

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>YOUTHZONE, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>803 SCHOOL STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>GLENWOOD SPRINGS, CO 81601</b>	<b>D</b> Employer identification number <b>84-0712993</b>  <b>E</b> Telephone number <b>970-945-9300</b>
<b>F</b> Name and address of principal officer: <b>LORI MUELLER</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>4172209.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.YOUTHZONE.COM</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1976</b> <b>M</b> State of legal domicile: <b>CO</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>(SEE SCHEDULE O)</b>	
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 12
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 12
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b> 30
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 50
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b> 0.
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: 1252892. Current Year: 2956465.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	72658. 67952.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29780. 52668.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-37758. -33480.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1317572. 3043605.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1016962. 1014886.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0. 90000.
<b>16b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>251770.</b>	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	405071. 474497.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1422033. 1579383.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-104461. 1464222.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: 2843879. End of Year: 4303054.
	<b>21</b>	Total liabilities (Part X, line 26)	1028638. 991391.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1815241. 3311663.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>LORI MUELLER, EXECUTIVE DIRECTOR</b> Type or print name and title	Date _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROGER D. MAGGARD, CPA</b>	Preparer's signature _____	Date <b>11/04/19</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00740307</b>
	Firm's name ▶ <b>MAGGARD &amp; HOOD, PC</b> Firm's address ▶ <b>901 GRAND AVE., SUITE 203 GLENWOOD SPRINGS, CO 81601</b>		Firm's EIN ▶ <b>84-0717842</b> Phone no. (970) 945-8588	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PROVIDING OPPORTUNITIES FOR ALL YOUTH TO BE RESPONSIBLE, CONTRIBUTING MEMBERS OF SOCIETY AND WORKING WITH THEIR FAMILIES AND THE COMMUNITY TOWARD THIS END THROUGH PREVENTION, ADVOCACY AND DIRECT CHARITABLE AND EDUCATIONAL PURPOSES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 136217. including grants of \$ ) (Revenue \$ 2122.) PREVENTION PROGRAMS - PROVIDE MENTORING AND SUPPORT FOR HIGH RISK AND TROUBLED YOUTH; DRUG FREE ACTIVITIES; EDUCATION; PARENTING; AND COMMUNITY SERVICE OPPORTUNITIES. (DIRECT PROGRAM FEES AND DIRECT GOVERNMENT GRANTS ARE REFLECTED ABOVE.)

4b (Code: ) (Expenses \$ 899445. including grants of \$ ) (Revenue \$ 65830.) INTERVENTION PROGRAMS - STAFF COUNSELING AND WORK WITH HIGH RISK AND TROUBLED YOUTH AND THEIR FAMILIES TO PROVIDE TOOLS FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROGRAMS WITH THE JUVENILE COURT SYSTEM. (DIRECT PROGRAM FEES AND DIRECT GOVERNMENT GRANTS ARE REFLECTED ABOVE.)

4c (Code: ) (Expenses \$ 33450. including grants of \$ ) (Revenue \$ ) SPECIAL PROJECTS & SCHOLARSHIPS

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ 31941.)

4e Total program service expenses 1069112.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 30		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CO
18 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.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE CORPORATION - 970-625-3141
136 EAST 12TH STREET, RIFLE, CO 81650

**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCI PATILLO BOARD - PRESIDENT	0.50	X		X				0.	0.	0.
(2) DAN MCCASLIN BOARD - VICE PRESIDENT/TREASURER	0.50	X		X				0.	0.	0.
(3) MARTHA ROBINSON BOARD - SECRETARY	0.50	X		X				0.	0.	0.
(4) CHARLA BELINSKI BOARD MEMBER	0.50	X		X				0.	0.	0.
(5) TIM BRAUN BOARD MEMBER	0.50	X						0.	0.	0.
(6) TERESA BUSK BOARD MEMBER	0.50	X						0.	0.	0.
(7) CORINNE DIEMOZ-DERADDO BOARD MEMBER	0.50	X						0.	0.	0.
(8) MELY IRIGOYEN BOARD MEMBER	0.50	X						0.	0.	0.
(9) PATRICK TIERNEY BOARD MEMBER	0.50	X						0.	0.	0.
(10) PAULA BUSK BOARD MEMBER	0.50	X						0.	0.	0.
(11) BRIAN DERADDO BOARD MEMBER	0.50	X						0.	0.	0.
(12) JONAH KELLEY BOARD MEMBER	0.50	X						0.	0.	0.
(13) LORI MUELLER EXECUTIVE DIRECTOR	40.00			X				87128.	0.	0.
(14) ROBIN TOLAN DEVELOPMENT DIRECTOR	40.00			X				81038.	0.	0.





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	121352.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	725305.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2109808.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		48073.				
	<b>h Total.</b> Add lines 1a-1f		2956465.				
	<b>Program Service Revenue</b>	<b>2 a</b> CLIENT COUNSELING FEES	<b>Business Code</b> 900099	67952.	67952.		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			67952.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		37574.	37574.			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ 121352. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
		<b>c</b> Net income or (loss) from fundraising events		-12753.			-12753.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> CAPITAL GAIN DISTRIBUT		900099	53.	53.			
	<b>b</b> LESS INVESTMENT FEES	900099	-20780.	-20780.			
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			-20727.			
<b>12 Total revenue.</b> See instructions			3043605.	99893.	0.	-12753.	

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	168166.	93028.	7539.	67599.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	696419.	628063.	44548.	23808.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12550.	10467.	756.	1327.
<b>9</b> Other employee benefits	63690.	48954.	8854.	5882.
<b>10</b> Payroll taxes	74061.	56365.	9841.	7855.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	21527.	12848.	8679.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	90000.			90000.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	23056.	10157.	11189.	1710.
<b>12</b> Advertising and promotion	35059.		846.	34213.
<b>13</b> Office expenses	23074.	15133.	4848.	3093.
<b>14</b> Information technology	25863.	3227.	22053.	583.
<b>15</b> Royalties				
<b>16</b> Occupancy	74984.	54342.	19366.	1276.
<b>17</b> Travel	18060.	13590.	4265.	205.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	23979.	16600.	7139.	240.
<b>20</b> Interest	75449.		75449.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	29333.	21286.	5305.	2742.
<b>23</b> Insurance	19146.	11137.	6605.	1404.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PURCHASED SERVICES</b>	31455.	30980.	0.	475.
<b>b</b> <b>SPECIAL PROJECTS &amp; SCHO</b>	26392.	26392.	0.	0.
<b>c</b> <b>OTHER EXPENSES</b>	20160.	6256.	6122.	7782.
<b>d</b> <b>TELECOMMUNICATIONS</b>	13074.	9873.	2273.	928.
<b>e</b> All other expenses	13886.	414.	12824.	648.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1579383.	1069112.	258501.	251770.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	145645.	<b>1</b>	467199.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	121309.	<b>3</b>	666213.
	<b>4</b> Accounts receivable, net .....	14815.	<b>4</b>	7044.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	5453.	<b>9</b>	9847.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2073758.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 190327.	1127797.	<b>10c</b> 1883431.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1428860.	<b>13</b>	1263428.
	<b>14</b> Intangible assets .....		<b>14</b>	5892.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2843879.	<b>16</b>	4303054.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	103638.	<b>17</b>	74806.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	925000.	<b>23</b>	916585.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1028638.	<b>26</b>	991391.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1675853.	<b>27</b>	2388423.
	<b>28</b> Temporarily restricted net assets .....	121574.	<b>28</b>	904546.
	<b>29</b> Permanently restricted net assets .....	17814.	<b>29</b>	18694.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1815241.	<b>33</b>	3311663.	
<b>34</b> Total liabilities and net assets/fund balances .....	2843879.	<b>34</b>	4303054.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3043605.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1579383.
3	Revenue less expenses. Subtract line 2 from line 1	3	1464222.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1815241.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	32200.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3311663.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1057886.	1301170.	1117142.	1189520.	2908392.	7574110.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....	60636.	60636.	61860.	62372.	48073.	293577.
<b>4 Total.</b> Add lines 1 through 3 .....	1118522.	1361806.	1179002.	1251892.	2956465.	7867687.
<b>5</b> 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) .....						127387.
<b>6 Public support.</b> Subtract line 5 from line 4.						7740300.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	1118522.	1361806.	1179002.	1251892.	2956465.	7867687.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	12777.	-6281.	50997.	58960.	66972.	183425.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	16941.	428.	-197090.	-395.	-2831.	-182947.
<b>11 Total support.</b> Add lines 7 through 10						7868165.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	442927.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.37 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	98.03 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER INCOME**

2014 AMOUNT: \$ 16981.

2015 AMOUNT: \$ 428.

**LOSS ON ASSET DISPOSALS**

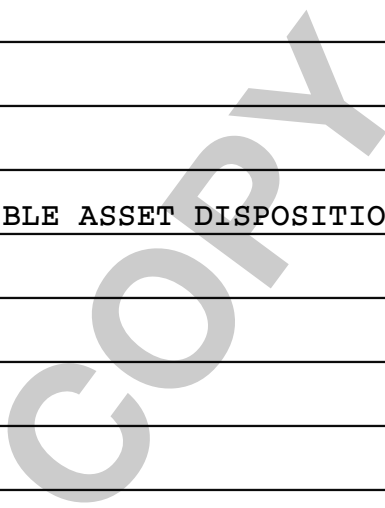
2014 AMOUNT: \$ -40.

2017 AMOUNT: \$ -395.

2018 AMOUNT: \$ -2831.

**EXTRAORDINARY LOSS ON INTANGIBLE ASSET DISPOSITION**

2016 AMOUNT: \$ -197090.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**YOUTHZONE, INC.**

Employer identification number

**84-0712993**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>YOUTHZONE, INC.</b>	Employer identification number  <b>84-0712993</b>
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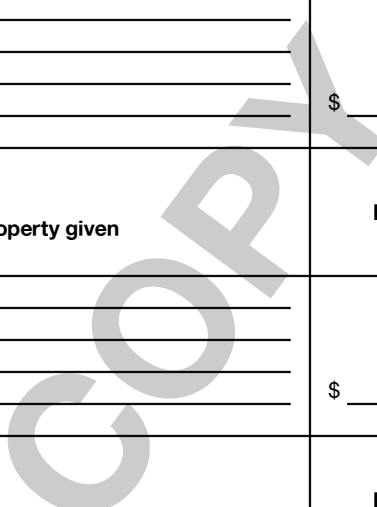
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD C. GOLDSTEIN PRIVATE FOUNDATION  250 STEELE ST STE 375  DENVER, CO 80206	\$ 100000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>YOUTHZONE, INC.</b>	Employer identification number  <b>84-0712993</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization  <b>YOUTHZONE, INC.</b>	Employer identification number  <b>84-0712993</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **YOUTHZONE, INC.** Employer identification number **84-0712993**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		135000.		135000.
b Buildings		1870844.	160760.	1710084.
c Leasehold improvements				0.
d Equipment		67914.	29567.	38347.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1883431.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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) MONEY MARKET INVESTMENT	50468.	END-OF-YEAR MARKET VALUE
(2) U.S. GOVT OBLIGATIONS	185663.	END-OF-YEAR MARKET VALUE
(3) HIGH-GRADE CORPORATE		
(4) BONDS	131144.	END-OF-YEAR MARKET VALUE
(5) MUTUAL FUNDS/CORPORATE		
(6) STOCKS	868831.	END-OF-YEAR MARKET VALUE
(7) BENEFICIAL INTEREST HELD		
(8) BY FDTNS	27322.	END-OF-YEAR MARKET VALUE
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1263428.	

**Part IX 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X 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 income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII





**Part II 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 (add col. (a) through col. (c))
		YOUTHZONE ASCENT		NONE	
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts .....	121352.			121352.
2	Less: Contributions .....	121352.			121352.
3	Gross income (line 1 minus line 2) .....				
<b>Direct Expenses</b>					
4	Cash prizes .....	3000.			3000.
5	Noncash prizes .....				
6	Rent/facility costs .....				
7	Food and beverages .....				
8	Entertainment .....				
9	Other direct expenses .....	9753.			9753.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				12753.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				-12753.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....				
<b>Direct Expenses</b>					
2	Cash prizes .....				
3	Noncash prizes .....				
4	Rent/facility costs .....				
5	Other direct expenses .....				
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **YOUTHZONE, INC.** Employer identification number **84-0712993**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2**

**3** Enter total number of other organizations listed in the line 1 table **2**

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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

COPY

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE BOARD OF DIRECTORS INITIATES ANY GRANTS OR ASSISTANCE TO INDIVIDUALS OR OTHER ORGANIZATIONS, DOCUMENTATION OF WHICH IS MAINTAINED IN THE ORGANIZATION'S RECORDS AND BOARD MINUTES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **YOUTHZONE, INC.** Employer identification number: **84-0712993**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( RENTAL SPACE )	X	1	42065.	FAIR MARKET VALUE OF
26 Other ▶ ( IN-KIND SERVI )	X	0	6008.	FAIR MARKET VALUE OF
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **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 purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

ACCEPTANCE POLICY FOR NON-CASH CONTRIBUTIONS: APPROPRIATE PERSONNEL EXAMINES AND DETERMINES THE USEFULNESS AND APPROPRIATENESS FOR NON-CASH CONTRIBUTIONS; IF DETERMINED TO BE USEFUL AND APPROPRIATE THE ORGANIZATION WILL ACCEPT SUCH DONATIONS, PROVIDED AN UNDERSTANDING AND AGREEMENT IS REACHED CONCERNING DISPOSITION OF SUCH ITEMS.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

YOUTHZONE, INC.

Employer identification number

84-0712993

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

PROVIDING OPPORTUNIES FOR ALL YOUTH TO BE RESPONSIBLE, CONTRIBUTING

MEMBERS OF SOCIETY AND WORKING WITH THEIR FAMILIES AND THE COMMUNITY

TOWARD THIS END THROUGH PREVENTION, ADVOCACY AND DIRECT CHARITABLE AND

EDUCATIONAL PURPOSES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NET OTHER RELATED REVENUE ACTIVITY

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 31941.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE APPROVAL, SIGNATURE  
AND FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH CONFLICT OF  
INTEREST POLICY THROUGH ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS  
BY DIRECTORS, OFFICERS AND KEY EMPLOYEES WITH REGULAR REVIEW BY THE BOARD  
OF DIRECTORS.

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

ANNUAL COMPENSATION OF EXECUTIVE DIRECTOR AND KEY MANAGEMENT ARE DETERMINED  
THROUGH INDUSTRY COMPARISON, AND JOB PERFORMANCE, WITH REVIEW AND APPROVAL  
BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization YOUTHZONE, INC.	Employer identification number 84-0712993
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GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

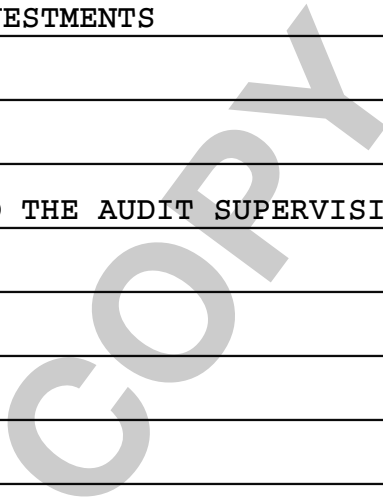
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED GAIN (LOSS) ON INVESTMENTS	32200.
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PART XI, LINE 2C

THERE HAVE BEEN NO CHANGES TO THE AUDIT SUPERVISION, REVIEW AND APPROVAL PROCESS.



2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	RIFLE - BUILDING	06/30/98	SL	40.00		16	286847.				286847.	139837.		7171.	147008.
62	RIFLE - LHI/PAINTING	06/30/12	SL	10.00		16	3900.				3900.	2730.		390.	3120.
112	RIFLE BUILDING - WINDOWS	06/15/18	SL	40.00		16	17280.				17280.	432.		432.	864.
	* 990 PAGE 10 TOTAL - DISPOSITIONS						308027.				308027.	142999.		7993.	150992.
97	50" LED SMART TV (RIFLE)	06/15/15	SL	5.00		16	982.				982.	785.		196.	982.
98	50" LED SMART TV (GWS)	06/15/15	SL	5.00		16	986.				986.	787.		197.	986.
99	HP LAPTOP (GC)	08/15/15	SL	5.00		16	693.				693.	417.		139.	556.
100	TV/DVD PLAYER	09/15/15	SL	5.00		16	698.				698.	419.		140.	559.
101	CHROME BOOK (CMP)	06/15/18	SL	5.00		16	219.				219.	44.		44.	88.
102	CHROME BOOK (NICK)	10/15/17	SL	5.00		16	269.				269.	54.		54.	108.
103	CHROME BOOK (SOC GRANT)	02/15/18	SL	5.00		16	230.				230.	46.		46.	92.
104	CHROME BOOK (SOC GRANT)	02/15/18	SL	5.00		16	230.				230.	46.		46.	92.
105	VERSALINK COPIER & SCANNER (RIFLE)	02/15/18	SL	5.00		16	2329.				2329.	466.		466.	932.
106	HP PROBOOK 450 65 LAPTOP 6	07/15/17	SL	5.00		16	720.				720.	144.		144.	288.
107	HP PROBOOK 450 65 LAPTOP 7	02/15/18	SL	5.00		16	720.				720.	144.		144.	288.
108	HP PROBOOK 450 65 LAPTOP 8	02/15/18	SL	5.00		16	719.				719.	144.		144.	288.
109	HP PROBOOK 450 65 LAPTOP 9	02/15/18	SL	5.00		16	719.				719.	144.		144.	288.
110	HP PROBOOK 450 65 LAPTOP 10 (RJ COORD)	06/15/18	SL	5.00		16	720.				720.	144.		144.	288.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
111	HP PROBOOK 450 G5 LAPTOP 11 (RJ ASST)	06/15/18	SL	5.00		16	720.				720.	144.		144.	288.
	* 990 PAGE 10 TOTAL - DISPOSITIONS						10954.				10954.	3928.		2192.	6123.
27	FURNITURE	03/31/94	SL	5.00		16	1438.				1438.	1438.		0.	1438.
28	FURNITURE	02/28/94	SL	5.00		16	2502.				2502.	2502.		0.	2502.
29	FURNITURE	03/31/94	SL	5.00		16	2918.				2918.	2918.		0.	2918.
30	FURNITURE	04/30/94	SL	5.00		16	2670.				2670.	2670.		0.	2670.
70	FIREPROOF FILE CABINET	01/15/12	SL	5.00		16	503.				503.	503.		0.	503.
71	GWS OFFICE FURNITURE	06/15/12	SL	5.00		16	5038.				5038.	5038.		0.	5038.
116	2 DESKS	04/01/19	SL	5.00		16	5008.				5008.			1002.	1002.
117	FOYER/RECEPTION FURNITURE	04/01/19	SL	5.00		16	1500.				1500.			300.	300.
118	EUROSTYLE WALNUT FILE CAB/ SHELVES/ DESK	04/01/19	SL	5.00		16	10854.				10854.			2171.	2171.
119	MITEL3300 TELEPHONE SYS	04/01/19	SL	5.00		16	24528.				24528.			4906.	4906.
	* 990 PAGE 10 TOTAL - DISPOSITIONS						56959.				56959.	15069.		8379.	23448.
113	GWS 413 9TH ST - BUILDING	04/01/19	SL	40.00		16	791909.				791909.			4949.	4949.
114	GWS 413 9TH ST - LAND	03/04/18	L				135000.				135000.			0.	
115	GWS 413 9TH ST - FEASIBILITY STUDY	04/01/19	SL	40.00		16	25000.				25000.			156.	156.
120	GWS 413 9TH ST - IMPROVEMENTS	04/01/19	SL	40.00		16	745908.				745908.			4662.	4662.
	* 990 PAGE 10 TOTAL - DISPOSITIONS						1697817.				1697817.	0.		9767.	9767.



2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	DISPOSITIONS														
1	(D)GLENWOOD - LEASEHOLD IMPROVEMENTS	06/30/94	SL	20.00		16	239534.				239534.	239534.		0.	239534.
9	(D)AIR CONDITIONER	05/31/94	SL	5.00		16	2064.				2064.	2064.		0.	2064.
21	(D)APPLE POWERBOOK	06/30/04	SL	5.00		16	3252.				3252.	3252.		0.	3252.
32	(D)FAX MACHINE	04/26/06	SL	5.00		16	858.				858.	858.		0.	858.
41	(D)UPS BACKUP	04/15/09	SL	5.00		16	527.				527.	527.		0.	527.
42	(D)LASER PRINTER	04/15/09	SL	5.00		16	652.				652.	652.		0.	652.
45	(D)(4) FLATSCREEN MONITORS/HD	05/15/09	SL	5.00		16	1727.				1727.	1727.		0.	1727.
48	(D)DELL VOSTRO 3500 LAPTOP (SB94)	06/15/10	SL	5.00		16	799.				799.	799.		0.	799.
49	(D)LEXMARK PRINTER (RIFLE)	05/15/10	SL	5.00		16	651.				651.	651.		0.	651.
50	(D)LCD PROJECTOR	06/15/10	SL	5.00		16	819.				819.	819.		0.	819.
51	(D)QUARKEXPRESS 8 MAC	06/15/10	SL	5.00		16	716.				716.	716.		0.	716.
52	(D)HP LASERJET (CARBONDALE)	09/15/10	SL	5.00		16	413.				413.	413.		0.	413.
53	(D)LASER PRINTER (FACET)	11/15/10	SL	5.00		16	240.				240.	240.		0.	240.
55	(D)SANYO LCD/DVD COMBO (RIFLE)	01/15/11	SL	5.00		16	398.				398.	398.		0.	398.
56	(D)BROTHER LASER FAX (RIFLE)	05/15/11	SL	5.00		16	298.				298.	298.		0.	298.
58	(D)DELL OPTIPLEX 380 (GLENWOOD)	01/15/11	SL	5.00		16	716.				716.	716.		0.	716.
59	(D)DELL OPTIPLEX 380 (ASPEN)	01/15/11	SL	5.00		16	716.				716.	716.		0.	716.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
61	(D)GWS - CARPETING	06/30/12	SL	10.00		16	5581.				5581.	3906.		279.	4185.
63	(D)BATTERY BACKUP UNIT (RIFLE)	10/15/11	SL	5.00		16	460.				460.	460.		0.	460.
64	(D)BATTERY BACKUP UNIT (GWS)	10/15/11	SL	5.00		16	388.				388.	388.		0.	388.
67	(D)ADOBE CREATIVE SUITE 5 MASTER COLL	12/15/11	SL	5.00		16	599.				599.	599.		0.	599.
68	(D)DIGITAL CAMERA	12/15/11	SL	5.00		16	294.				294.	294.		0.	294.
69	(D)SB94 APPLE CELL PHONE	03/15/12	SL	5.00		16	383.				383.	383.		0.	383.
73	(D)COMPUTER - RIFLE FRONT DESK	01/15/13	SL	5.00		16	591.				591.	591.		0.	591.
74	(D)APPLE IPAD	07/15/13	SL	5.00		16	760.				760.	760.		0.	760.
75	(D)CONFERENCE TELEPHONE	07/15/13	SL	5.00		16	404.				404.	404.		0.	404.
76	(D)DELL OPTIPLEX 7010 (RIFLE 1)	06/15/14	SL	5.00		16	687.				687.	686.		1.	687.
78	(D)DELL OPTIPLEX 7010 (RIFLE 4)	06/15/14	SL	5.00		16	688.				688.	687.		1.	688.
79	(D)DELL OPTIPLEX 3020 (RIFLE 5)	06/15/14	SL	5.00		16	613.				613.	613.		0.	613.
81	(D)DELL OPTIPLEX 7010 (GWS1)	06/15/14	SL	5.00		16	687.				687.	686.		1.	687.
82	(D)DELL OPTIPLEX 7010 (GWS2)	06/15/14	SL	5.00		16	687.				687.	686.		1.	687.
83	(D)DELL OPTIPLEX 7010 (GWS3)	06/15/14	SL	5.00		16	687.				687.	686.		1.	687.
84	(D)DELL OPTIPLEX 7010 (GWS4)	06/15/14	SL	5.00		16	687.				687.	686.		1.	687.
85	(D)DELL OPTIPLEX 7010 (GWS5)	06/15/14	SL	5.00		16	688.				688.	688.		0.	688.
87	(D)DELL OPTIPLEX 3020 (GWS8)	06/15/14	SL	5.00		16	613.				613.	613.		0.	613.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
88	(D)DELL OPTIPLEX 7010 (CARB1)	06/15/14	SL	5.00		16	687.				687.	687.		0.	687.
89	(D)LENOVO T540P (LM)	06/15/14	SL	5.00		16	1023.				1023.	1023.		0.	1023.
90	(D)LENOVO T540P (KC)	06/15/14	SL	5.00		16	1023.				1023.	1023.		0.	1023.
91	(D)ENTRY SIGN (GWS)	03/15/14	SL	10.00		16	1425.				1425.	714.		71.	785.
92	(D)WATER HEATER (GWS)	06/15/15	SL	10.00		16	1445.				1445.	579.		72.	651.
93	(D)SHARP COPIER (GWS)	07/15/14	SL	5.00		16	1250.				1250.	1000.		250.	1250.
94	(D)THINKPAD LAPTOP (RIFLE SB94)	07/15/14	SL	5.00		16	1023.				1023.	820.		203.	1023.
95	(D)DELL OPTIPLEX 3020 (RIFLE PALS)	06/15/15	SL	5.00		16	629.				629.	504.		125.	629.
	* 990 PAGE 10 TOTAL - DISPOSITIONS						278382.				278382.	274546.		1006.	275552.
	* GRAND TOTAL 990 PAGE 10 DEPR						2352139.				2352139.	436542.		29337.	465882.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						747432.			0.	747432.	436542.			447736.
	ACQUISITIONS						1604707.			0.	1604707.	0.			18146.
	DISPOSITIONS						278382.			0.	278382.	274546.			275552.
	ENDING BALANCE						2073757.			0.	2073757.	161996.			190330.
	ENDING ACCUM DEPR LESS DISPOSITIONS											190330.			
	ENDING BOOK VALUE											1883427.			

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

		<b>Enter filer's identifying number</b>
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>YOUTHZONE, INC.</b>	Employer identification number (EIN) or  <b>84-0712993</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>803 SCHOOL STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GLENWOOD SPRINGS, CO 81601</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
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
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE CORPORATION**

- The books are in the care of ▶ **136 EAST 12TH STREET - RIFLE, CO 81650**  
 Telephone No. ▶ **970-625-3141** 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 EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until     **MAY 15, 2020**    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning     **JUL 1, 2018**    , and ending     **JUN 30, 2019**    .

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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 instructions.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - YOUTHZONE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	RIFLE - BUILDING	063098	SL	40.00	16	286847.			286847.	139837.		7171.
62	RIFLE - LHI/PAINTING	063012	SL	10.00	16	3900.			3900.	2730.		390.
112	RIFLE BUILDING - WINDOWS	061518	SL	40.00	16	17280.			17280.	432.		432.
	* 990 PAGE 10 TOTAL - DISPOSITIONS					308027.		0.	308027.	142999.		7993.
97	50" LED SMART TV (RIFLE)	061515	SL	5.00	16	982.			982.	785.		196.
98	50" LED SMART TV (GWS)	061515	SL	5.00	16	986.			986.	787.		197.
99	HP LAPTOP (GC)	081515	SL	5.00	16	693.			693.	417.		139.
100	TV/DVD PLAYER	091515	SL	5.00	16	698.			698.	419.		140.
101	CHROME BOOK (CMP)	061518	SL	5.00	16	219.			219.	44.		44.
102	CHROME BOOK (NICK)	101517	SL	5.00	16	269.			269.	54.		54.
103	CHROME BOOK (SOC GRANT)	021518	SL	5.00	16	230.			230.	46.		46.
104	CHROME BOOK (SOC GRANT)	021518	SL	5.00	16	230.			230.	46.		46.
105	VERSALINK COPIER & SCANNER (RIFLE)	021518	SL	5.00	16	2329.			2329.	466.		466.
106	HP PROBOOK 450 65 LAPTOP 6	071517	SL	5.00	16	720.			720.	144.		144.
107	HP PROBOOK 450 65 LAPTOP 7	021518	SL	5.00	16	720.			720.	144.		144.
108	HP PROBOOK 450 65 LAPTOP 8	021518	SL	5.00	16	719.			719.	144.		144.
109	HP PROBOOK 450 65 LAPTOP 9	021518	SL	5.00	16	719.			719.	144.		144.
110	HP PROBOOK 450 65 LAPTOP 10 (RJ COORD	061518	SL	5.00	16	720.			720.	144.		144.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
111	HP PROBOOK 450 G5 LAPTOP 11 (RJ ASST)	061518	SL	5.00	16	720.			720.	144.		144.
	* 990 PAGE 10 TOTAL - DISPOSITIONS					10954.		0.	10954.	3928.		2192.
27	FURNITURE	033194	SL	5.00	16	1438.			1438.	1438.		0.
28	FURNITURE	022894	SL	5.00	16	2502.			2502.	2502.		0.
29	FURNITURE	033194	SL	5.00	16	2918.			2918.	2918.		0.
30	FURNITURE	043094	SL	5.00	16	2670.			2670.	2670.		0.
70	FIREPROOF FILE CABINET	011512	SL	5.00	16	503.			503.	503.		0.
71	GWS OFFICE FURNITURE	061512	SL	5.00	16	5038.			5038.	5038.		0.
116	2 DESKS FOYER/RECEPTION	040119	SL	5.00	16	5008.			5008.			1002.
117	FURNITURE	040119	SL	5.00	16	1500.			1500.			300.
118	EUROSTYLE WALNUT FILE CAB/ SHELVES/	040119	SL	5.00	16	10854.			10854.			2171.
119	MITEL3300 TELEPHONE SYS	040119	SL	5.00	16	24528.			24528.			4906.
	* 990 PAGE 10 TOTAL - DISPOSITIONS					56959.		0.	56959.	15069.		8379.
113	GWS 413 9TH ST - BUILDING	040119	SL	40.00	16	791909.			791909.			4949.
114	GWS 413 9TH ST - LAND	030418	L			135000.			135000.			0.
115	GWS 413 9TH ST - FEASIBILITY STUDY	040119	SL	40.00	16	25000.			25000.			156.
120	GWS 413 9TH ST - IMPROVEMENTS	040119	SL	40.00	16	745908.			745908.			4662.
	* 990 PAGE 10 TOTAL - DISPOSITIONS					1697817.		0.	1697817.	0.		9767.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	DISPOSITIONS											
1	(D)GLENWOOD - LEASEHOLD IMPROVEMENT	063094	SL	20.00	16	239534.			239534.	239534.		0.
9	(D)AIR CONDITIONER	053194	SL	5.00	16	2064.			2064.	2064.		0.
21	(D)APPLE POWERBOOK	063004	SL	5.00	16	3252.			3252.	3252.		0.
32	(D)FAX MACHINE	042606	SL	5.00	16	858.			858.	858.		0.
41	(D)UPS BACKUP	041509	SL	5.00	16	527.			527.	527.		0.
42	(D)LASER PRINTER	041509	SL	5.00	16	652.			652.	652.		0.
45	(D)(4) FLATSCREEN MONITORS/HD	051509	SL	5.00	16	1727.			1727.	1727.		0.
48	(D)DELL VOSTRO 3500 LAPTOP (SB94)	061510	SL	5.00	16	799.			799.	799.		0.
49	(D)LEXMARK PRINTER (RIFLE)	051510	SL	5.00	16	651.			651.	651.		0.
50	(D)LCD PROJECTOR	061510	SL	5.00	16	819.			819.	819.		0.
51	(D)QUARKEXPRESS 8 MAC	061510	SL	5.00	16	716.			716.	716.		0.
52	(D)HP LASERJET (CARBONDALE)	091510	SL	5.00	16	413.			413.	413.		0.
53	(D)LASER PRINTER (FACET)	111510	SL	5.00	16	240.			240.	240.		0.
55	(D)SANYO LCD/DVD COMBO (RIFLE)	011511	SL	5.00	16	398.			398.	398.		0.
56	(D)BROTHER LASER FAX (RIFLE)	051511	SL	5.00	16	298.			298.	298.		0.
58	(D)DELL OPTIPLEX 380 (GLENWOOD)	011511	SL	5.00	16	716.			716.	716.		0.
59	(D)DELL OPTIPLEX 380 (ASPEN)	011511	SL	5.00	16	716.			716.	716.		0.

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61	(D)GWS - CARPETING	063012	SL	10.00	16	5581.			5581.	3906.		279.
63	(D)BATTERY BACKUP UNIT (RIFLE)	101511	SL	5.00	16	460.			460.	460.		0.
64	(D)BATTERY BACKUP UNIT (GWS)	101511	SL	5.00	16	388.			388.	388.		0.
67	(D)ADOBE CREATIVE SUITE 5 MASTER COLL	121511	SL	5.00	16	599.			599.	599.		0.
68	(D)DIGITAL CAMERA	121511	SL	5.00	16	294.			294.	294.		0.
69	(D)SB94 APPLE CELL PHONE	031512	SL	5.00	16	383.			383.	383.		0.
73	(D)COMPUTER - RIFLE FRONT DESK	011513	SL	5.00	16	591.			591.	591.		0.
74	(D)APPLE IPAD	071513	SL	5.00	16	760.			760.	760.		0.
75	(D)CONFERENCE TELEPHONE	071513	SL	5.00	16	404.			404.	404.		0.
76	(D)DELL OPTIPLEX 7010 (RIFLE 1)	061514	SL	5.00	16	687.			687.	686.		1.
78	(D)DELL OPTIPLEX 7010 (RIFLE 4)	061514	SL	5.00	16	688.			688.	687.		1.
79	(D)DELL OPTIPLEX 3020 (RIFLE 5)	061514	SL	5.00	16	613.			613.	613.		0.
81	(D)DELL OPTIPLEX 7010 (GWS1)	061514	SL	5.00	16	687.			687.	686.		1.
82	(D)DELL OPTIPLEX 7010 (GWS2)	061514	SL	5.00	16	687.			687.	686.		1.
83	(D)DELL OPTIPLEX 7010 (GWS3)	061514	SL	5.00	16	687.			687.	686.		1.
84	(D)DELL OPTIPLEX 7010 (GWS4)	061514	SL	5.00	16	687.			687.	686.		1.
85	(D)DELL OPTIPLEX 7010 (GWS5)	061514	SL	5.00	16	688.			688.	688.		0.
87	(D)DELL OPTIPLEX 3020 (GWS8)	061514	SL	5.00	16	613.			613.	613.		0.



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88	(D)DELL OPTIPLEX 7010 (CARB1)	061514	SL	5.00	16	687.			687.	687.		0.
89	(D)LENOVO T540P (LM)	061514	SL	5.00	16	1023.			1023.	1023.		0.
90	(D)LENOVO T540P (KC)	061514	SL	5.00	16	1023.			1023.	1023.		0.
91	(D)ENTRY SIGN (GWS)	031514	SL	10.00	16	1425.			1425.	714.		71.
92	(D)WATER HEATER (GWS)	061515	SL	10.00	16	1445.			1445.	579.		72.
93	(D)SHARP COPIER (GWS)	071514	SL	5.00	16	1250.			1250.	1000.		250.
94	(D)THINKPAD LAPTOP (RIFLE SB94)	071514	SL	5.00	16	1023.			1023.	820.		203.
95	(D)DELL OPTIPLEX 3020 (RIFLE PALS)	061515	SL	5.00	16	629.			629.	504.		125.
	* 990 PAGE 10 TOTAL - DISPOSITIONS					278382.		0.	278382.	274546.		1006.
	* GRAND TOTAL 990 PAGE 10 DEPR					2352139.		0.	2352139.	436542.		29337.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					747432.		0.	747432.	436542.		
	ACQUISITIONS					1604707.		0.	1604707.	0.		
	DISPOSITIONS					278382.		0.	278382.	274546.		
	ENDING BALANCE					2073757.		0.	2073757.	161996.		