons	servation contribution - Other								
15	Real estate - R	Residential								
16		Commercial								
17		Other								
18										
19		у								
20										
21	Taxidermy									
22		acts								
23		cimens								
24		artifacts								
25		(SUPPLIES)	X	1,227		7,045.				
26	Other >	(GIFT CARDS)	X	110		3,305.				
27	Other >	(WINE TASTING)	X	11	2	2,435.	FMV			
28	Other >	(
29	Number of For	rms 8283 received by the organiz	zation during	g the tax year for co	ontributions					
	for which the	organization completed Form 828	83, Part IV, [Donee Acknowledg	jement	29				
									Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it									
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for									
	exempt purpo	ses for the entire holding period?	?					30a		_X_
b	If "Yes," descr	ribe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							31		<u>X</u>
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?)						32a		_X_
b	If "Yes," descr	ribe in Part II.								
33	•	tion didn't report an amount in c	olumn (c) fo	r a type of property	for which colum	n (a) is che	cked,			
	describe in Pa									
LHA	For Paperw	ork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule I	M (Form	n 990)	2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUTH ON THEIR OWN

Employer identification number 86-0644388

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

YOUTH ON THEIR OWN SUPPORTS THE HIGH SCHOOL GRADUATION AND CONTINUED

SUCCESS OF YOUTH EXPERIENCING HOMELESSNESS IN PIMA COUNTY BY PROVIDING

FINANCIAL ASSISTANCE, BASIC HUMAN NEEDS, AND GUIDANCE. OUR VISION IS

THAT YOUNG PEOPLE ON THEIR OWN ARE EMPOWERED, POSITIVE, AND PRODUCTIVE

CITIZENS OF OUR COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY GIVING ACCESS TO BASIC NEEDS ITEMS, ONE-ON-ONE GUIDANCE, AND THE

OPPORTUNITY TO EARN A MONTHLY STIPEND, YOUTH ON THEIR OWN GIVES YOUTH

WHO ARE EXPERIENCING HOMELESSNESS, THROUGH NO FAULT OF THEIR OWN, THE

TOOLS AND SUPPORT THEY NEED TO GRADUATE FROM HIGH SCHOOL AND REACH

THEIR GOALS.

YOUNG PEOPLE IN THE PROGRAM HAVE EXPERIENCED STRUGGLE AND TRAUMA,

HOWEVER, THEIR COMMITMENT TO THEIR EDUCATION GOALS IS CONSISTENT. WITH

AN 82% GRADUATION RATE, YOUNG PEOPLE IN OUR COMMUNITY WHO ARE ON THEIR

OWN ARE STEADFAST IN REACHING THEIR GOAL OF HIGH SCHOOL GRADUATION;

YOUTH ON THEIR OWN PROVIDES THEM SUPPORT ALONG THEIR EDUCATIONAL

JOURNEYS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

STUDENT FINANCIAL ASSISTANCE:

STUDENTS EARN A MONTHLY STIPEND OF UP TO \$160, TO HELP SUPPORT THEIR

BASIC NEEDS AND TO INCENTIVIZE SCHOOL PARTICIPATION AND ATTENDANCE. TO

RECEIVE A STIPEND, STUDENTS ARE REQUIRED TO KEEP THEIR GRADES AT C'S OR

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

Scheen

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization YOUTH ON THEIR OWN	86-0644388						
BETTER AND MEET SCHOOL ATTENDANCE REQUIREMENTS. WHEN THEIR	GRADES OR						
ATTENDANCE DROPS, SO TOO DOES THE AMOUNT OF THEIR STIPEND,	WHICH HELPS						
TO INSTILL THE IMPORTANCE OF ACCOUNTABILITY. (SEE SCHEDULE	O FOR						
STUDENT CLIENT SNAPSHOT)							
BASIC NEEDS:							
STUDENTS ARE GIVEN ACCESS TO FREE BASIC NEEDS ITEMS SUCH A	S FOOD,						
CLOTHING, HYGIENE ITEMS, AND SCHOOL SUPPLIES AT THE YOTO "	MINI-MALL".						
MONTHLY BUS PASSES AND BICYCLES ARE ALSO PROVIDED TO FURTH	ER ELIMINATE						
BARRIERS FOR STUDENTS. FINALLY, IN THE EVENT OF URGENT NEE	DS SUCH AS						
SCHOOL FEES, MEDICAL EXPENSES, UTILITY BILLS AND RENT, STU	DENTS CAN						
REQUEST FUNDS WITH THE REQUIREMENT THAT THEY COMPLETE A FINANCIAL							
PLANNING WORKSHOP. (SEE SCHEDULE O FOR STUDENT CLIENT SNAPSHOT)							
GUIDANCE:							
BECAUSE YOTO STUDENTS ARE ON THEIR OWN, THEY OFTEN LACK TH	E SUPPORT AND						
GUIDANCE THAT COMES FROM A CARING PARENT. YOUTH ON THEIR O	WN PROVIDES						
ONE-ON-ONE GUIDANCE, ENCOURAGEMENT, COLLEGE AND CAREER ASS	ISTANCE, AND						
CONNECTIONS TO OTHER SERVICES IN THE COMMUNITY. IN ADDITIO	N, YOTO IS AN						
ADVOCATE FOR YOUTH THAT OTHERWISE WOULD NOT HAVE ONE. (SEE	SCHEDULE O						
FOR STUDENT CLIENT SNAPSHOT)							
STUDENT CLIENT SNAPSHOT:							
IN THE 2019-2020 FISCAL YEAR, YOUTH ON THEIR OWN HELPED MO	RE HOMELESS						
STUDENTS THAN EVER.							

Employer identification number Name of the organization 86-0644388 YOUTH ON THEIR OWN 377 GRADUATING SENIORS \$1,283,288.50 DISBURSED IN STUDENT STIPENDS. THIS INCLUDES \$119,400 IN ADDITIONAL STIPENDS DUE TO COVID 19 357 STUDENTS RECEIVED BILL / URGENT NEEDS ASSISTANCE (MEDICAL, RENT, UTILITIES, SCHOOL FEES, DAY CARE, ETC.) 50,680 LBS. OF SERVICE REQUESTS GIVEN OUT (FOOD, CLOTHING, SCHOOL SUPPLIES, HYGIENE, AND HOUSEHOLD ITEMS). THIS INCLUDES 12,987 LBS. OF BASIC NEED ITEMS DISBURSED BECAUSE OF COVID 19 740 MONTHLY BUS PASSES ISSUED 11 BICYCLES DISTRIBUTED 1,525 GIFT CARDS DISTRIBUTED FOR ITEMS NOT AVAILABLE IN THE MINI-MALL, SUCH AS FRESH FOOD. THIS INCLUDES 776 ADDITIONAL GIFT CARDS DISBURSED BECAUSE OF COVID 19 30 VISION REFERRALS TO ALVERNON OPTICAL, AT NO COST TO THE STUDENT 589 NEW PAIRS OF SHOES 341 BRAND NEW BACKPACKS 3,993 STUDENT SUCCESS CENTER / MINI MALL VISITS IN AN UNPRECEDENTED TIME, WE WERE ABLE TO CONTINUE TO PROVIDE SERVICES TO STUDENTS IN NEED. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE WILL REVIEW AND DELIVER A RECOMMENDATION TO THE BOARD. ANY QUESTIONS THAT ARISE FROM EITHER THE COMMITTEE OR THE BOARD WILL BE DIRECTED TO THE TAX PREPARER. FORM 990, PART VI, SECTION B, LINE 12C: ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED BY THE

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization
YOUTH ON THEIR OWN

Employer identification number 86-0644388

GOVERNANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S OFFICERS' SALARY IS DETERMINED DURING A BOARD MEETING BY
USING THE ASU LODESTAR COMPENSATION REPORT, THE GUIDESTAR COMPENSATION
REPORT AND OBTAINING SALARY INFORMATION USING 990S FROM OTHER SIMILAR SIZED
ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC ON THE ORGANIZATION'S WEBSITE
OR UPON REQUEST. 990S ARE PUBLISHED ON THE GUIDESTAR WEBSITE AND ON THE
ORGANIZATION'S WEBSITE.

DURING THE YEAR ENDED JUNE 30, 2020, A PREVIOUSLY REVOCABLE TRUST FOR
WHICH YOTO WAS LISTED AS A BENEFICIARY BECAME IRREVOCABLE. YOTO
RECORDED AN ASSET FOR THE BENEFICIAL INTEREST IN THIS CHARITABLE
REMAINDER TRUST AND RECOGNIZED CONTRIBUTION REVENUE WITH DONOR
RESTRICTIONS PERPETUAL IN NATURE AS OF AND FOR THE CURRENT YEAR. THE
AMOUNT RECOGNIZED WAS THE ESTIMATED FAIR VALUE OF ITS BENEFICIAL
INTEREST, WHICH WAS DETERMINED BASED ON YOTO'S SHARE OF THE PRESENT
VALUE OF ASSETS HELD IN THE TRUST AS OF THE DATE IT BECAME IRREVOCABLE,
FOLLOWING IRS GUIDELINES AND FACTOR TABLES FOR CALCULATING THE PRESENT
VALUE OF A REMAINDER INTEREST. PRESENT VALUE OF THE BENEFICIAL
INTEREST IN THE CHARITABLE REMAINDER TRUST WAS ESTIMATED AT \$4,372,900
AND TREATED AS AN UNUSUAL GRANT FOR PURPOSES OF SCHEDULE A PUBLIC
SUPPORT.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print YOUTH ON THEIR OWN 86-0644388 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1660 N. ALVERNON WAY instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85712 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ► 1660 N. ALVERNON WAY - TUCSON, AZ 85712 Telephone No. ► 520-293-1136 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup |X| tax year beginning |JUL|1, 2019_____ , and ending <u>JUN</u> 30 , 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment