# Form **990**

(Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Department of the Treasury

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

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. , 20 For the 2019 calendar year, or tax year beginning , 2019, and ending C Name of organization The American Youth Foundation Check if applicable: D Employer identification number Doing business as 43-0652614 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 147 Canaan Rd (603)539-6607 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$7,336,543. Center Tuftonboro, NH 03816 Amended return H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer: Anna Kay Vorsteg, 147 Canaan Rd, Center Tuftonboro, NH 03816 H(b) Are all subordinates included? 🗌 Yes 🗌 No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 If "No," attach a list. (see instructions) 501(c) ( ) ◀ (insert no.) Website: ► www.ayf.com **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association 1925 M State of legal domicile: NH L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: To inspire people to discover and develop 1 their personal best, to seek balance in mental, physical, social and spiritual Activities & Governance living and to make a positive difference in their communities and in the wider world. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 352 6 Total number of volunteers (estimate if necessary) . . . . . . . . . . . . 6 318 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . . . . . . 782,618. 8 1,033,500 Revenue 9 Program service revenue (Part VIII, line 2g) 4,331,163. 4,225,751. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 2,603,118. 1,796,676. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 2,681 12,130. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,970,462. 6,817,175. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,418,475 3,461,153. Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 383,527. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 3,309,195. 3,368,852. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 6,727,670. 6,830,005. 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 1,242,792. -12,830. Assets or a Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 40,867,621. 44,986,871. 21 Total liabilities (Part X, line 26) . 683,490. 870,799. 22 Net assets or fund balances. Subtract line 21 from line 20 40,184,131. 44,116,072. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05/28/2020 Sign Signature of officer Date Here Anna Kay Vorsteg, President Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if **Paid** self-employed P01420387 Peter Haefner CPA Peter Haefner CPA **Preparer** Firm's EIN  $\triangleright$  41-2208930 Firm's name ► VREDEVELD HAEFNER, LLC **Use Only** Phone no. (616)460-9388Firm's address ▶ 4001 GRANADA CT NW, GRAND RAPIDS, MI 49534 May the IRS discuss this return with the preparer shown above? (see instructions)

Page **2** 

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  To inspire people to discover and develop
	their personal best, to seek balance in mental, physical, social and spiritual living and to make a positive difference in their communities and in the wider world.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code: )(Expenses \$ 1,101,765.including grants of \$ 0.)(Revenue \$ 746,071.)  Community and School Programs: (4,136 participants)  AYF core curriculum focuses on Community Building, Life Skills,  Leadership, Healthy Choices, and Environmental Education to support the needs of schools, youth groups, and youth organizations. Program levels are appropriate for 5th grade through adult groups.
4b	(Code: ) (Expenses \$ 2,833,931. including grants of \$ 0.) (Revenue \$ 3,273,518.)
	Camps: (1,277 participants)  AYF Camps are designed to help campers develop their personal best and discover more about what they are capable of achieving. Campers and staff work together to create communities where respect, responsibility, kindness and play are central.
4c	(Code: )(Expenses \$ 144,754.including grants of \$ 0.)(Revenue \$ 108,015.)  Conferences: (269 participants)  AYF conferences provide participants an opportunity to discover their personal best and develop their leadership skills needed to make a difference in their homes, schools, communities and in the wider world.  These programs are geared to assist high school and college aged students as they progress toward adulthood.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,933,952. including grants of \$ 0.) (Revenue \$ 116,892.)
4e	Total program service expenses ► 6,014,402.

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

Part	Checklist of Required Schedules (continued)			
rare	Chooking of Hodginga Constants (Somanasa)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes." complete Schedule L. Part IV	28c		×
29	"Yes," complete Schedule L, Part IV	29	×	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	and the second of the second o		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 35	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
h	and services provided to the payor?	7a 7b	×	
			×	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
۵	required to file Form 8282?	7c		×
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>├</b> ^
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_		
13	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.	.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.	. •		

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a × **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 × 14 × 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . 15a × 15b × If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NH 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Nancy Wittkamp, 8845 W Garfield Rd, Shelby, MI 49455 (231)861-2262

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2019)

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

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

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

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

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

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

Officer this box in fletther the organization					C)				, , , , , , , , ,	
(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	eck s pe	rson	e than or trust employee end or trust employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) David G. Danforth	0.00					<del>                                     </del>				
Chairman		×		×				0.	0.	0.
(2) A. Neil Sweeny Treasurer	0.00	×		×				0.	0.	0.
(3) Christopher Danforth Vice Chair	0.00	×		×				0.	0.	0.
(4) Jeff McDonnell Director	0.00	×						0.	0.	0.
(5) DD Danforth Burlin Director	0.00	×						0.	0.	0.
(6) Jason Purnell Director	0.00	×						0.	0.	0.
(7) Donald Danforth III Director	0.00	×						0.	0.	0.
(8) Glenn E. Davis Director	0.00	×						0.	0.	0.
(9) Daniel Miller Director	0.00	×						0.	0.	0.
(10) Deborah Seidel Director	0.00	×						0.	0.	0.
(11) Andrea VanCleve Secretary	0.00	×		×				0.	0.	0.
(12) Patrick West Director	0.00	×						0.	0.	0.
(13) Pat Jones Director	0.00	×						0.	0.	0.
(14) Katie Lemaire Director	0.00	×						0.	0.	0.

Par	Section A. Officers, Directors, 7	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (continued)
					•	C)						
	(A)	(B)	(do n	ot cl		ition mor	e than d	one	(D)	(E)		(F)
	Name and title	Average	box,	unle	ss pe	erson	is both	n an	Reportable	Report		Estimated amount of other
		hours per week	-	_		_	tor/trust	<del>-</del>	compensation from the	compens from rel		compensation
		(list any hours for	Individual trustee or director	nstit	Officer	Key employee	High	Former	organization (W-2/1099-MISC)	organiza		from the
		related	rect	utio	<u>e</u>	emp	est c	let.	(VV-2/1099-WII3C)	(W-2/1099	-101130)	organization and related organizations
		organizations below	or tru	nal t		loye	) Simple					
		dotted line)	stee	institutional trustee		Φ	Highest compensated employee					
				9			ated					
(15) A	nna Kay Vorsteg	40.00										
	resident				×				140,330.		0.	23,271.
(16) N	ancy Wittkamp	40.00										
	inance Director				×				79,069.		0.	19,101.
(17)			_									
(4.0)												
(18)			1									
(19)												
(19)												
(20)												
3		<del></del>										
(21)												
(22)												
(23)												
(0.4)												
(24)			-									
(25)												
(20)												
1b	Subtotal		٠	٠.	٠.			<b></b>	219,399.		0.	42,372.
С	Total from continuation sheets to Part	VII, Sectio	n A					<b></b>				
d	Total (add lines 1b and 1c)							<b>&gt;</b>	219,399.		0.	42,372.
2	Total number of individuals (including but		d to th	ose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of
	reportable compensation from the organi	ization >					1					
_												Yes No
3	Did the organization list any former of											
4	employee on line 1a? If "Yes," complete											
4	For any individual listed on line 1a, is the organization and related organizations											
	individual											4 ×
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	un un	related organizat	tion or inc	lividual	
	for services rendered to the organization	? If "Yes," c	compl	lete	Sch	hedi	ule J t	or s	such person .			5 ×
Sect	ion B. Independent Contractors											
1	Complete this table for your five high											
	compensation from the organization. Rep	ort compen	satio	n to	r the	e ca	llenda	r ye	ear ending with or	within the	e organ	
	<b>(A)</b> Name and business add	Iress							(B) Description of serv	vices		<b>(C)</b> Compensation
	2 2.2511000 4400	- = =										
2	Total number of independent contractor	•	_					th	nose listed abov	e) who		
	received more than \$100,000 of compens	ation from	the or	gar	nizat	ion	<b></b>					

# Part VIII Statement of Revenue

		Check if Schedule	Осо	intains a re	spon	ise or note to ai	າy line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaign	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b		-			
اع ق	С	Fundraising events			1c	86,202.	1			
fts,	d	Related organization			1d	,	1			
<u>a</u> g	е	Government grants			1e		-			
ns,	f	All other contribution		-			-			
er S	-	and similar amounts no			1f	696,416.				
혈취	а	Noncash contribution	ons in	ncluded in		,	1			
d C	3	lines 1a-1f			1g	\$ 65,320.				
a S	h	Total. Add lines 1a-					782,618.			
						Business Code				
Ce	2a	Camp programs				721210	3,273,518.	3,273,518.	0.	0.
e Z	b	Conferences				611710	108,015.	108,015.	0.	0.
gram Ser Revenue	С	Community & so	choo	l progr	ams	611710	746,071.	746,071.	0.	0.
am eve	d	Other program	sei	rvices		721210	98,147.	98,147.	0.	0.
Program Service Revenue	е									
Pro	f	All other program se	ervice	revenue						
_	g	Total. Add lines 2a-	-2f .			•	4,225,751.			
	3	Investment income								
		other similar amoun	its) .			🕨	824,482.	824,482.	0.	0.
	4	Income from investr	nent (	of tax-exem	npt bo	ond proceeds ►				
	5	Royalties				<u>, , , , , , , , , , , , , , , , , , , </u>				
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income o	r (los	s)		<u> </u>				
	7a	Gross amount from		(i) Securit	ies	(ii) Other	_			
		sales of assets								
		other than inventory	7a	1,415,7	762.		_			
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b	443,5			-			
je	С	Gain or (loss)	7c	972,1	L94.					
	d	rtot gam or (1000)				<u> ▶</u>	972,194.	0.	0.	972,194.
Other	8a	Gross income from								
١		events (not including								
		of contributions rep 1c). See Part IV, line								
		•			8a	68,685.	-			
		Less: direct expens			8b	68,685.	0		2	2
	С	Net income or (loss)			g eve	ents ▶	0.		0.	0.
	9a	Gross income f			00					
	<b>L</b>	activities. See Part I			9a 9b		-			
		Less: direct expension Net income or (loss)				es <b>&gt;</b>				
					LIVILIE	₹S <b>/</b>				
	iua	Gross sales of ir returns and allowan		ory, less	10a	18,745.				
	b	Less: cost of goods			10a		-			
	C	Net income or (loss)					11,630.	11,630.	0.	0.
		TACE INCOME OF (1055)	, 11011	i Juica UI II	i v Gi ILC	Business Code	11,030.	11,030.	0.	0.
Miscellaneous Revenue	11a	Other				721210	500.	500.	0.	^
scellaneo Revenue	i ia b					,21210	500.	500.	υ.	0.
yer	C									
Re	d	All other revenue								
Ξ		Total. Add lines 11a	 a_11c	1.		•	500.			
	12	Total revenue. See						5,062,363.	0.	972,194.
		000			-		, . , . <del> ,</del>	, , ,	~ •	· · - , · ·

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 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, 5 trustees, and key employees . . . . 261,771. 16,360. 229,051. 16,360. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages . . . . . . 2,557,196. 2,408,084. 23,903. 125,209. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 44,668. 33,474. 8,127. 3,067. Other employee benefits . . . . . . 397,014. 9 351,745. 14,382. 30,887. 10 Payroll taxes . . . . . . . . . . . 200,504. 171,935. 18,482. 10,087. Fees for services (nonemployees): 11 Management . . . . . . . . . Legal . . . . . . . . . . . . . . . . Accounting . . . . . . . . . . . Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 44,790. 80,640. 164,122. 38,692. 12 Advertising and promotion . . . . . . 21,498. 19,466. 2,032. 13 Office expenses . . . . . . . . Information technology . . . . . . 14 195,197. 174,279. 2,893. 18,025. 15 2,976. Occupancy . . . . . . . . . . . . 16 654,613. 642,833. 8,804. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 230,133. 184,660. 30,136. 15,337. 20 . . . . . . . . . . . . . 21 Payments to affiliates . . . . . . . 639,157. 639,157. 0. 22 Depreciation, depletion, and amortization . 0. 23 196,106. 192,525. 0. 3,581. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Food service 450,879. 0. 450,879. 0. Supplies 362,339. 361,335. 173. 831. Training/medical supplies 76,606. 43,121. 66. 33,419. Janitorial supplies 40,633. 40,390. 0. 243. e All other expenses 337,569. 239,369. 21,247. 76,953. Total functional expenses. Add lines 1 through 24e 25 6,830,005. 6,014,402. 432,076. 383,527. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) . . .

Р	art X				,
		Check if Schedule O contains a response or note to any line in this Par			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	2,248,121.	2	2,432,278.
	3	Pledges and grants receivable, net	102,061.	3	6,232.
	4	Accounts receivable, net	4,341.	4	18,710.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	38,096.	8	57,805.
Ä	9	Prepaid expenses and deferred charges	94,388.	9	57,567.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 22,240,507.			
	b	Less: accumulated depreciation 10b 12,926,708.	9,639,965.	10c	9,313,799.
	11	Investments—publicly traded securities	28,740,649.	11	33,100,480.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	40,867,621.	16	44,986,871.
	17	Accounts payable and accrued expenses	262,412.	17	354,358.
	18	Grants payable		18	
	19	Deferred revenue	421,078.	19	516,441.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		00	
<u>a</u>	23			22	
_	24	Secured mortgages and notes payable to unrelated third parties		24	
	25			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	683,490.	26	870,799.
ces		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.	000, 1000		0.01.33.
<u>a</u> n	27	Net assets without donor restrictions	19,403,653.	27	20 244 272
Ba	28	Net assets with donor restrictions	20,780,478.	28	20,344,273. 23,771,799.
pu		Organizations that do not follow FASB ASC 958, check here ▶ □	20,700,470.		23,111,199.
Net Assets or Fund Balances		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	32	Total net assets or fund balances	40,184,131.	32	44,116,072.
_	33	Total liabilities and net assets/fund balances	40,867,621.	33	44,986,871.

Form 990 (2019) Page **12** 

	(20.0)				age -
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,8	317,1	175.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,8	330,0	005.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-12,8	330.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,1	184,1	131.
5	Net unrealized gains (losses) on investments	5	3,9	944,	771.
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	44,1	116,0	72.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗵
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other				
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	lited on	а		
	separate basis, consolidated basis, or both:				
	☑ 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 over				
	the audit, review, or compilation of its financial statements and selection of an independent account			×	
	If the organization changed either its oversight process or selection process during the tax year, e	explain (	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t			
	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .	3b		
	REV 04/21/20 PRO		Fo	m <b>990</b>	(2019)

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection Employer identification number

			Youth Foundat					43-0652614		
Par					organizations must			<u> </u>	ns.	
The c	_		•		s: (For lines 1 through		•	•		
1					on of churches descri					
2					(Attach Schedule E (F			<i>' '</i>		
3			•		ganization described i					
4	_		•	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Ente	er the
_		-	s name, city, and sta						-1 14	de a collega de la collega
5	se	ction 1	1 <b>70(b)(1)(A)(iv).</b> (Com	plete Part II.)	college or university				ai unii C	described in
6				•	mental unit described					
7					tantial part of its sup	port from	n a gover	nmental unit or from	the ge	neral public
			d in <b>section 170(b)(1</b>		·					
8					<b>)(1)(A)(vi).</b> (Complete					
9					d in <b>section 170(b)(1)</b>					
		univers		ant college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the coll	ege or
10	☐ An	organi	ization that normally	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	o fees, a	and gross
	rec	ceipts f	rom activities related	d to its exempt fu	nctions—subject to c	ertain exc	ceptions,	and (2) no more that	n 33¹/₃%	6 of its
					related business taxal 75. See <b>section 509(</b> a				busines	sses
11		-	-		sively to test for public		-	•		
12		_	~		sively for the benefit o	-			rv out tl	he purposes
					ns described in <b>sect</b> i					
	Ch	eck the	e box in lines 12a thr	ough 12d that des	scribes the type of sup	oporting o	organizati	on and complete line	s 12e, 1	2f, and 12g.
а		Type	I. A supporting orga	nization operated	l, supervised, or contr	olled by	its suppo	rted organization(s),	typically	y by giving
					regularly appoint or e			he directors or trust	ees of th	ne
		suppo	orting organization. <b>Y</b>	ou must comple	ete Part IV, Sections	A and B				
b					sed or controlled in co					
					rganization vested in		persons	that control or mana	age the	supported
		-	, ,	=	V, Sections A and C					
С	Ш				ting organization oper ons). <b>You must comp</b>				ally integ	grated with,
٨		•	•		pporting organization				rtod or	ronization(a)
d	Ш		_	•	nization generally mu	•				• ,
					omplete Part IV, Sec				a an an	CHILVEHOUS
е		•	•	•	a written determination				II Type	ااا د
Ŭ					tionally integrated sup				, ii, Type	5 111
f	Ente		umber of supported						Г	
g				-	orted organization(s).				L	
	(i) Nam	ne of sup	ported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) A	Amount of
					(described on lines 1–10 above (see instructions))	,	ur governing ment?	support (see instructions)		support (see ructions)
					above (see instructions))			liisti detions)	11130	i dolloris)
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
Total										_

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 851,303. 4,636,918. 904,624. 1,126,435. 1,068,860. 685,696. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 1,068,860. 685,696. 904,624. 1,126,435. 851,303. 4,636,918. 4 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) . . . . 115,992. **Public support.** Subtract line 5 from line 4 4,520,926. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total 1,068,860. 685,696. 1,126,435. 851,303.4,636,918. 7 Amounts from line 4 . . . . . . 904,624. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . 1,693,990. 1,583,172. 1,746,425. 2,603,118. 1,796,676. 9,423,381. Net income from unrelated business 9 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.) . . . . . . . 11,526. 11,530. 1,631. 500. 25,187. **Total support.** Add lines 7 through 10 11 14,085,486. Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . 32.1% 14 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

### 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.)

Secti	on A. Public Support			,		,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						_
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
0	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	. ,	. ,	,	,	. ,	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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						
40	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			•	ear as a sectio	. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8						%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment Inc				<u> </u>	T .= 1	
17	Investment income percentage for 2019 (			-			%
18	Investment income percentage from 2018						%
19a	331/3% support tests – 2019. If the organi						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box		_	-		_	_
b	331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this because the state of t						
20	<b>Private foundation.</b> If the organization di		_	*			
20	r nvate roundation. It the organization di	a not oneck a	DUX UIT III IC 14.	, 13a, UL 13D, (	TICON LINS DOX	and see ilisifu	JUI 10 🚩 🔲

#### 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.)

### Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5а	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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	5c		
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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	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 <b>Part VI.</b>	9c		
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.	10a		

10b

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.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	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 <b>Part VI.</b>	11c		
Secti	on 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 <b>Part VI</b> 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 <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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		
Secti	on 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?	4		
2		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
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 <b>Part VI</b> how you supported a government entity (	see in	struct	ions).
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 <b>Part VI identify</b>			
	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.			
J.	·	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 <b>Part VI</b> 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. <i>Answer (a) and (b) below.</i>	20		
ა a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	ons A through E.
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> 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		
<b>6 Distributable Amount.</b> 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-functional	v int	tegrated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)					
Secti	on D-Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe							
	organizations, in excess of income from activity							
3_	Administrative expenses paid to accomplish exempt purp	nizations						
4	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	<b>Total annual distributions.</b> Add lines 1 through 6.							
8 	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive					
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
c	From 2016							
d	From 2017							
e	From 2018							
f	Total of lines 3a through e							
<u>g</u>	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
<u>i</u> _	Carryover from 2014 not applied (see instructions)							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2015							
b	Excess from 2016							
С	Excess from 2017							
d	Excess from 2018							
е е	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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.)
Pt II Ln 10: Other Income Part II, Line 10 Description: Other 2015: 11526. 2016:
11530. 2017: 1631. 2018: 0. 2019: 500.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

#### SCHEDULE D (Form 990)

### **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspect

The American Youth Foundation 43-0652614 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X . . . . .

Schedule D (Form 990) 2019 Page **2** 

Part	Organizations Maintaining	Collections of	Art, His	torical 1	Treasures, o	r Oth	er Similar Ass	<b>ets</b> (con	tinued)_
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	ther recor	ds, chec	k any of the fo	ollowi	ng that make sig	nificant u	se of its
а	☐ Public exhibition		d	□ Loan	or exchange p	rogra	m		
b	Scholarly research					_			
С	☐ Preservation for future generations								
4	Provide a description of the organization		and expla	ain how t	hey further the	orga	nization's exemp	ot purpos	e in Part
	XIII.								
5	During the year, did the organization assets to be sold to raise funds rather							☐ Yes	☐ No
Part	IV Escrow and Custodial Arra	ingements.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee, included on Form 990, Part X?							☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing t	able:				
							Am	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour						•		∐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	kplanatio	n has been pro	ovide	d on Part XIII .		Ш
Par	t V Endowment Funds.					_			
	Complete if the organization								
_		(a) Current year		or year	(c) Two years ba		d) Three years back	(e) Four ye	
1a	Beginning of year balance	28,708,222.	31,260	0,573.	27,782,12	_	26,857,469.	26,957	
b	Contributions				63,00	0.	250.	2,499	9,389.
С	Net investment earnings, gains, and								
	losses	5,730,170.	-1,92	7,351.	4,352,58	1.	2,010,444.	-1,042	
d	Grants or scholarships							609	9,530.
е	Other expenditures for facilities and								
_	programs	1,339,306.	625	5,000.	937,13	0.	1,086,041.	947	7,595.
f	Administrative expenses		00 70		01 050 55			06.055	
g	End of year balance	33,099,086.						26,857	,469.
2	Provide the estimated percentage of t	•		e (line 1g	j, column (a)) h	eld a	S:		
а	Board designated or quasi-endowmen	nt ▶ 29	<u></u> %						
b	Permanent endowment >	3.%							
С	Term endowment ► 68.%		000/						
_	The percentages on lines 2a, 2b, and	•							
3a	Are there endowment funds not in the	e possession of the	ne organi	zation th	at are held and	d adn	ninistered for the		N-
	organization by:								es No
	(i) Unrelated organizations							3a(i)	×
	( )							3a(ii)	×
b	If "Yes" on line 3a(ii), are the related o	•	•					3b	
4 Part	Describe in Part XIII the intended uses VI Land, Buildings, and Equip		on s endo	willelit i	urius.				
raru	Complete if the organization		" on For	m 000 I	Part IV line 1	1a C	600 Form 900 F	Dart Y lin	o 10
	· · · · · · · · · · · · · · · · · · ·							•	
	Description of property	(a) Cost or o (investm			or other basis other)		oreciation	(d) Book v	alue
1a	Land		0.	1,2	42,668.			1,242	2,668.
b	Buildings			13,7	26,975.	8,	709,239.	5,017	7,736.
С	Leasehold improvements								
d	Equipment			7,2	70,864.	4,	217,469.	3,053	3,395.
е	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part )	K, columr	n (B), line 10c.)		•	9,313	799.

BAA

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of recently or acting to the control of the con	Part VII	Investments – Other Securities.	m 000 Dort IV lin	o 11h Coo Form	000 Part V line 12
Continue name of security   Cost or end-of-year market value					
			(b) Book value		
(8)   (9)					
(A)   (B)   (C)		eld equity interests			
(B)   (C)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered   Part Vision   Part					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line					
(F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(ii) (ic) (it) (it) (it) (it) (it) (it) (it) (it					
(ft)  Total. Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶  Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Coact or end-of-year market value (d) Book value (e) Book value (e) Book value (ft) B					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments — Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    (a) Description of Investment   (b) Book value   (c) Method of Valuation: Coast or end-of-year market value					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year matriet value (d) (e) (e) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(a) Description of Investment (b) Book value (c) Method of valuation: Coat or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII		m 000 Dart IV lin	o 11a Coo Form	000 Dort V line 12
(1) (2) (3) (4) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		<u> </u>			
(2)   (8)   (9)   (9)   (9)   (9)   (9)   (10)		(a) Description of Investment	(b) Book value		
(2)   (8)   (9)   (9)   (9)   (9)   (9)   (10)	(1)				
(a)   (b)   (c)					
6    6    6    6    6    6    6    6					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25	(4)				
(7)   (8)   (9)   (9)   (7)   (8)   (9)   (7)   (8)   (9)   (9)   (10	(5)				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶   Part IX					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		mn (b) must equal Form 990 Part X col (B) line 13 )			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) Book value (d) Book value (e) Book value (f) Federal income taxes (g) (g) (g) (g) (h) Book value (h) Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 15e					
(f) (g) (g) (g) (g) (g) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		(a) Description			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Iine 25.   (a) Description of liability   (b) Book value   (1) Federal income taxes   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Part X				
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		•	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					#ND
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		*** *			(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		come taxes			
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
				<u> ▶</u>	

Schedule D (Form 990) 2019 Page 4

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Retur	'n.
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	10,837,746.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,944,771.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	75,800.		
е	Add lines 2a through 2d			2e	4,020,571.
3	Subtract line <b>2e</b> from line <b>1</b>			3	6,817,175.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				.,.,,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	6,817,175.
Part	·			r Ret	
	Complete if the organization answered "Yes" on Form 990, I				
1	Total expenses and losses per audited financial statements		·	1	6,905,805.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses				
d	Other (Describe in Part XIII.)		75,800.		
	Add lines <b>2a</b> through <b>2d</b>			2e	75,800.
3	Subtract line <b>2e</b> from line <b>1</b>			3	6,830,005.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i			0,030,003.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	6,830,005.
Part 2					
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	V, line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	vide any additional in	format	tion.
Pt X	I, Line 2d: Fundraising and inventory expense repo	rtec	d as an expense	on	
finar	ncial statements and as a revenue reduction on the	990	) 		
			_		
Pt XI	II, Line 2d: Fundraising and inventory expense rep	orte	ed as an expens	e on	
<b>.</b> .					
tınar 	ncial statements and as a revenue reduction on the	990	) 		

Schedule D (For	rm 990) 2019	Page 🕻
Part XIII	Supplemental Information (continued)	

#### **SCHEDULE G** (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

Department of the Treasury Internal Revenue Service Nar Tł

Name o	of the organization					Employer identifi	cation number
The	American Youth Foundat	ion				43-0652614	
Par	Fundraising Activities. Form 990-EZ filers are n				ered "Yes" on F	orm 990, Part IV,	line 17.
1	Indicate whether the organizatio	n raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e 🗆	Solicitati	on of non-govern	ment grants	
b	Internet and email solicitation	ns	f [		on of government	-	
С	Phone solicitations		g	Special f	undraising events	3	
d	In-person solicitations						
<b>2</b> a	Did the organization have a writ or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	irsuant to agreem	ents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control 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
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				<b>.</b>			
3	List all states in which the orga registration or licensing.	nization is regis	tered or lic	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 Golf event	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
			(event type)	(event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
<u>o</u>			(ovoin type)	(Ovoint typo)	(total nambol)	
Revenue	1	Gross receipts	154,887.			154,887.
ě	'	aross receipts	134,007.			134,007.
<u> </u>	2		86,202.			86,202.
	3	Gross income (line 1 minus				
		line 2)	68,685.			68,685.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	31,962.			31,962.
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	36,723.			36,723.
	10	Direct expense summary. Ac	ld lines 4 through 0 in a	olumn (d)	_	60 605
	11	Net income summary. Subtra				68,685.
Pa	rt II	Gaming. Complete if th	e organization answe	ared "Ves" on Form	990 Part IV line 19	
		\$15,000 on Form 990-E2	Z. line 6a.	orea res on remi	556, rait iv, iiio io,	or reported more than
<sub>O</sub>				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
Œ	1	Gross revenue				
nses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	_		☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	☐ No	☐ No	□ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
9		Enter the state(s) in which the or	nanization conducts as	mina activities:		
		Is the organization licensed to co			 e?	Yes No
			0 0			<del>-</del> -
1	., ı					
	-					
10	a √	Were any of the organization's g	aming licenses revoked	l. suspended. or termin	ated during the tax vear	? .
		If "Vaa " avvalaira	_	•	-	
	-					

11	Does the organization conduct gaming activities with nonmembers?		∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	∐ No
13	Indicate the percentage of gaming activity conducted in:		0.4
a	The organization's facility		<u>%</u>
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	records.		
	Name ▶		
	Name ►		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Addison N		
	Address ►		
16	Gaming manager information:		
.0	daming manager information.		
	Name ►		
	Gaming manager compensation ► \$		
	<del></del>		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		□ N.a
L.	retain the state gaming license?	☐ Yes	⊔ №
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
art		(iii) and (v	v). and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition		
	See instructions.		

Page 3

Schedule G (Form 990 or 990-EZ) 2019

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

 $\blacktriangleright$  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.

Employer identification number

The American Youth Foundation

43-0652614

Part	Types of Property	1						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			_
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
3	goods							
6	Cars and other vehicles							
6								
7	Boats and planes							
8	Intellectual property			65, 200				
9	Securities—Publicly traded			65,320.				
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 ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► (							
29	Number of Forms 8283 received	by the or	ganization during the tax v	ear for contributions for				
	which the organization completed				29			0.
							Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I lines	s 1 through			
JJu	28, that it must hold for at least t							
	to be used for exempt purposes					30a		×
b	If "Yes," describe the arrangemen		<b>.</b>					
31	Does the organization have a		otance policy that require	es the review of any n	onstandard			
٠.	_	•		=		31		×
32a	Does the organization hire or us							
∪ <u>∠</u> u						32a		×
b	If "Yes," describe in Part II.				·			
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

Schedule M (Form 990) 2019 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II 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. Pt I Line 32b: Contributed stock is sold through third party in open market environment.

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

**Employer identification number** Name of the organization 43-0652614 The American Youth Foundation Pt VI, Line 2: The following Board Members have a family relationship: Christopher Danforth, DD Danforth Burlin, David Danforth and Donald Danforth III. Pt VI, Line 11b: The President, Finance Director, and the entire Board review the IRS form 990 before submission. Pt VI, Line 15a: The Board performs an annual review of the President's performance, organization accomplishments and the President's compensation. Pt VI, Line 12c: Board members are asked to identify any conflicts of interest and employees are required to identify any conflict of interest when they are hired and when personnel policies are updated. Pt VI, Line 18: Documents are available upon request and on a public website. Pt VI, Line 19: Documents are available upon request. Pt XII, Line 2c: The Foundation's Audit Committee is responsible for selection of the audit firm, monitoring the audit process, and reviewing the audit report. Pt III, Line 4d: Expenses: \$1,933,952 including grants of: \$0 Revenue: \$116,892 Description: Program service fees and operation and facility costs not allocated to above programs.

# Additional information from your 2019 Federal Exempt Tax Return

# Form 990: Return of Organization Exempt from Income Tax

Noncash Itemization Statement

Description	Amount
Materials	18,969.
Stock	46,351.
Total	65,320.

# Form 990: Return of Organization Exempt from Income Tax Gross sales of inventory

#### **Itemization Statement**

Description	Amount
Book sales	18,745.
Total	18,745.

### Form 990: Return of Organization Exempt from Income Tax Line 17, column (A)

#### **Itemization Statement**

Description	Amount
Accounts payable	193,803.
Accrued liabilities	68,609.
Total	262,412.

# Form 990: Return of Organization Exempt from Income Tax Line 17, column (B)

#### **Itemization Statement**

Description	Amount
Accounts payable	281,598.
Accrued liabilities	72,760.
Total	354,358.

### **Schedule D: Supplemental Financial Statements**

# Part XI, Line 2d

#### **Itemization Statement**

Description	Amount
Cost of fund raising net with revenue for 990	68,685.
Cost of sales net with revenue for 990	7,115.
Total	75,800.

# Schedule D: Supplemental Financial Statements

#### Part XII, Line 2d

#### **Itemization Statement**

Description	Amount
Cost of fund raising net with revenues for 990	68,685.
Cost of sales net with revenue for 990	7,115.
Total	75,800.