### EXTENDED TO MAY 15, 2020

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑI	For the	e 2018 calendar year, or tax year beginning $\mathrm{JUL}1$ , $2018$	ending J	UN 30, 2019			
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres	YOUTHZONE, INC.					
	Name change	Doing business as		84-0	712993		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe			
	Final return/	803 SCHOOL STREET		970-	945-9300		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4172209.			
Ļ	Ameno	GLENWOOD SPRINGS, CO 01001		H(a) Is this a group re			
	Applic tion pendir	F Name and address of principal officer: DOK1 MOEDDEK		for subordinates	····· — —		
_		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	<b>-1</b>	list. (see instructions)		
		e: WWW.YOUTHZONE.COM organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number ► 1 State of legal domicile: CO		
		Summary	L Year	or formation: 1970 N	1 State of legal domicile: CO		
		Briefly describe the organization's mission or most significant activities: $(SEE)$	SCHED	III'E O)			
JCe	l '	briefly describe the organization's mission of most significant activities.	) OIIII	7022 07			
Governance	2	Check this box  if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets		
S e		Number of voting members of the governing body (Part VI, line 1a)			12		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			12		
es 8		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			30		
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	50		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.		
ne			_	Prior Year	Current Year		
		Contributions and grants (Part VIII, line 1h)		1252892.	2956465.		
Revenue		Program service revenue (Part VIII, line 2g)		72658. 29780.	67952. 52668.		
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-37758.	-33480.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1317572.	3043605.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
(0	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1016962.	1014886.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	90000.		
per	b	Total fundraising expenses (Part IX, column (D), line 25)   2517	70.	-			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		405071.	474497.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1422033.	1579383.		
	19	Revenue less expenses. Subtract line 18 from line 12		-104461.	1464222.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		2843879.	4303054.		
at As	21	Total liabilities (Part X, line 26)		1028638.	991391.		
		Net assets or fund balances. Subtract line 21 from line 20		1815241.	3311663.		
	art II	Signature Block			o borno de deservados de de de de de		
		lties of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than officer) is based on all information of w			y knowledge and belief, it is		
uue	, correc	t, and complete. Declaration of preparer (other than officer) is based on an information of wi	ilicii preparei	lias any knowledge.			
Sig	n	Signature of officer		I Date			
Hei		LORI MUELLER, EXECUTIVE DIRECTOR					
1101	•	Type or print name and title					
		Print/Type preparer's name Preparer's signature	I .	Date Check	PTIN		
Pai	d	ROGER D. MAGGARD, CPA	1	.1/04/19 if self-employ	P00740307		
Pre	parer	Firm's name MAGGARD & HOOD, PC	L	Firm's EIN	84-0717842		
Use	Only	Firm's address 901 GRAND AVE., SUITE 203					
_		GLENWOOD SPRINGS, CO 81601		Phone no. (9	70)945-8588		
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

1 Bielly describe the organization's mission: PROVIDING OPPORTUNITIES FOR ALL YOUTH TO BE RESPONSIBLE, CONTRIBUTING MEMBERS OF SOCIETY AND WORKING WITH THEIR PAMILIES 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 issed on the prior Form 800 e800-E27	Га	Check if Schedule O contains a response or note to any line in this Part III
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 900 or 900 EZ?      Ves	1	
TOWARD THIS END THROUGH PREVENTION, ADVOCACY AND DIRECT CHARITABLE AND EDUCATIONAL PURPOSES.  Did the organization undertake any significant program services during the year which were not issted on the prior form 930 or 930 cer year.		<u> </u>
EDUCATIONAL PURPOSES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 or 950 E27  2 Did the organization cease conducting, or make significant changes in how it conducts, any program services?   Yes   X  No it Yes, "describe these news services on Schedule 0.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?   Yes   X  No it Yes, "describe these changes on Schedule 0.  4 Describe the organization is program service accomplishments for each of its three largest program services, as measured by expenses, section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if may for each program service reported.  4 (code   )(powers 1 136217   including series of   10 powers 2 122   122   10 powers 3   10 powers 3   122   122   10 powers 3   10 powers 3   10 powers 4   10 powers 4   10 powers 4   10 powers 5   10 powers		
2 Dol the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2?    Yes X No   11 Yes, 'describe these new services on Schedule O.		·
pror Form 990 or 990 CE?  If Yes, 'describe these new services on Schedule O.  If Yes, 'describe these new services on Schedule O.  If Yes, 'describe these changes on Schedule O.  If Yes, 'describe the Yes,		
If "Yes," describe these new services on Schedule 0.	2	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
If Yes, 'describe these changes on Schedule O.	3	
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.  40 (Cooks ) (Reported \$ 136217. Reculsing grants of \$ 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.)  40 (Cooks ) (Recorded \$ 899445. Reculsing grants of \$ 1000 FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROCRAMS TO PROVIDE TOOLS FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROCRAMS THY THE JUVENILE COUNTRYSTEM.  41 (Cooks ) (Expenses \$ 33450. Reculsing grants of \$ 1000 FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROCRAMS WITH THE JUVENILE COUNTRYSTEM.  42 (Cooks ) (Expenses \$ 33450. Reculsing grants of \$ 1000 FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROCRAMS WITH THE JUVENILE COUNTRYSTEM.  44 (Cooks ) (Expenses \$ 33450. Reculsing grants of \$ 1000 FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROCRAMS WITH THE JUVENILE COUNTRY SYSTEM.  45 (Cooks ) (Expenses \$ 33450. Reculsing grants of \$ 1000 FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROCRAMS WITH THE JUVENILE COUNTRY SYSTEM.  46 (Cooks ) (Expenses \$ 33450. Reculsing grants of \$ 1000 FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROCRAMS WITH THE JUVENILE COUNTRY SYSTEM.  47 (Cooks ) (Expenses \$ 33450. Reculsing grants of \$ 1000 FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROCRAMS WITH THE JUVENILE COUNTRY SYSTEM.  46 (Cooks ) (Expenses \$ 33450. Reculsing grants of \$ 1000 FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROCRAMS WITH THE JUVENILE COUNTRY SYSTEM.  47 (Cooks ) (Revenue \$ 33450. Reculsing grants of \$ 1000 FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROCRAMS WITH THE JUVENILE COUNTRY SYSTEM.  48 (Cooks ) (Revenue \$ 33450. Reculsing grants of \$ 1000 FOR EFFECTIVE, POSITIVE BEHAVIOR CHANGE. PROCRAMS WITH THE JUVENILE COUNTRY SYSTEM.		
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4e Total program service expenses ► 1069112.	4d	21041
	1.	1000110
	40	

# Form 990 (2018) YOUTHZONE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
•	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	_		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u> </u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		X
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<sub>1,7</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

832003 12-31-18

Form **990** (2018)

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Checklist of Required Schedules (continued

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or of about compensation of the organization scurrent and former officers, directors, frustees, key employees, and injuncted omployees? If "Yes," complete Schedule I, Part IV 18 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24th and complete Schedule K. If "No." or to line 25th 25th 25th 25th 25th 25th 25th 25th				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization's current and former officies, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer intex 240 through 24d and complete Schedule K. If "No." yo to ime 25a  25b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  26c Did the organization are an "on behalf of" issuer for bonds outstanding at any time during the year 10 through 25a Section 501(38, 501(44), and 501(4)29 organizations. Did the organization are passed it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Fart I  25a Section 501(38, 501(44), and 501(4)29 organizations. Did the organization are passed to the graph and that the transaction has not been reported on any of the organization spire Forms 900 or 990-E27 If "Yes," complete Schedule I., Part I  25b Lis the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization's prior Forms 900 or 990-E27 If "Yes," complete Schedule I., Part IV  25c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustees, released to the prior or payables to any current or former officer, directors, trustees, or key employees, or disqualified persons If "Yes," complete Schedule I., Part IV instructions for applicable filing thresholds, conditions, and exceptions?  27 Did the organization relevance to the prior three prior to prior prio	22		22	103	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   24	23				
Schedule J. 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", yo to line 25a  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax exempt bonds?  did Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year 7 defease any tax exempt bonds?  did Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year 7 defease any tax exempt bonds?  5 Section 50(16)(8), 50(16)(4), 40, 400 (16)(29) organizations. During the organization are nagein an access benefit transaction with a disqualified person in an prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization specified person in a prior year, and that the transaction in the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction provide a grant or other assistance to an officer, director, trustee, we proplyee, or disqualified person in a prior year, and the transaction or employee thereof, a grant selection committee member, or to a \$5% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part IV instructions for applicable filling thresholds, conditions, and exceptions;  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV instructions for					
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24s through 24d and complete Schedule II. "No." yo to line 23s.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  Cold the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  25 In the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule I., Part II  25 In the organization report any amount on Part X, lime 5, 6, or 22 for receivables from or payables to any current or former officers, directors, frustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II and the properties of the properties			23		x
said day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is, "M No." of so the 25s,  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds.  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds.  24c  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501((2)8, 501(-(4)4), and 501(-(129) organizations. Dut the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I	24 a	Did the organization have a tax-exempt hand issue with an outstanding principal amount of more than \$100,000 as of the			<del></del>
Schedule K. If *No.** go to line 25a.  Schedule K. If *No.** go to line 25a.  Did the organization misertain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  24d Did the organization at as an *on behalf of* issuer for bonds outstanding at any time during the year to defease any tax exempt bonds?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If *Ves.* complete Schedule L, Part I					
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II I  26 Z  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II I  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-east contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  11 "Yes," complete Schedule N, Part I  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R  31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, III and III, or IV, and Part V, III in a 34.  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)	b				
Schedule L, Part I  25b					
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest competes chedule L, Part II			25b		Х
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   27   X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   28   X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   28   X  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part IV  30 Did the organization receive more than 25% of an officer, director, trustee, or other schedule N, Part IV, Im a 1   X   X   X   X	26				
complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  32 Did the organization related to any tax exempt or traxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfe					
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Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a			27		Х
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28				
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, Iine 2 Did Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b					
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV chick a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2 35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule Q and provide explanations in Schedule O for Part VI, lines 115 and 197  Note. All Form 990 files are required to complete Schedule Q for Part VI, lines 2 36 X  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a respon	а		28a		Х
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28c			28b		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
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contributions? If "Yes," complete Schedule M  30	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
Did the organization liquidate, terminate, or dissolve and cease operations?   If "Yes," complete Schedule N, Part I   31	30				
Did the organization liquidate, terminate, or dissolve and cease operations?   If "Yes," complete Schedule N, Part I   31		contributions? If "Yes," complete Schedule M	30		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X  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  10 In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  10 In In In In III, or IV, and III, III, or	31				
Schedule N, Part II  32  X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Y  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X  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  10 In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  10 In		If "Yes," complete Schedule N, Part I	31		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b	32				
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
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35a   X     b   If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   35b     36   Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   36   X     37   Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V   37   X     38   Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O   38   X      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   Yes   No    1a   Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   30   1b   0	34				3.5
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X  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  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0			35a	<u> </u>	<u>*</u>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  X  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a  Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0  36  X  X   A  37  X  X  A  A  A  A  B  A  A  A  A  B  B  B  B	b				
If "Yes," complete Schedule R, Part V, line 2  36	00		35b	<u> </u>	
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0	36	, , , ,	20		y
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  37  X  X  Yes  No	27		36	-	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a 30  1b 0	31	i ,	27		l v
Note. All Form 990 filers are required to complete Schedule O  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  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1	20		31	<u> </u>	
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  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0	30		38	x	
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0					
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable     1a     30       b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable     1b     0				Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			- 10
			4		
(gambling) winnings to prize winners?			1c	Х	

# Form 990 (2018) YOUTHZONE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a She not the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return.  2a 30  bit at least and as is exported on line 22, did the organization file all required federal employment tax returns?  2b X  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a bit the organization have unleaded business gross income of \$1,000 or more during the year?  3a X  X  bit 1''vs's, has it filed a Form 590 for this year? I''No' to file 3b, provide an explanation in Schedule O  3b I''vs's, has it filed a Form 590 for this year? I''No' to file 3b, provide an explanation in Schedule O  3b I''vs's, has it filed a Form 590 for this year? I''No' to file 3b, provide an explanation in Schedule O  3b I''vs's in the state the name of the froeign country's  5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FEAR).  5e Was the organization approximation that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?  5b I''xs's for the file 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or some site or some site of the state of the sta				· ·	
field for the calendary year ending with or within the year covered by this return  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-rife (see instructions)  2a	00	Entay the number of employees reported an Form W.C. Transmittel of Wass and Tay Statements		Yes	No
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines is and 2a is greater than 260, you may be required to e-file (see instructions)  3a Did the organization have unrelated business goes income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 980-T for this year? If "No" to line 30, provide an explanation in Schedule 0  3c At any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?)  5c At a time the name of the freging country.  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Ava the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Ava the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Ava the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  5c Ava the organization shelt that are deductibles?  6c Ava the organization shelt was or is a party to a prohibited tax shelter transaction or gifts were no tax deductibles?  6c Ava the organization shelt was or is a party to a prohibited tax shelter transaction or gifts were no tax deductibles?  6c Ava the organization shelt was or is a party to a prohibited tax shelter transaction or gifts were no tax deductibles?  6c Ava the organization shelt was or in a party organization and the prohibited tax shelter transaction organization shelt were yes organization shelt to the promise organization shelt were yes organization shelt were yes organization shelt were	Za				
Note. If the sum of lines 1s and 2s is greater than 250, you risy be required to e-file (see instructions)  3 Did the organization have unrolated business gross income of \$1,000 or mirror during the year?  3 Did In 1'Yes, 'has it filled a Form 990-T for this year? I' 'No' to line 3b, provide an explanation in Schedule O  3 Did In 1'Yes, 'has it filled a Form 990-T for this year? I' 'No' to line 3b, provide an explanation in Schedule O  3 Did In 1'Yes, 'has it filled a Form 990-T for this year? I' 'No' to line 3b, provide an explanation or other authority over, a financial account? I see instructions for filing requirements for FincCFN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any explanation a party to a prohibited tax shelter transaction?  5 Did any explanation as a party to a prohibited tax shelter transaction?  5 Did any explanation from 5 Did time organization file Form 8888 17?  5 Did any explanation from 5 Did time organization file Form 8888 17?  5 Did any explanation from 5 Did time organization file Form 8888 17.  6 Did the organization involve an explanation of the very solicitation an express statement that such contributions or grifts were not tax deductible?  6 Did the organization involve apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Did the organization sell, excepting or or the value of the goods or services provided?  7 Did the organization sell, excepting or or the value of the goods or services provided?  7 Did the organization sell, excepting or	h			x	
3a   X   X   bill the organization have unrelated business gross income of \$1,000 or more during the year?   3a   X   X   bill the organization and the year of the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, and any time during the tax year?   5a   X   X   S   1 *Y*es, * indicate the name of the organization the foreign country (such as a bank account, and the year of Foreign Bank and Financial Accounts (FBAP).   Sa   Was the organization the foreign country (such as a bank account, and the year?   5a   X   X   S   S   S   S   S   S   S   S	b		20		
b if "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule O 44 At any time during the calendary 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 accounts?  55 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  57 Wes" to line Sa of Sb, did the organization file Form 8886-17.  58 Was 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?  58 Was 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?  79 Organizations that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c), and but the organization network a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  70 Did the organization several payment in excess of \$75 made party as a contribution of party for goods and services provided to the payor?  71 Did the organization several payment in excess of \$75 made party as a contribution of party for which it was required to the form \$282?  71 Did the organization received a contribution of undersored that may are payment to the service of the services provided to the payment of the services provided to the organization formation of the services provided to the organization file a Form 1088 C?  72 Did the organization received a contribution of undersored that the services provided to maintain the services of the services of t	32		32		x
4a A tary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a transitional account in a foreign country (such as a bank account, securities account, or other financial accounts ("BAR).  b If "Yes," enter the name of the foreign country. ▶  5a Was the organization in party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization to be organization the fire Fine B881"; b If any taxable party notify the organization the row approach the organization the organization the organization the organization the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization the organization the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes," of the fives," of the organization that it was or is a party to a prohibited tax shelter transaction?  5c Bos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles charitable contributions?  5c Bos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c).  5c Bos If "Yes," indicate the normalization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or the value of the goods or services provided?  5c C Id the organization network and notify the donor of the value of the goods or services provided?  7c D If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7d D If the organization measure and the secure and property for which it was required?  7d D If the organization and provided the secure and property for which it was required?  7d D If the organization received a contribution of case, beats, alphanes, or the refuse, and the organization f					
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," either the name of the foreign country. ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prichibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prichibited tax shelter transaction?  5b Did any taxable party notify the organization that it was or is a party to a prichibited tax shelter transaction?  5c Did Did the organization are 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?  6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8d Did the organization receive a payment in excess 6155 made party as a contribution and party for goods and services provided to the payor?  7a Did the organization received apartication of the value of the goods or services provided?  7b Did the organization received apartication of the value of the goods or services provided?  7c Did the organization received accontribution of qualified intellectual property did the organization foreived and contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8898 as required?  7f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  7b Did the sopnoscing organization make any taxable distributions under section 4966?  9a Sponsoring organization have excess business holdings at any time during the year?  9a Interest the sopnoscing organization make any taxable distributions under section 4966?  9a Section 501(c)(12) qu			36		
b If "Yes," enter the name of the foreign country. ▶  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sar of St, dif the organization fille Form 8886.7?  5c If "Yes" to line Sar of St, dif the organization fille Form 8886.7?  5c Is 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?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Is Was the organization shall any receive deductible contributions under section 170(c).  a bill the organization shall any receive deductible contributions under section 170(c).  a bill the organization shall provide the payor?  bill 11 "Yes," did the organization notify the donor of the value of the goods or seniopse provided?  7c Is Was the Form 8282?  1d If "Yes," indicate the number of Forms 8282 filed during the year  1d If Yes, "indicate the number of Forms 8282 filed during the year  2d If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 c?  3f Is Did the organization received a contribution of cars, bots, airplanes, or other vehicles, did the organization file a Form 1098 c?  4 If the organization received a contribution of cars, bots, airplanes, or other vehicles, did the organization file a Form 1098 c?  5 Sponsoring organization maintaining donor advised funds.  a Did the sponsoring organization make a distribution to a donor, donor advised funds.  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110 Gross re			4a		x
See instructions for filing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  8 If Yes' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  8 If Yes' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  8 If Yes' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  8 If Yes' to line Sa or 5b, did the organization include with every solicitation and express statement that such contributions oscilit any contributions that were not tax deductible as charitable contributions?  9 If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  10 If the organization receive a payment in excess of \$75 made party as a contribution of property for which it was required to life Form 8282?  10 If Yes', did the organization notify the donor of the value of the goods or services provided?  10 If Yes', did the organization notify the donor of the value of the goods or services provided?  10 If Yes', did the organization of the value of the goods or services provided?  11 If Yes', did the organization of the value of the goods or services provided?  12 If Yes', did the organization of the value of the goods or services provided?  13 If Yes', did the organization received a contribution of qualified reflectively or property for which it was required to life Form 8282?  12 If the organization received a contribution of organization property of the organization file Form 899 as required?  13 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 and year of the organization have excess business holdings at any time during the year?  13 If Yes', did the organization make any ta	b	· · · · · · · · · · · · · · · · · · ·			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the lax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sa or Sb, did the organization file Form 888-617?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutibles?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charlative contributions?  7c Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c If Yes," indicate the number of Forms 8282 filed during the year or bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  8c If Yes," indicate the number of Forms 8282 filed during the year  9c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d Did the organization received acontribution of qualified intellectual property, did the organization file Form 8899 as required?  1b If the organization received a contribution of cars, boats, anjaches, or other evidens, did the organization file Form 8899 as required?  1b If the organization received a contribution of cars, boats, anjaches, or other evidens, did the organization file Form 8899 as required?  1b If the organization received and contribution of cars, boats, anjaches, or other evidens, did the organization file Form 8890 as required?  1b If the organization have excess business holdings at any time during the year?  9c Sponsoring organization make a distribution to a donor dovised funds.  1c If the sponsoring organization make a distribution to a donor dovised funds.  1d If the sponsoring organiza	-				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive apayment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  8 Did the organization receive apayment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 Did the organization receive deductible contributions under section 170(c).  10 Did the organization notify the donor of the value of the goods or services provided?  11 If "Yes," indicate the number of Forms 8282 filed during the year  12 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  12 Did the proganization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  13 Seponsoring organization make excess business holdings at any time during the year?  14 Did the sponsoring organization make excess business holdings at any time during the year?  15 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sp	5a		5a		Х
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	12a		12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					v
	16		16		Α.
		If "Yes," complete Form 4720, Schedule O.	Earm	000	/2010

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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				
Sec	tion A. Governing Body and Management										
			1	4.0		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other								
	officer, director, trustee, or key employee?			L	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the										
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form S			г	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х				
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			···· [							
	more members of the governing body?				7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			···· [							
	persons other than the governing body?		•		7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?	-	-		8a	Х					
b	Each committee with authority to act on behalf of the governing body?				8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			···							
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R										
	are in the cooling Broqueste information about pointing in the internal in	010110	<u> </u>			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such c										
~	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b						
112	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12a 12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			····	120						
С	in Schedule O how this was done				12c	Х					
12	Did the organization have a written whistleblower policy?				13	X					
13 14					14	X					
	Did the organization have a written document retention and destruction policy?				14						
15	Did the process for determining compensation of the following persons include a review and approve	-	паерепаеті								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45-	Х					
	The organization's CEO, Executive Director, or top management official				15a	X	<u> </u>				
a	Other officers or key employees of the organization			····	15b	77					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				40		Х				
	taxable entity during the year?				16a						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation follows a written policy or procedure requiring the organization to evaluation for the procedure requiring the organization for the procedure requiring the organization for the procedure requiring the organization to evaluation for the procedure requiring the organization of the procedure requiring the procedure required for the procedure requ		•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga										
<u> </u>	exempt status with respect to such arrangements?				16b						
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed CO	100	D.T.(D. // ==:	· )/2)							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	na 990	J-1 (Section 501)	(C)(3)s	only)	avaıla	apie				
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain		,								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy	, and	finan	cial					
	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 bo	oks a	nd records 🕨 _								
	THE CORPORATION - 970-625-3141										
	136 EAST 12TH STREET, RIFLE, CO 81650										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and Title	(B) Average hours per	verage Position (do not check more the						( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARCI PATILLO	0.50	<b>.</b>		, .	4				0	_
BOARD - PRESIDENT	0 50	Х		X				0.	0.	0.
(2) DAN MCCASLIN	0.50	x		v				0.	0.	0.
BOARD - VICE PRESIDENT/TREASURER	0.50	^		Х				0.	0.	0.
(3) MARTHA ROBINSON	0.50	X		х				0.	0.	0.
BOARD - SECRETARY  (4) CHARLA BELINSKI	0.50	Δ		Δ				0.	0.	0.
(4) CHARLA BELINSKI BOARD MEMBER	0.30	X		Х		1		0.	0.	0.
(5) TIM BRAUN	0.50	^		Α				0.	0.	0.
BOARD MEMBER	0.50	X						0.	0.	0.
(6) TERESA BUSK	0.50	22						0.	0.	•
BOARD MEMBER	0.30	x						0.	0.	0.
(7) CORINNE DIEMOZ-DERADDO	0.50								•	•
BOARD MEMBER	<b>— 333</b>	x						0.	0.	0.
(8) MELY IRIGOYEN	0.50									•
BOARD MEMBER		X						0.	0.	0.
(9) PATRICK TIERNEY	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) PAULA BUSK	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) BRIAN DERADDO	0.50									
BOARD MEMBER		X						0.	0.	0.
(12) JONAH KELLEY	0.50									
BOARD MEMBER		Х						0.	0.	0.
(13) LORI MUELLER	40.00									
EXECUTIVE DIRECTOR				Х				87128.	0.	0.
(14) ROBIN TOLAN	40.00								_	_
DEVELOPMENT DIRECTOR				Х				81038.	0.	0.
		1								
		<u> </u>	_							
		-								
					_		$\vdash$			
		┨								
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Part '	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) (B)				(0	•			(D)	(E)			(F)	
	Name and title	Average hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee				than	th an	from	Reportable compensatio from related	n I	an	timate nount other	
		(list any hours for related organizations	Individual trustee or director	Institutional trustee		ıyee	Highest compensated employee		the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org	pensa om the anizat d relat	e ion
		below line)	Individua	Institution	Officer	Key employee	Highest c employee	Former				orga	anizati	ons
									4					
							L							
					4	4								
	ub-total							▶	168166.		0.			0.
	otal from continuation sheets to Part V								168166.		0.			0.
	otal (add lines 1b and 1c)otal number of individuals (including but n								1	l 0,000 of reportabl		<u> </u>		· ·
C	ompensation from the organization												Yes	No
lir	olid the organization list any <b>former</b> officer, ne 1a? <i>If</i> "Yes," complete Schedule J for s	uch individual										3		Х
	or any individual listed on line 1a, is the sund related organizations greater than \$15	•							•	the organization		4		Х
	olid any person listed on line 1a receive or a centered to the organization? If "Yes," com	•				•	•		ted organization or indiv	idual for services		5		Х
Section	on B. Independent Contractors												'	
	complete this table for your five highest co ne organization. Report compensation for										ıpens	ation f	rom	
	(A) Name and business			INC					(B) Description of s		C	(C Compe	<b>;)</b> nsatio	n
	otal number of independent contractors (i		ot lir	mite	d to	tho	se li	stec	d above) who received n	nore than				
Ψ	. 22,300 of componication from the organi						-					Form	990 (	2018

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		Check if Schedule O contains a respons	ne in this Part VIII	this Part VIII						
			,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514			
t t	1 a	Federated campaigns 1a								
ran M		Membership dues 1b								
ا ق		Fundraising events 1c	121352.							
ifts r A		Related organizations 1d								
ا≝'ج		Government grants (contributions) 1e	725305.							
Sis		All other contributions, gifts, grants, and	, 20000							
it je	'	similar amounts not included above 1f	2109808.							
등등			48073.							
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines 1a-1f: \$		2956465.						
<del>- "</del>	n	Total. Add lines 1a-1f	Business Code							
	0 -	CLIENT COUNSELING FEES		67952.	67952.					
je	2 a		.   500055	07752.	07752.					
iue	b		•							
Wen S	C									
gra	d		•							
Program Service Revenue	e	All II	•							
_		All other program service revenue		67952.						
$\overline{}$		Total. Add lines 2a-2f		07952.						
	3	Investment income (including dividends, into		37574.	37574.					
		other similar amounts)		3/3/4.	3/3/4•					
	4	Income from investment of tax-exempt bond	· ·							
	5	Royalties								
	_	(i) Real	(ii) Personal							
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)								
		Net rental income or (loss)								
	7 a	Gross amount from sales of (i) Securities								
		assets other than inventory 1130945	•							
	b	Less: cost or other basis	2021							
		and sales expenses 1113020	. 2831.							
		Gain or (loss) 17925		15004	15004					
		Net gain or (loss)	<u></u>	15094.	15094.					
ue	8 a	Gross income from fundraising events (not including \$ 121352. of								
Other Reven		contributions reported on line 1c). See								
<u>بر</u> ا		Part IV, line 18	a 0.							
å	b	Less: direct expenses	ь 12753.							
0		Net income or (loss) from fundraising events		-12753.			-12753.			
		Gross income from gaming activities. See								
		Part IV, line 19	а							
	b		b							
		Net income or (loss) from gaming activities								
		Gross sales of inventory, less returns								
		and allowances	а							
	b	Less: cost of goods sold								
		Net income or (loss) from sales of inventory								
		Miscellaneous Revenue	Business Code							
İ	11 a	CAPITAL GAIN DISTRIBUT		53.	53.					
	b	LESS INVESTMENT FEES	900099	-20780.	-20780.					
	c									
		All other revenue								
		Total. Add lines 11a-11d		-20727.						
	12	Total revenue. See instructions		3043605.	99893.	0.	-12753.			

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 93028. 7539. 67599. 168166. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 696419. 628063. 44548. 23808. 7 Other salaries and wages Pension plan accruals and contributions (include 12550 10467 756 1327. section 401(k) and 403(b) employer contributions) 63690. 8854. 5882. 48954. Other employee benefits 9 9841. 74061. 56365. 7855. Payroll taxes 10 Fees for services (non-employees): 11 a Management ..... Legal 12848. 8679. 21527. Accounting Lobbying 90000. 90000. Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 10157. 11189. 23056. 1710. column (A) amount, list line 11g expenses on Sch O.) 34213. 35059. 846. Advertising and promotion 12 23074. 15133. 4848. 3093. Office expenses 13 25863. 3227. 22053. 583. 14 Information technology 15 Royalties 1276. 74984. 54342. 19366. 16 Occupancy 18060. 13590. 4265. 205. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 7139. 23979. 16600. 240. Conferences, conventions, and meetings 19 75449. 75449. 20 Payments to affiliates 21 21286. 2742. 29333. 5305. Depreciation, depletion, and amortization ..... 22 19146. 11137. 1404. 6605. 23 Other expenses. Itemize expenses not covered 24 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.) 31455. 30980. 475. PURCHASED SERVICES 0. SPECIAL PROJECTS & SCHO 26392. 26392. 0. 0. OTHER EXPENSES 20160. 6256. 6122. 7782. **TELECOMMUNICATIONS** 13074. 9873. 2273. 928. 13886. 414. 12824. 648. e All other expenses 1579383 1069112. 258501. 251770. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2018)

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

Check here

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			145645.	1	467199.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net	121309.	3	666213.		
	4	Accounts receivable, net	14815.	4	7044.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
ţ		employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5453.	9	9847.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2073758.			
	b	Less: accumulated depreciation		190327.	1127797.	10c	1883431.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		1428860.	13	1263428.	
	14	Intangible assets		14	5892.		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	2843879.	16	4303054.		
	17	Accounts payable and accrued expenses	103638.	17	74806.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and forme	r officer	s, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
⊐	23	Secured mortgages and notes payable to unrela			925000.	23	916585.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1028638.	26	991391.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here X and			
S		complete lines 27 through 29, and lines 33 ar					
Š	27	Unrestricted net assets			1675853.	27	2388423.
Fund Balances	28	Temporarily restricted net assets	121574.	28	904546.		
Þ	29	Permanently restricted net assets		<u></u>	17814.	29	18694.
Ξ		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🔲			
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			1815241.	33	3311663.
	34	Total liabilities and net assets/fund balances			2843879.	34	4303054.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		436				
2	Total expenses (must equal Part IX, column (A), line 25)	2		793 642				
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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		322	00.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	33	116	63.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization YOUTHZONE, INC. 84-0712993 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

# 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.)

Sec	ction A. Public Support		·	•					
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Gifts, grants, contributions, and	(-,/	(-7	(-, : : -	(-,	(-/	(-7 :		
-	membership fees received. (Do not								
	include any "unusual grants.")	1057886.	1301170.	1117142.	1189520.	2908392.	7574110.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	60636.	60636.	61860.	62372.	48073.	293577.		
4	Total. Add lines 1 through 3	1118522.	1361806.	1179002.	1251892.	2956465.	7867687.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						127387.		
	Public support. Subtract line 5 from line 4.						7740300.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	1118522.	1361806.	1179002.	1251892.	2956465.	7867687.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	12777.	-6281.	50997.	58960.	66972.	183425.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	16941.	428.	-197090.	-395.	-2831.	-182947.		
11	<b>Total support.</b> Add lines 7 through 10						7868165.		
12	Gross receipts from related activities,					12	442927.		
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
<u> </u>	organization, check this box and stop						<b>&gt;</b>		
	ction C. Computation of Publ						00 27		
14	Public support percentage for 2018 (I					14	98.37 %		
15	Public support percentage from 2017					15	98.03 %		
16a	33 1/3% support test - 2018. If the c	•		•		•			
_	<b>stop here.</b> The organization qualifies								
b	33 1/3% support test - 2017. If the c	•		•		•			
	and <b>stop here.</b> The organization quali								
17a	10% -facts-and-circumstances test	J					,		
	and if the organization meets the "fac								
_	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances test	-							
	more, and if the organization meets the						<b>.</b> —		
	organization meets the "facts-and-circ								
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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### 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	low, picase con	ipiete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and				, ,		,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose  3 Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		+				
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				1		
<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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					1	
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 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						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the	he organization	's first, second, thi	rd. fourth, or fifth t	ax vear as a sect	ion 501(c)(3) organiz	zation.
	· ·	•		•		
Section C. Computation of Public						,
15 Public support percentage for 2018 (lir	ne 8, column (f),	divided by line 13,	column (f))		15	9,
<b>16</b> Public support percentage from 2017 s					16	9
Section D. Computation of Inves						
17 Investment income percentage for 201	8 (line 10c, colu	ımn (f), divided by	ine 13, column (f))		17	9
18 Investment income percentage from 20					18	Ç
19a 33 1/3% support tests - 2018. If the o						
more than 33 1/3%, check this box and						▶ □
b 33 1/3% support tests - 2017. If the o						 and
line 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation. If the organization						

T ...

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	NO
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4.		
	4b		
	4c		
	5a		
	5b 5c		
	50		
	6		
	7		
	8		
	9a		
	01		
	9b		
	9с		
	10a		
_	10b	00-E7	2010

Da	et W. Co			igo <b>o</b>
Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	¹t V  Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must com-	nplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

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Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions	<u> </u>	Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	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

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

OMB No. 1545-0047

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

YOUTHZONE, INC. 84-0712993 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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).

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

Name of organization

Employer identification number

YOUTHZONE, INC.

84-0712993

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I 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	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUTHZONE, INC.

84-0712993

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

	ZONE, INC.			84-0712993	
Part III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ry For organizations		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift		nsferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held	
_	Transferee's name, address, a	(e) Transfer of gift		nsferor to transferee	
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held	
_	Transferee's name, address, a	Relationship of tran	nsferor to transferee		
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held	
	(e) Transfer of gift  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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YOUTHZONE

**Employer identification number** 84-0712993

Pai	t I Organizations Maintaining Donor Advise	ad Funds or Other Similar Fund	e or Accounts Complete if the
Fai			s of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
		` '	(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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	· — · · · · ·	torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	inca conscivation contribution in the form	Held at the End of the Tax Year
_			
а Ь	Total number of conservation easements		
b		w in all all in (a)	
С.	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	,1
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		a. ga.ii, provido
•	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
a h	Assets included in Form 990, Part X		
	7.000to illoidddd ii i dilli 990, i ait 7		▼ Ψ

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

Schedule D (Form 990) 2018

Pai	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures,	or Othe	er Simi	lar Asse	<b>ts</b> (conti	nued)	
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):										
а	Public exhibition d Loan or exchange programs										
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	the organizati	on's exe	mpt purp	ose in Pai	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical trea	asures, or oth	er simila	r assets	_	_	_	_
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang	-	te if the	organizatio	on answered	"Yes" on	Form 99	00, Part IV,	line 9, o	r	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia		-						_		_
	on Form 990, Part X?							L	<b>∐</b> Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing 1	table:							
									Amoun	ıt	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		1		<del></del>
	Did the organization include an amount on Fo							L	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	T V Endowment Funds. Complete if			_							la a a la
_	<u></u>	(a) Current year	(b) P	rior year	(c) Two yea	rs dack	(d) Three	years back	(e) Fou	r years	раск
	Beginning of year balance										
	Contributions		-4								
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance		(I) 4		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
2	Provide the estimated percentage of the curr	ent year end balanc		g, column (	a)) neid as:						
_	Board designated or quasi-endowment	0/	_%								
b	Permanent endowment	%									
С	The present area on lines On Oh, and On oher	%									
20	The percentages on lines 2a, 2b, and 2c should be there and surport funds not in the percent	•	tion the	at ara bald a	and administr	rad far t	ha araan	ization			
Sa	Are there endowment funds not in the posses	ssion of the organiza	ation the	at are rielu a	and administe	erea ior i	ne organ	ization		Vac	No
	by: (i) unrelated organizations								3a(i)	Yes	No
											_
h	(ii) related organizations										
4	Describe in Part XIII the intended uses of the								35		<u> </u>
	t VI Land, Buildings, and Equipm		WITICITE	iurius.							
	Complete if the organization answered		Part I\	/ line 11a 9	See Form 990	) Part X	line 10				
	Description of property	(a) Cost or of			t or other		ccumulat	ted	(d) Boo	k valu	<u> </u>
	2000 Ipage of property	basis (investm		` '	(other)		preciatio		(4, 500	valu	-
1a	Land	<u> </u>			35000.				1	350	00.
	Buildings				370844.		1607	60.		100	
	Leasehold improvements								<u> </u>		0.
	Equipment				67914.		295	67.		383	
	Other				•						0.
	. Add lines 1a through 1e. (Column (d) must ed		X. colur	nn (B) line '	10c.)				18	834	31.
. J.a	i. Add iii loo Ta tii loagii To. (Oolaiiii (a) Mast ot	1	., colui	(2), 1110							

Schedule D (Form 990) 2018

Schedule	D (Form 990) 2018 YOUTHZONE,	INC.		84-0712993 Page 3
Part V	II Investments - Other Securities.			<u>y</u>
	Complete if the organization answered "Yes	on Form 990, Part IV,	, line 11b. See Form 990, Part X, line 12.	
(a) Desc	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1) Finan	ncial derivatives			
	ely-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	I. (b) must equal Form 990, Part X, col. (B) line 12.)			
	III Investments - Program Related.			
	Complete if the organization answered "Yes	" on Form 990 Part IV	line 11c See Form 990 Part Y line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-vear market value
(1) M	MONEY MARKET INVESTMENT	5046		•
	J.S. GOVT OBLIGATIONS	18566		
	HIGH-GRADE CORPORATE	10300	Joseph Lind of Third Hinds	<u> </u>
<del></del>	BONDS	13114	4. END-OF-YEAR MARK	ET VALUE
	MUTUAL FUNDS/CORPORATE	1311	14. LIND OF TERM HARRIE	HI VALOL
	STOCKS	86883	31. END-OF-YEAR MARK	ET VALUE
	BENEFICIAL INTEREST HELD	00000	DIA DI TEME MARKE	HI VALOL
	BY FDTNS	2732	22. END-OF-YEAR MARK	ET VALUE
(9)		2,51	DIA OF THE IMAGE	<u> </u>
	I. (b) must equal Form 990, Part X, col. (B) line 13.)	126342	28.	
Part IX		12001		
1 4.11	Complete if the organization answered "Yes	" on Form 990 Part IV	line 11d See Form 990 Part X line 15	
-	<del>-</del>	) Description	, mio 11d. 000 1 01111 000, 1 d. 1214, mio 10.	(b) Book value
(1)				, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	olumn (b) must equal Form 990, Part X, col. (B) lii	ne 15 )		<b>•</b>
Part X				
	Complete if the organization answered "Yes	" on Form 990, Part IV.	line 11e or 11f. See Form 990. Part X. lin	e 25.
1.	(a) Description of liability	, ,	(b) Book value	
	ederal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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

Schedule D (Form 990) 2018

(8)

Schedule D (Form 990) 2018

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization

YOUTHZONE, INC.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

required to complete this part.

Employer identification number 84-0712993 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

<ul> <li>a A Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, I</li> <li>b If "Yes," list the 10 highest paid ind</li> </ul>	or oral agreement with any individual Part VII) or entity in connection with p	tion of fundra I (inclue profess	gover aising ding o ional f	events fficers, directors, true fundraising services?	X Yes	
compensated at least \$5,000 by th						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have co or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
WINGS CONSULTING LLC - PO BOX	CAPITAL CAMPAIGN	Yes	No			
334, CARBONDALE, CO 81623	FUNDRAISING		Х	1753977.	90000.	1663977.
		7				
Total			_	1753977.	90000.	1663977.
List all states in which the organizati or licensing.	ion is registered or licensed to solicit		outions			l

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

Schedule G (Form 990 or 990-EZ) 2018

Г	art	of fundraising <b>Events.</b> Complete if the of fundraising event contributions and grant gran	-		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1 YOUTHZONE ASCENT	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	001. ( <b>0</b> ))
Revenue	1	Gross receipts	121352.			121352.
	2	Less: Contributions	121352.			121352.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes	3000.			3000.
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ex	7	Food and beverages				
	8	Entertainment				2552
	9	Other direct expenses				9753.
	10	Direct expense summary. Add lines 4 throug			_	12753.
D		Net income summary. Subtract line 10 from		- 000 Post IV list 10		-12753.
P	art I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		<b>&gt;</b>	
a	l Is t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a 'No," explain:	activities in each of these			Yes No
	_					
		ere any of the organization's gaming licenses r 'Yes," explain:			year?	Yes No
8320	82 1	0-03-18			Schedule G (Fo	orm 990 or 990-EZ) 2018

13491104 765183 4595

30 2018.04030 YOUTHZONE, INC.

4595\_\_\_1

Schedule G (Form 990 or 990-EZ) 2018 YOUTHZONE, INC.	84-0	712993	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity fo	rmed		
to administer charitable gaming?		└── Yes	└── No
13 Indicate the percentage of gaming activity conducted in:		1 1	
a The organization's facility		13a	<u>%</u>
<b>b</b> An outside facility		13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books ar	ıd records:		
Name ▶			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and t	he amount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
on roof, onto hame and address of the third party.			
Name ▶			
Address			
16 Gaming manager information:			
Carning manager information.			
Name ▶			
Gaming manager compensation ▶ \$			
daming manager compensation • • • • • • • • • • • • • • • • • • •			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations o		•	
organization's own exempt activities during the tax year > \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v): and Pa	rt III. lines 9	9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(1),	,	, 00, .00,
,,,,			
832083 10-03-18 Sc	hedule G (Form	990 or 990	)-EZ) 2018

Schedule G (Form 990 or 990-EZ) YOUTHZONE, INC.	84-0712993 <sub>Pa</sub>	age <b>4</b>
Schedule G (Form 990 or 990-EZ) YOUTHZONE, INC.  Part IV   Supplemental Information (continued)		
	_	

Schedule G (Form 990 or 990-EZ)

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

YOUTHZONE	, INC.						84-0712993
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organi	izations and Domesti	c Governments. C	complete if the org	anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addit	ional space is need	ded.			
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organization</li> </ul>		4 1 1 1					<b>&gt;</b>

Schedule I (Form 990) (2018) YOUTHZONE, INC. 84 – 0712993 Page 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 Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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
			X		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE BOARD OF DIRECTORS INITIATES A	NY GRANT	S OR ASSIS	TANCE TO I	NDIVIDUALS OR	
OTHER ORGANIZATIONS, DOCUMENTATION	OF WHIC	H IS MAINT	AINED IN T	HE	
ORGANIZATION'S RECORDS AND BOARD M	INUTES.				

34

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

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 for instructions and the latest information.

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

rai	it i Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	d on		<b>(d)</b> ethod of de ish contribu			s
1	Art - Works of art									
2	Art - Historical treasures									
	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)	Х	1	42	065.F	'AIR I	MARKET	VA	LUE	OF
26	Other (IN-KIND SERVI)	Х	0	6	008.F	'AIR I	MARKET	VA	LUE	OF
27	Other (									
28	Other (									
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions						
	for which the organization completed Form 82				29					
	3	, ,	`	,					Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rer	orted in Part I. lines	1 through	h 28. that	it		- 20	
	must hold for at least three years from the dat									
	exempt purposes for the entire holding period							30a		Х
h	If "Yes," describe the arrangement in Part II.	·						OGG		
31	,	nolicy that re	equires the review	of any nonstandard	contribut	ions?		31	х	
						31				
ozd	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						200		х	
L	contributions?							32a		25
	If "Yes," describe in Part II.			. Kanadalah da K	-> ! !	l l				
33	If the organization didn't report an amount in o	column (c) to	r a type of propert	y for which column (a	a) is chec	кеа,				
114	describe in Part II.	Ale a le 1	Manager F 20	•			N-1		000	0010
_HA	For Paperwork Reduction Act Notice, see	tne instruc	tions for Form 99	U.		,	Schedule N	ı (Forr	n 990)	2018

Schedule M (Form 990) 2018

<b>Supplemental Information.</b> 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 M (Form 990) 2018

832142 10-18-18

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

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)

4595\_\_\_1

832211 10-10-18

Name of the organization YOUTHZONE, INC.	Employer identification number 84-0712993
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANC	IAL STATEMENTS ARE
MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANC	IAL 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.
PART XI, LINE 2C	
THERE HAVE BEEN NO CHANGES TO THE AUDIT SUPERVISION, REVI	EW AND
APPROVAL PROCESS.	
	_

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ne Unadj o. Cost O	justed Ir 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	1	5 28	6847.				286847.	139837.		7171.	147008.
62	RIFLE - LHI/PAINTING	06/30/12	SL	10.00	1	5 :	3900.				3900.	2730.		390.	3120.
112	RIFLE BUILDING - WINDOWS	06/15/18	SL	40.00	1	5 1	7280.				17280.	432.		432.	864.
	* 990 PAGE 10 TOTAL - DISPOSITIONS					30	8027.				308027.	142999.		7993.	150992.
97	50" LED SMART TV (RIFLE)	06/15/15	SL	5.00	1	5	982.				982.	785.		196.	982.
98	50" LED SMART TV (GWS)	06/15/15	SL	5.00	1	5	986.				986.	787.		197.	986.
99	HP LAPTOP (GC)	08/15/15	SL	5.00	1	5	693.				693.	417.		139.	556.
100	TV/DVD PLAYER	09/15/15	SL	5.00	1	5	698.				698.	419.		140.	559.
101	CHROME BOOK (CMP)	06/15/18	SL	5.00	1	5	219.				219.	44.		44.	88.
102	CHROME BOOK (NICK)	10/15/17	SL	5.00	1	5	269.				269.	54.		54.	108.
103	CHROME BOOK (SOC GRANT)	02/15/18	SL	5.00	1	5	230.				230.	46.		46.	92.
104	CHROME BOOK (SOC GRANT)	02/15/18	SL	5.00	1	5	230.				230.	46.		46.	92.
105	VERSALINK COPIER & SCANNER (RIFLE)	02/15/18	SL	5.00	1	5 :	2329.				2329.	466.		466.	932.
	HP PROBOOK 450 65 LAPTOP 6	07/15/17	SL	5.00	1	5	720.				720.	144.		144.	288.
107	HP PROBOOK 450 65 LAPTOP 7	02/15/18	SL	5.00	1	5	720.				720.	144.		144.	288.
108	HP PROBOOK 450 65 LAPTOP 8	02/15/18	SL	5.00	1	5	719.				719.	144.		144.	288.
109	HP PROBOOK 450 65 LAPTOP 9	02/15/18		5.00	1		719.				719.	144.		144.	288.
	HP PROBOOK 450 65 LAPTOP 10 (RJ COORD)	06/15/18		5.00	1		720.				720.	144.		144.	288.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	₋ine 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	1	.6	720.				720.	144.		144.	288.
	* 990 PAGE 10 TOTAL - DISPOSITIONS						10954.				10954.	3928.		2192.	6123.
27	FURNITURE	03/31/94	SL	5.00	1	.6	1438.				1438.	1438.		0.	1438.
28	FURNITURE	02/28/94	SL	5.00	1	.6	2502.				2502.	2502.		0.	2502.
29	FURNITURE	03/31/94	SL	5.00	1	.6	2918.				2918.	2918.		0.	2918.
30	FURNITURE	04/30/94	SL	5.00	1	.6	2670.				2670.	2670.		0.	2670.
70	FIREPROOF FILE CABINET	01/15/12	SL	5.00	1	.6	503.				503.	503.		0.	503.
71	GWS OFFICE FURNITURE	06/15/12	SL	5.00	1	.6	5038.				5038.	5038.		0.	5038.
116	2 DESKS	04/01/19	SL	5.00	1	.6	5008.				5008.			1002.	1002.
117	FOYER/RECEPTION FURNITURE	04/01/19	SL	5.00	1	.6	1500.				1500.			300.	300.
118	EUROSTYLE WALNUT FILE CAB/ SHELVES/ DESK	04/01/19	SL	5.00	1	.6	10854.				10854.			2171.	2171.
119	MITEL3300 TELEPHONE SYS	04/01/19	SL	5.00	1	.6	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	1	.6	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	1	.6	25000.				25000.			156.	156.
120	GWS 413 9TH ST - IMPROVEMENTS	04/01/19	SL	40.00	1	.6	745908.				745908.			4662.	4662.
	* 990 PAGE 10 TOTAL - DISPOSITIONS						1697817.				1697817.	0.		9767.	9767.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	_ine 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	1	.6	239534.				239534.	239534.		0.	239534.
9	(D)AIR CONDITIONER	05/31/94	SL	5.00	1	.6	2064.				2064.	2064.		0.	2064.
21	(D)APPLE POWERBOOK	06/30/04	SL	5.00	1	.6	3252.				3252.	3252.		0.	3252.
32	(D)FAX MACHINE	04/26/06	SL	5.00	1	.6	858.				858.	858.		0.	858.
41	(D)UPS BACKUP	04/15/09	SL	5.00	1	.6	527.				527.	527.		0.	527.
42	(D)LASER PRINTER	04/15/09	SL	5.00	1	.6	652.				652.	652.		0.	652.
45	(D)(4) FLATSCREEN MONITORS/HD	05/15/09	SL	5.00	1	.6	1727.				1727.	1727.		0.	1727.
48	(D)DELL VOSTRO 3500 LAPTOP (SB94)	06/15/10	SL	5.00	1	.6	799.				799.	799.		0.	799.
49	(D)LEXMARK PRINTER (RIFLE)	05/15/10	SL	5.00	1	.6	651.				651.	651.		0.	651.
50	(D)LCD PROJECTOR	06/15/10	SL	5.00	1	.6	819.				819.	819.		0.	819.
51	(D)QUARKEXPRESS 8 MAC	06/15/10	SL	5.00	1	.6	716.				716.	716.		0.	716.
52	(D)HP LASERJET (CARBONDALE)	09/15/10	SL	5.00	1	.6	413.				413.	413.		0.	413.
53	(D)LASER PRINTER (FACET)	11/15/10	SL	5.00	1	.6	240.				240.	240.		0.	240.
55	(D)SANYO LCD/DVD COMBO (RIFLE)	01/15/11	SL	5.00	1	.6	398.				398.	398.		0.	398.
56	(D)BROTHER LASER FAX (RIFLE)	05/15/11	SL	5.00	1	.6	298.				298.	298.		0.	298.
58	(D)DELL OPTIPLEX 380 (GLENWOOD)	01/15/11	SL	5.00	1	.6	716.				716.	716.		0.	716.
59	(D)DELL OPTIPLEX 380 (ASPEN)	01/15/11	SL	5.00	1	.6	716.				716.	716.		0.	716.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	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.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	_ine 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	1	.6	687.				687.	687.		0.	687.
89	(D)LENOVO T540P (LM)	06/15/14	SL	5.00	1	.6	1023.				1023.	1023.		0.	1023.
90	(D)LENOVO T540P (KC)	06/15/14	SL	5.00	1	.6	1023.				1023.	1023.		0.	1023.
91	(D)ENTRY SIGN (GWS)	03/15/14	SL	10.00	1	.6	1425.				1425.	714.		71.	785.
92	(D)WATER HEATER (GWS)	06/15/15	SL	10.00	1	.6	1445.				1445.	579.		72.	651.
93	(D)SHARP COPIER (GWS)	07/15/14	SL	5.00	1	.6	1250.				1250.	1000.		250.	1250.
94	(D)THINKPAD LAPTOP (RIFLE SB94)	07/15/14	SL	5.00	1	.6	1023.				1023.	820.		203.	1023.
95	(D)DELL OPTIPLEX 3020 (RIFLE PALS)	06/15/15	SL	5.00	1	.6	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.			

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 84-0712993 YOUTHZONE, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 803 SCHOOL STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions GLENWOOD SPRINGS, CO 81601 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 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 」. 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. MAY 15, 2020 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2018 , and ending JUN 30, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За

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.

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

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

**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.

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

Form **8868** (Rev. 1-2019)

3b

#### YOUTHZONE, INC. - CURRENT YEAR FEDERAL -

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
		063098	SL	40.00	16	286847.			286847.	139837.		7171.
62		063012	SL	10.00	16	3900.			3900.	2730.		390.
	RIFLE BUILDING - WINDOWS	061518	SL	40.00	16	17280.			17280.	432.		432.
	* 990 PAGE 10 TOTAL - DISPOSITIONS					308027.		0.	308027.	142999.		7993.
	50" LED SMART TV (RIFLE)	061515	SL	5.00	16	982.			982.	785.		196.
	50" LED SMART TV (GWS)	061515	SL	5.00	16	986.			986.	787.		197.
		081515	SL	5.00	16	693.			693.	417.		139.
		091515			16	698.			698.	419.		140.
	·	061518			16	219.			219.	44.		44.
		101517			16	269.			269.	54.		54.
	CHROME BOOK (SOC	021518			16	230.			230.	46.		46.
	CHROME BOOK (SOC	021518			16	230.			230.	46.		46.
	VERSALINK COPIER &											
	HP PROBOOK 450 65	021518			16	2329.			2329.	466.		466.
	HP PROBOOK 450 65	071517			16	720.			720.	144.		144.
	HP PROBOOK 450 65	021518			16	720.			720.	144.		144.
	LAPTOP 8 HP PROBOOK 450 65	021518	SL	5.00	16	719.			719.	144.		144.
	LAPTOP 9 HP PROBOOK 450 65	021518	SL	5.00	16	719.			719.	144.		144.
	LAPTOP 10 (RJ COORD	061518	SL	5.00	16	720.			720.	144.		144.

## - 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
	HP PROBOOK 450 G5 LAPTOP 11 (RJ ASST)		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.
		043094	SL	5.00	16	2670.			2670.	2670.		0.
70		011512	SL	5.00	16	503.			503.	503.		0.
	GWS OFFICE FURNITURE	061512	SL	5.00	16	5038.			5038.	5038.		0.
		040119	SL	5.00	16	5008.			5008.			1002.
117		040119	SL	5.00	16	1500.			1500.			300.
118		040119	SL	5.00	16	10854.			10854.			2171.
119		040119	SL	5.00	16	24528.			24528.			4906.
	* 990 PAGE 10 TOTAL - DISPOSITIONS					56959.		0.	56959.	15069.		8379.
113		040119	SL	40.00	16	791909.			791909.			4949.
114		030418	L L			135000.			135000.			0.
115		040119	SL	40.00	16	25000.			25000.			156.
	GWS 413 9TH ST - IMPROVEMENTS	040119	SL	40.00	16	745908.			745908.			4662.
	* 990 PAGE 10 TOTAL - DISPOSITIONS					1697817.		0.	1697817.	0.		9767.

## - CURRENT YEAR FEDERAL - YOUTHZONE, INC.

Asset No.	Description	Dat Acqui		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												
	(D)GLENWOOD -												
1	LEASEHOLD IMPROVEME	0630	94	SL	20.00	16	239534.			239534.	239534.		0.
9	(D)AIR CONDITIONER	0531	94	SL	5.00	16	2064.			2064.	2064.		0.
21	(D)APPLE POWERBOOK	0630	04	SL	5.00	16	3252.			3252.	3252.		0.
32	(D)FAX MACHINE	0426	06	SL	5.00	16	858.			858.	858.		0.
41	(D)UPS BACKUP	0415	0 9	SL	5.00	16	527.			527.	527.		0.
42		0415	0 9	SL	5.00	16	652.			652.	652.		0.
45		0515	0 9	SL	5.00	16	1727.			1727.	1727.		0.
		0615	10	SL	5.00	16	799.			799.	799.		0.
	(D)LEXMARK PRINTER (RIFLE)	0515	10	SL	5.00	16	651.			651.	651.		0.
50		0615	10	SL	5.00	16	819.			819.	819.		0.
51		0615	10	SL	5.00	16	716.			716.	716.		0.
52	l ·	0915	10	SL	5.00	16	413.			413.	413.		0.
53		1115	10	SL	5.00	16	240.			240.	240.		0.
55		0115	11	SL	5.00	16	398.			398.	398.		0.
56		0515	511	SL	5.00	16	298.			298.	298.		0.
58		0115	11	SL	5.00	16	716.			716.	716.		0.
59	(D)DELL OPTIPLEX 380 (ASPEN)	0115	511	SL	5.00	16	716.			716.	716.		0.

#### YOUTHZONE, INC. - CURRENT YEAR FEDERAL -

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
	(D)GWS - CARPETING	063012	SL	10.00	16	5581.			5581.	3906.		279.
	(D)BATTERY BACKUP UNIT (RIFLE)	101511	SL	5.00	16	460.			460.	460.		0.
	(D)BATTERY BACKUP UNIT (GWS)	101511	SL	5.00	16	388.			388.	388.		0.
	(D)ADOBE CREATIVE SUITE 5 MASTER COLL	121511	SL	5.00	16	599.			599.	599.		0.
		121511			16	294.			294.	294.		0.
	(D)SB94 APPLE CELL	031512		5.00		383.			383.	383.		0.
	(D)COMPUTER - RIFLE			5.00		591.			591.	591.		0.
		071513			16	760.			760.	760.		0.
	(D)CONFERENCE	071513			16	404.			404.	404.		0.
	(D)DELL OPTIPLEX											
	(D)DELL OPTIPLEX	061514			16	687.			687.	686.		1.
	(D)DELL OPTIPLEX	061514		5.00		688.			688.	687.		1.
	3020 (RIFLE 5) (D)DELL OPTIPLEX	061514	SL	5.00	16	613.			613.	613.		0.
	7010 (GWS1) (D)DELL OPTIPLEX	061514	SL	5.00	16	687.			687.	686.		1.
82		061514	SL	5.00	16	687.			687.	686.		1.
83		061514	SL	5.00	16	687.			687.	686.		1.
	7010 (GWS4)	061514	SL	5.00	16	687.			687.	686.		1.
		061514	SL	5.00	16	688.			688.	688.		0.
	(D)DELL OPTIPLEX 3020 (GWS8)	061514	SL	5.00	16	613.			613.	613.		0.

## - CURRENT YEAR FEDERAL - YOUTHZONE, INC.

Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		061	514	SL	5.00	16	687.			687.	687.		0.
	(D)LENOVO T540P (LM) (D)LENOVO T540P	061	514	SL	5.00	16	1023.			1023.	1023.		0.
90		061	5 1 4	SL	5.00	16	1023.			1023.	1023.		0.
91	(D)ENTRY SIGN (GWS)	0315	5 14	SL	10.00	16	1425.			1425.	714.		71.
		061	5 15	SL	10.00	16	1445.			1445.	579.		72.
		0715	5 14	SL	5.00	16	1250.			1250.	1000.		250.
		071	5 14	SL	5.00	16	1023.		•	1023.	820.		203.
95		061	 5 15	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.		