Form **990**

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

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

Open to Public Inspection

•	A F	or the 2	2018 calendar year, or tax year beginning JUL 1, 2018 and	ending J	<u>UN 30, 2019 </u>				
	B c	Check if ipplicable	C Name of organization		D Employer identifica	ation number			
		Address	JANUS YOUTH PROGRAMS, INC.						
	\vdash	Name change	Doing business as		23-73	45990			
		Initial return	 	Room/suite					
	\vdash	Final	707 N.E. COUCH STREET	noon, oans	(503) 233-6090				
			City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 13,761,831				
	Г	Amended			H(a) Is this a group return				
	\vdash	Applica-	F Name and address of principal officer DENNIS MORROW		for subordinates?				
		pending	SAME AS C ABOVE	1	H(b) Are all subordinates incl				
	1 7	ax-exen	ppt status	or 1 527	1 ''	st (see instructions)			
			► WWW.JANUSYOUTH.ORG	77/	H(c) Group exemption				
			rganization: X Corporation	L Year		State of legal domicile: OR			
			Summary						
	9	1 B	riefly describe the organization's mission or most significant activities SEE \$	SCHEDU	LE O				
	Activities & Governance	_							
	ēru		neck this box if the organization discontinued its operations or dispos	sed of more					
	Š	l .	umber of voting members of the governing body (Part VI, line 1a)		3	18			
	æ	l .	umber of independent voting members of the governing body (Part VI, line 1b)		4	18			
	ies	l .	otal number of individuals employed in calendar year 2018 (Part V, line 2a)		5	375			
	ΞΞ	l .	otal number of volunteers (estimate if necessary) RECEIVED		6	400			
	Ac	l	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
		<u>b</u> Ne	et unrelated business taxable income from Form 990 T, line 38 8 2020		7b	0.			
			S + EB 2 0 2020 0		Prior Year 12,752,483.	Current Year 12,597,923.			
	e	l	contributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) OGDEN, UT		168,382.	332,555.			
	Revenue	l .	- 9'	<u> </u>	457,402.	1,972.			
	Be	l .	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		233,880.	204,556.			
		l	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,612,147.	13,137,006.			
	_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,257,026.	1,363,412.			
			rants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
		l .	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	8,887,148.	9,077,109.			
	Expenses	l .	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
21	per	1	otal fundraising expenses (Part IX, column (D), line 25) 185, 34	40.					
2021	Ä	l .	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,888,891.	2,609,079.			
00		1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		13,033,065.	13,049,600.			
		1	evenue less expenses Subtract line 18 from line 12		579,082.	87,406.			
3	or es			Bee	ginning of Current Year	End of Year			
MAR)	and	20 To	otal assets (Part X, line 16)		6,525,028.	6,401,259.			
	Ass	21 To	otal liabilities (Part X, line 26)		2,987,163.	2,771,611.			
Щ	Net Assets or Fund Balances	22 N	et assets or fund balances Subtract line 21 from line 20		3,537,865.	3,629,648.			
SCANNED			Signature Block						
ड़	Unde	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is			
တ	true,	correct,	and complete. Declaration of preparar (other than officer) is based on all information of wh	hich preparer	has any knowledge.				
•			Meno 2, 11 over			2020			
	Sign	ո Մ	Signature of officer	.44 .44	Date				
	Her	e h	10 ENNI) L	WIUKU	COW EXECUT	tive Director			
			Type or print name and title)-1				
			Print/Type preparer's name Preparer's sonature	_)ate Check	PTIN			
	Paid	_	EE LEE MCGEE	ا ح	Self-employed	P01294356			
			irm's name GARY MCGEE & CO. LLP		/ Firm's EIN				
	Use	Only F	irm's address 808 S.W. THIRD AVENUE, SUITE 700	U	5 /50	3 \ 000 0515			
			PORTLAND, OR 97204		Phone no. (5 0				
			discuss this return with the preparer shown above? (see instructions)			Yes No			
	8320	01 12-31-	LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.	/	Form 990 (2018)			
					(-	s / U			

orm	990 (2018) JANUS YOUTH PROGRAMS, INC.	<u>23-7345990</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission	•	
	JANUS YOUTH PROGRAMS IS A LEADER IN CREATING INNOVATIVE		
	COMMUNITY-BASED SERVICES WHICH ENHANCE THE QUALITY OF L.	IFE FOR	
	CHILDREN, YOUTH, AND FAMILIES. WE WORK IN PARTNERSHIP W	WITH OTHERS	TO
	CREATE A SAFE AND HEALTHY COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	└ Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 5,044,886. including grants of \$ 625,147.) (Revenue		<u>834.</u>)
	RUNAWAY AND HOMELESS YOUTH SERVICES - TEMPORARY SHELTER		
		EITHER	
	FACILITATE A RETURN TO HOME OR ALTERNATIVE COMMUNITY SET		
	PROVIDE LINKAGE WITH ONGOING FOLLOW-UP SERVICES. ADDITIONAL PROPERTY OF THE PR		T 011
	PROGRAMMATIC SERVICES INCLUDE OPERATION OF THE RECEPTION		ICH
	OFFERS LAW ENFORCEMENT AN ALTERNATIVE PLACEMENT TO A LOC		
	YOUTH WITH CURFEW VIOLATIONS, ACTIVE RUNAWAY REPORTS AND	O MISDEMEANO	<u> </u>
	HOMELESS SERVICES INCLUDE AN EXTENSIVE ARRAY OF HOMELESS	ב ערוויים	
		ASSESSMENT,	
		INDEPENDENT	
		CESSFULLY EX	 T m
4b	(Code) (Expenses \$ 3,754,631. including grants of \$ 66,313.) (Revenue		330.)
.~	RESIDENTIAL SERVICES - LONG AND SHORTER-TERM RESIDENTIAL		<u> </u>
		ND SPECIALIZE	ED
	· · · · · · · · · · · · · · · · · · ·	CURRENTLY II	
		HUMAN SERVIC	
	· 	RECTIONAL	
	INSTITUTIONS. SPECIFIC SERVICES, INCLUDING WORKSHOPS, LI		ND
	VOCATIONAL TRAINING, ARE ALSO PROVIDED AT MCLAREN YOUTH	CORRECTIONAL	
	FACILITY. THE LONG TERM GOAL OF JANUS RESIDENTIAL SERVICE		
	FACILITATE A SUCCESSFUL RETURN TO HOME AND FAMILY OR TO		
	LIVING IN THE COMMUNITY.		
łc	(Code) (Expenses \$ $\frac{1,991,684}{659,599}$.) (Revenue)		<u>124.</u>)
	INSIGHT TEEN PARENT PROGRAMS - AN ARRAY OF SERVICES PROV		<u>VG</u>
	PARENTS AND THEIR CHILDREN AND PREGNANT TEENAGERS, INCLU		
	MANAGEMENT, PARENTING EDUCATION/SUPPORT GROUPS, SAFE SUP		
	APARTMENT LIVING, AND SUPPORT TO ATTEND AND COMPLETE HIG	H SCHOOL,	
	OBTAIN A GED, OR WORK TOWARD EMPLOYMENT.		
			
ld	Other program services (Describe in Schedule O.)		
		.97,353.)	
	Total program service expenses ► 11, 435, 018.		
		Form 99	(2018)

Form 990, (2018) JANUS YOUTH PROGRAMS, INC.
Part IV Checklist of Required Schedules

_			1	
_	le the appropriate described in section 501/5/0) as 4047/5/4) (athough on a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	1
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Λ	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_ - -		
4	during the tax year? If "Yes," complete Schedule C, Part II	4	}	х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	i 1	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	├ Ŭ		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
_	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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,	İ		
	Part VI	11a	Х	ı
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a_	_X_	
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		_ <u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a		14a		<u> </u>
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			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	'	Ì	37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X _
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_ 17		_ <u>A</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	x	
10	• •	18	_A	
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	10		x
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	\dashv	- 41
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
L 1	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Í	х

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		T	
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
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	1		
	Schedule J	23	X	1
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			T
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ŀ
	Schedule K If "No," go to line 25a	24a	l	X
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		Γ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			I
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	İ	X
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	1		
	Schedule L, Part I	25b	1	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		1	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		ŀ	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	- 1	ł	ł
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			\Box
	instructions for applicable filing thresholds, conditions, and exceptions)	į		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	İ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		-	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	[ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ĺ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable 1a 22	0		

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

_1b

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Part V

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 375 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 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 gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82822 7c Х d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? N If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h N/ASponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 N/A sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. N/A a 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? N/A 9h 10 Section 501(c)(7) organizations. Enter N/A 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. N/A 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N X 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

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th			"No" r	espon	se			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	See	Instructions			₩			
500	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management					X			
<u>Sec</u>	tion A. Governing Body and Ivianagement				Yes	No			
10	Enter the number of voting members of the governing body at the end of the tax year	1a	18		162	140			
10	If there are material differences in voting rights among members of the governing body, or if the governing		1			,			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.								
b	Enter the number of voting members included in line 1a, above, who are independent	15	18						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship								
_	officer, director, trustee, or key employee?		. ,	2	X				
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision						
-	of officers, directors, or trustees, or key employees to a management company or other person?		•	3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	4		Х			
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?			6		Х			
7а	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or						
	more members of the governing body?			7a		_X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or						
	persons other than the governing body?			7b		_X_			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following						
а	The governing body?			8a	<u>X</u>				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9_		<u> X</u> _			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code)						
	- · · · · · · · · · · · · · · · · · · ·				Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		_X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		37			
_	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y beto	ore filling the form?	11a		<u>X</u>			
b 12-	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13			-	$\bar{\mathbf{x}}$				
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	aflicte2	12a 12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120					
·	in Schedule O how this was done	C3, U	escribe	12c	х				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approve	al by ır	ndependent			 .			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	,			í			
а	The organization's CEO, Executive Director, or top management official			15a	X	`			
b	Other officers or key employees of the organization			15b		X			
	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 arranger	ment v	vith a		 .	1			
	taxable entity during the year?			16a		_X_			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	participation	f		}			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nızatıo	n's						
	exempt status with respect to such arrangements?			16b					
Sec.	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►OR, WA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	nd 990	-T (Section 501(c)(3):	only)	avaıla	ble			
	for public inspection. Indicate how you made these available. Check all that apply	_							
4.5	Own website Another's website X Upon request Other (explain		•	_					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, and	financ	cial				
00	statements available to the public during the tax year	-1							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	na records						
	JENNIFER AYUYU - (503) 233-6090 707 N.E. COUCH STREET, PORTLAND, OR 97232								
	<u>,,, n.m.</u> cooch diveri, earthund, ar 3/474								

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

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

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

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

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

Check this box if neither the organization in	or any related	orga	nıza	tion	COI	npe	nsat					
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per	box,	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of		
	week	├ ──	181 211	- a - a - a	I OCIC	or/trustee)		from	from related	other		
	(list any	recto						the	organizations	compensation from the		
	hours for related	io d	8			sated		organization (W 2/1099-MISC)	(W-2/1099-MISC)	organization		
	organizations	ustee	trust		<u>ස</u>	прел		(00 2/ 1099-101130)		and related		
	below	ual I	trong	١. ا	ag d	ye St	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(1) TODD ALLAIS	1.00									0		
DIRECTOR		Х		$ldsymbol{le}}}}}}}$	<u> </u>			0.	0.	0.		
(2) GREG BAUER	1.00									•		
DIRECTOR		Х			<u>L</u> .			0.	0.	0.		
(3) MELISSA BAUER	1.00											
DIRECTOR		Х	L_		_			0.	0.	0.		
(4) JESSIE FAN	1.00											
DIRECTOR		Х	L_	ļ	_		_	0.	0.	0.		
(5) ROBERT FIELD	1.00											
DIRECTOR		Х		L	ļ			0.	0.	0.		
(6) THOMAS FINK	1.00					1				•		
DIRECTOR		Х			<u> </u>	_		0.	0.	0.		
(7) DAVID R. JARMAN	1.00									•		
DIRECTOR	1	Х	_		<u> </u>	<u> </u>		0.	0.	0.		
(8) HIRDESH LAL	1.00							_	1	•		
DIRECTOR		Х	_		<u> </u>	<u> </u>		0.	0.	0.		
(9) CHAD PAULSON	1.00									•		
DIRECTOR		X		<u> </u>		L		0.	0.	0.		
(10) AMY JOSEPH PETERSON	1.00					l				•		
DIRECTOR		X	ļ	_		<u> </u>		0.	0.	0.		
(11) BARRY SCHRIMSHER	1.00	l										
DIRECTOR		Х	<u> </u>			<u> </u>	Ш	0.	0.	0.		
(12) JOHN STAGEBERG	1.00	ļ							0.	^		
DIRECTOR		Х		<u> </u>	<u> </u>	┞		0.	0.	0.		
(13) CHRIS WOLFE	1.00							_	0.	0.		
DIRECTOR	1 00	Х	<u> </u>	ļ	<u> </u>	ļ	<u> </u>	0.	U •	0.		
(14) STEPHEN MCCAMMON	1.00				1		1	0.	0.	0.		
PAST PRESIDENT	1 00	X		_	_	 -	┞	0.	<u> </u>	0.		
(15) TIM COLTON	1.00	1,,		v				0.	0.	0.		
PRESIDENT	1 00	Х	<u> </u>	Х	\vdash	\vdash	 	ļ	U•	ļ <u>.</u>		
(16) PETER BEYER	1.00	.		J.				0.	0.	0.		
VICE-PRESIDENT	1 00	X	\vdash	Х	-	╆.	ļ	U .	ļ	·		
(17) SUE CAMPO	1.00	x		x	l		1	0.	0.	0.		
TREASURER	<u> </u>	Λ	L	V	L.	<u> </u>	<u> </u>	0.	<u> </u>	5 000 (2242)		

Part VII Section A. Officers, Directors, Tru	(B)	,p.0)	, = = 3			.9110	<u> </u>	(D)	(E)			(F)	
(A) Name and title	Average	(C) Position						Reportable	(E) Reportable		c.	رح) stımat	6 4
Name and title	hours per		(do not check more that box, unless person is b			than		compensation	compensation	, [nount	
	week	offi	cer ar	nd a d	irecti	or/trus	tee)	from	from related	ł		other	
	(list any	ector						the	organizations			pens	
	hours for related	irustee or director	_g			ated		organization	(W-2/1099-MIS	C)		rom th	
	organizations	ustee	truste		 83	npeus		(W-2/1099 MISC)			_	janiza d rela	
	below	Jual fr	ponal	_	yold	slcon	_					anızat	
	line)	Individual (Institutional trustee	Officer	Кеу етріоуее	Highesi compensated employee	Fermi			ĺ	- 3		
(18) NANCY HURLEY	1.00					Π						_	
SECRETARY		X		Х	L			0.		٥.			0.
(19) DENNIS L. MORROW	40.00												
EXECUTIVE DIRECTOR	1	↓_		Х	L			158,200.		0.	2	3,2	89.
(20) BEVERLEY BACKA	40.00			١			ŀ	E0 065		ا ۱		- ^	
FISCAL DIRECTOR		<u> </u>	_	Х	_	↓	<u> </u>	72,065.		0.	1	5,2	14.
		l											
	 	-	├		-		-						
	ļ												
			<u> </u>										
		_	H							\dashv			
		_							- <u></u>				
1b Sub-total	<u> </u>	<u></u>	Ц					230,265.		0.	3	8,5	03.
c Total from continuation sheets to Part V	II. Section A							0.		0.			0.
d Total (add lines 1b and 1c)	.,, 000							230,265.		0.			
2 Total number of individuals (including but i	not limited to th	ose	liste	d at	oove	e) wh	10 re	ceived more than \$100	,000 of reportable				
compensation from the organization													1
3 Did the organization list any former officer	director or tri	ister	e ke	v en	nolo	vee	or h	nahest compensated e	nolovee on	Г		Yes	No
line 1a? If "Yes," complete Schedule J for	•		o,o	,		,,,,,,	· • · ·	ngoc. ocponoacco o.	pioyee e		3_		Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	•		•					•	he organization		4	х	
5 Did any person listed on line 1a receive or									dual for services	f			
rendered to the organization? If "Yes," con	•				-			or organization or many	334, 10. 30. 1.000		5		х
Section B. Independent Contractors	F												
1 Complete this table for your five highest co	ompensated in	depe	ende	nt c	ontr	acto	rs th	nat received more than	\$100,000 of comp	ensa	ation 1	rom	
the organization Report compensation for	the calendar y	ear (endii	ng w	/ith	or w	ithin		rear				
(A) Name and business	address	NO	ONE	C				(B) Description of s	ervices	Co	Ompe	;) nsatio	n
								<u> </u>					
		_					\dashv						
										•		-	
		_					\dashv						
							-						
Total number of independent contractors (\$100,000 of compensation from the organ	ŭ	ot lu	mite	d to	tho:	_	sted	above) who received m	ore than				

- ***	2 47 /200	Check if Schedule O cont	ains a response	or note to any lu	ne in this Part VIII		•	
		a magananga a mamana a dilihita aliki 4 tippa ang ang astitiri.	allis a response	nang Panganganian salang dan sala	(A) Total revenue	- (B) Related or exempt function revenue	(C) Unrelated business ' revenue	(D) Revenue excluded from tay under sections 512 - 514
ats	1 a	Federated campaigns	1a	5,850.				
ë a	Ь	Membership dues	1b	,				
Ę,	c	Fundraising events	1c	91,911.				
ar it	d	Related organizations	1d					
SE SE	e	• • • • • • • • • • • • • • • • • • • •		11,639,419.				
Sign	,	All other contributions, gifts, gran						
F F		similar amounts not included abo	•	860 743.	MANUAL SANCE			
至至	g	1		205,125.				
Contributions, Gifts, Grants and Other Similar Amounts	h	* Total. Add lines 1a-1f	- Id-II 4		12 597 923.			
		·	• ,	Business Code	PRINTED THE STATE OF THE STATE OF THE STATE OF	THE TOTAL STATE	PER MINISTER	DOTE THE WORLD
o)	2 a	CONTRACT REVENUE		624100	332,555.	332,555.	Tell-1-1-1-2	Bad a sand a sand a sand a sand a sand a sand a sand a sand a sand a sand a sand a sand a sand a sand a sand a
Program Service Revenue	b			024100	332,333.			
	٦							
EŠ	ر م	·						
ğ.				·	· · · · ·	i		
P.		All other program service reve				· · · · · · ·		
	,	Total. Add lines 2a-2f			332 555	PRINCE PROPERTY.	THE REST LINE BY SE	PARTIE TO THE
	3	Investment income (including	dividends intere		332,333,			
	, ,	other similar amounts)		>	1.972.		,	1,972.
	4	Income from investment of tax	x-exempt bond r	proceeds				
	5	Royalties						,
	`		(i) Real	(II) Personal	(Ten Station & St	WE PERSON	SECTION AND SECTION	31:48:49:48
	6 a	Gross rents	,	177				
•	b							
	c	5						
		Net rental income or (loss)		•	C. III MARKEN MICH. P. C. S. C	SALL THE SOURCE STATE OF THE SALE		
•	l .	Gross amount from sales of	(ı) Securities	(ii) Other			F. 17. Sec. 16. Sec. 17. Sec.	
	' -	-assets other than inventory	, <u>, , , , , , , , , , , , , , , , , , </u>					《 《 》 《 》 《 》 《 》 《 》 《 》 《 》 《 》 《 》 《
	ь			<u> </u>				
		and sales expenses			ALVES DE			
		Gain or (loss)		;				
	d		L	. •			Marie Marie and	A BELLEVILLE AND AND AND AND AND AND AND AND AND AND
4	J	Gross income from fundraising	a events (not		With the same of the		CHARLE MOVES	NEW TANKS
ž		4,	<u>.911.</u> of	~				
eve	,	contributions reported on line						
Œ	ŀ	Part IV, line 18	a	45,274,				
Other Reven	. b	Less direct expenses	b	44,138.				
Ò		Net income or (loss) from fund	draising events	•	1 136.			1 136.
	l .	Gross income from gaming ac	_		MANAGE H	The state of		
	ĺ	Part IV, line 19	a					
r	ь	Less direct expenses	, p					
	c	Net income or (loss) from gam	ing activities	. •				
	10 a	Gross sales of inventory, less	returns.			LANGE STATE		SARRY MAN
	ļ '	and allowances	а	744,773.				
-	b	Less cost of goods sold	b	580,687.				
	c	Net income or (loss) from sale	s of inventory		164 086	164,086,		
		Miscellaneous Revenu	e	Business Code				ASSAULTE THE
	11 a	MISCELLANEOUS		900099 5	39_334.			39,334.
	b	·						
	С			· · · · · ·	·	-		
	ď		-			5152, No. 1 1 2 2007 1 1 1 1 1 1 1	SATISMENT OF SERVICE SERVICES	Bir . Sa dec a resident a consta
	e		•	•	39 334.	3740.450.014E/555	经选择了预约 学	PATER CARROLL
	12	Total revenue See instructions			13 137 006.	496 641.	0.	42,442.
83200	9 12-31	1-18	•					Form 990 (2018)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	ion 50 r(c)(5) and 50 r(c)(4) organizations must con			mpiete column (r y	
	Check if Schedule O contains a respon		this Part IX	<u></u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	<u> </u>			
2	Grants and other assistance to domestic				1
	individuals See Part IV, line 22	1,363,412.	1,363,412.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			<u>.</u>	
4	Benefits paid to or for members	··			
5	Compensation of current officers, directors,				
	trustees, and key employees	278,189.		278,189.	_
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	t . a			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,116,959.	6,433,548.	552,750.	130,661.
8	Pension plan accruals and contributions (include	4.4.	00 -05		
	section 401(k) and 403(b) employer contributions)	108,545.	99,736.	6,793.	2,016.
9	Other employee benefits	871,038.	846,374.	7,839.	16,825.
10	Payroll taxes	702,378.	553,130.	137,916.	11,332.
11	Fees for services (non-employees)				
а	Management			2 655	
b	Legal	10,479.	6,824.	3,655.	
	Accounting	69,685.		69,685.	
	, 3				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	244 606	224 554	10 055	
	column (A) amount, list line 11g expenses on Sch 0.)	344,606.	331,751.	12,855.	
12	Advertising and promotion	207 214	150 774	4E 201	2 1 5 0
13	Office expenses	207,314. 188,145.	158,774. 114,101.	45,381.	3,159. 6,119.
14	Information technology	100,140.	114,101.	67,925.	0,119.
15	Royalties	690,103.	589,325.	92,505.	0 272
16	Occupancy	130,851.	122,346.	5,886.	8,273. 2,619.
17	Travel	130,631.	122,340.	3,000.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	1,405.	1,194.		211.
19 20	Interest	88,634.	65,969.	22,665.	411.
21	Payments to affiliates	00,004.	0,5,505.		
22	Depreciation, depletion, and amortization	198,587.	169,115.	29,472.	
23	Insurance	67,464.	64,781.	2,101.	582.
24	Other expenses. Itemize expenses not covered	0771011			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	431,914.	418,683.	11,340.	1,891.
b	OTHER	179,892.	95,955.	82,285.	1,652.
c					
d					
	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	13,049,600.	11,435,018.	1,429,242.	185,340.
26	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)				
					Form 990 (2018)

Ра	<u>ırt X</u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	903,063.	1	601,655.
	2	Savings and temporary cash investments	365,849.	2	229,719.
	3	Pledges and grants receivable, net	0.	3	62,318.
	4	Accounts receivable, net	1,491,861.	4	1,502,730.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
]	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ	1	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	209,280.	9	257,965.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 7,139,624.			
	b	Less accumulated depreciation 10b 3,620,053.	3,504,820.	10c	3,519,571.
	11	Investments - publicly traded securities		11	
	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	50,155.	15	227,301.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,525,028.	16	6,401,259.
	17	Accounts payable and accrued expenses	869,413.	17	894,629.
	18	Grants payable		18	
	19	Deferred revenue	349,951.	19	165,482.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	1,767,799.	23	1,711,500.
	24	Unsecured notes and loans payable to unrelated third parties		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	0.007.160	25	0 554 644
	26	Total liabilities. Add lines 17 through 25	2,987,163.	26	2,771,611.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and			
es		complete lines 27 through 29, and lines 33 and 34.			0 064 440
auc	27	Unrestricted net assets	2,995,019.	27	2,964,418.
Bal	28	Temporarily restricted net assets	527,846.	28	650,230.
p	29	Permanently restricted net assets	15,000.	29	15,000.
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ō		and complete lines 30 through 34.	·		
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	7 525 065	32	2 600 640
4	33	Total net assets or fund balances	3,537,865.	33	3,629,648.
	34	Total liabilities and net assets/fund balances	6,525,028.	34	6,401,259.

Form	1990 (2018) JANUS YOUTH PROGRAMS, INC.	43	-/34:	<u> </u>	Pa	ge 12
Pa	rt 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		3,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1.	3,04		
3	Revenue less expenses Subtract line 2 from line 1	3				06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,53		
5	Net unrealized gains (losses) on investments	5			4,3	77.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		3,62	<u>9,6</u>	<u>48.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a] .		
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			1		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,			
	consolidated basis, or both			1 1		
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	1			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	dit			
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	
	•			Form	990 ((2018)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

JANUS YOUTH PROGRAMS, INC.

23-7345990

Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	ıs part) Se	e instructions						
he	organ	zation is not a private found	ation because it is (For lines 1 through 12, o	heck only	one box)							
1		A church, convention of ch					DIANO.	,					
2	一	A school described in secti	•										
	H						() (
3	H	A hospital or a cooperative						the becould's name					
4	ш	A medical research organiz	ation operated in col	njunction with a nospital	described	ın secuo	n 170(b)(1)(A)(m). Enter	the nospital's name,					
	$\overline{}$	city, and state											
5	Ш	An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit descrit	oed in					
		section 170(b)(1)(A)(iv). (C	Complete Part II)										
6		A federal, state, or local gov	vernment or governn	nental unit described in :	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in					
		section 170(b)(1)(A)(vi). (Co	=										
8		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	一	An agricultural research org				ed in coniu	nction with a land-grant	college					
9		or university or a non-land-g											
			grant college or agric	ulture (see instructions)	Litter the	marrie, city	, and state of the colleg	JC 01					
		university											
10	ш	An organization that norma	•	•	-								
		activities related to its exen											
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975					
		See section 509(a)(2). (Cor	mplete Part III)										
11		An organization organized a	and operated exclusi	ively to test for public sa	fety Sees	section 50	9(a)(4).						
12		An organization organized a						e purposes of one or					
		more publicly supported or											
		lines 12a through 12d that											
_		Type I. A supporting orga						, aivina					
а	1	the supported organization											
					a majority (or the direc	stors or trastees or the s	oupporting					
	r	organization You must c											
b	Щ.	Type II. A supporting org.											
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported					
		organization(s) You mus	t complete Part IV,	Sections A and C.									
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions) You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally int											
		requirement (see instruct											
е	[Check this box if the orga											
C		functionally integrated, or					, , , , , , , , , , , , , , , , , ,						
				rially integrated support	ing organia	Lation							
T		r the number of supported of	-	1									
g		ride the following information		(III) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other					
	(Name of supported organization	(ii) EIN	(described on lines 1·10	in your governi	ng document?	support (see instructions)	support (see instructions)					
		Organization		above (see instructions))	Yes	No							
			•			1							

Schedule A (Form 990 or 990 EZ) 2018 JANUS YOUTH PROGRAMS, INC. 23-7345990 Page 2 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received (Do not						
	include any "unusual grants ")	10,144,683.	11,305,760.	11,911,920.	12,752,483.	12,597,923.	58,712,769.
2	Tax revenues levied for the organ-			·			
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	-					
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	10,144,683.	11,305,760.	11,911,920.	12,752,483.	12,597,923.	58,712,769.
5	The portion of total contributions				•		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		j			ļ	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						58,712,769,
Sec	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	10,144,683.	11,305,760.	11,911,920.	12,752,483.	12,597,923.	58,712,769.
8	Gross income from interest,						
	dividends, payments received on		Ì				
	securities loans, rents, royalties,						
	and income from similar sources	245.	195.	1,588.	1,728.	1,972.	5,728.
9	Net income from unrelated business						
	activities, whether or not the		·				
	business is regularly carried on			6,465.	23,349.	1,136.	30,950.
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	22,607.	9,004.	23,967.	38,004.	39,334.	132,916.
11	Total support. Add lines 7 through 10						58,882,363.
12	Gross receipts from related activities,	etc (see instruction	ons)		-	12 5	,116,830.
13	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	x year as a sectio		
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2018 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	99.71 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	99.80 %
16a	33 1/3% support test - 2018. If the o	rganization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies a	as a publicly suppo	orted organization				► X
b	33 1/3% support test - 2017. If the o	rganization did no	t check a box on lii	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	: - 2018. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "faci	ts-and-circumstand	ces" test, check th	s box and stop he	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a p	oublicly supported	organization		ightharpoonup
b	10% -facts-and-circumstances test	: - 2017. If the orga	anızatıon dıd not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and s	top here. Explain	ın Part VI how the	
	organization meets the "facts-and-circ	umstances" test	The organization q	ualifies as a public	ly supported orga	nization	▶□
<u>18</u>	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	, 16b, 17a, or 17b	check this box a	nd see instructions	<u>▶ □</u>
					Caba	dula A (Causa 000	000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2018 JANUS YOUTH PROGRAMS, INC. 23-7345990 Page
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 I f the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support	\	pioto : ait ii)				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				1	
	membership fees received (Do not	\ \.					
	include any "unusual grants ")	\			[
2	Gross receipts from admissions,						
	merchandise sold or services per-				,	, '	
	formed, or facilities furnished in any activity that is related to the				/		
	organization's tax exempt purpose						
3	Gross receipts from activities that		\				
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			/	ĺ		
	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			X			
7 a	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					1	
	exceed the greater of \$5,000 or 1% of the	:					
	amount on line 13 for the year						
	Add lines 7a and 7b		/		\ 		
	Public support. (Subtract line 7c from line 6)					<u> </u>	
_	ndar year (or fiscal year beginning in)	(=) 0014	/h) 2045	(=) 0016	(4) 0017	(-) 0010	(6) T-4-1
	Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(à) 2017	(e) 2018	(f) Total
	Gross income from interest,		/	-			
104	dividends, payments received on						
	securities loans, rents, royalties,						
L	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses			İ		\	
	acquired after June 30, 1975					\	
_	Add lines 10a and 10b	/					
	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					\ \ \	
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)					V	
	First five years. If the Form 990 is for	r the organization's	first, second, thir	d. fourth, or fifth ta	x vear as a section	on 501(c)(3) organiz	ation.
	check this box and stop here	organization c		-,	,		\ \'\'\
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2017		•			16	%
Sec	tion D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	2017 Schedule A, 1	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here . The	organization qualif	ies as a publicly si	upported organiza	ation	ightharpoons
b	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and\
	line 1/8 is not more than 33 1/3%, che	ck this box and ste	op here. The orgai	nization qualifies a	s a publicly suppo	orted organization	▶∐\
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions	▶Ĺ_]`
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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 F. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			, . <u>.</u>
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			l
	class or purpose, describe the designation. If historic and continuing relationship, explain	11		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	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 Part VI when and how the	l		
	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 Part VI what controls the organization put in place to ensure such use	3с		
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		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
•	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination			
٠	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
- -	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	10		
Sa	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	5a		
	was accomplished (such as by amendment to the organizing document)	_ Sa		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
	designated in the organization's organizing document?	5c		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	ļ.		
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
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 79			
	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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	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? If "Yes," provide detail in Part VI.	9b		<u> </u>
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 Part VI.	9c		L
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	ļ	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	İ		

determine whether the organization had excess business holdings)

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Pa	rt IV Supporting Organizations (continued)		<u>. </u>	
			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)	44.	1	
	below, the governing body of a supported organization?	11a	 	├
	A family member of a person described in (a) above?	11b	-	├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c_	L	L
Sec	tion B. Type I Supporting Organizations	-	Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to	<u> </u>	162	NO
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of 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	<u> </u>		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			İ
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations		L	<u> </u>
000	Mon o. Type a dapporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	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		ĺ
Sec	tion D. All Type III Supporting Organizations			
	Monta, An Typo III oupporting 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			İ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	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			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard	3		
Sec	etion E. Type III Functionally Integrated Supporting Organizations	·		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tructions).		
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			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ty (see instructions	5)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,	'		ĺ
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		ĺ
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
i ~	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	, Ja		
D	· · · · · · · · · · · · · · · · · · ·	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	A /Form 990 or 99	M-E71	2019

<u>Sch</u>	edule A (Form 990 or 990-EZ) 2018 JANUS YOUTH PROGRAMS,	LNC.		23-7345990 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
_	maintenance of property held for production of income (see instructions)	6		_
_7	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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		
<u>b</u>	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		<u> </u>
е	Discount claimed for blockage or other	ŀ		
	factors (explain in detail in Part VI)			<u> </u>
_2	Acquisition indebtedness applicable to non-exempt use assets	2		<u> </u>
3	Subtract line 2 from line 1d	3		<u> </u>
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	<u></u>	
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting ord	ganization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2018

23-7345990 Page 7 Schedule A (Form 990 or 990-EZ) 2018 JANUS YOUTH PROGRAMS, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (11) (m) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reason able cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3j and 4c Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016

d Excess from 2017
e Excess from 2018

Schedule A	(Form 99	0 or 990-EZ) 2018 J	ANUS	YOUTH	PROG	RAMS,	INC			23-734	5990 Page 8
Part VI	Supple Part IV, S line 1, Pa Section	emental Section A, li art IV, Secti D, lines 5, 6	Informa ines 1, 2, on D. line	ation. Pr 3b, 3c, 4l s 2 and 3	ovide the e b, 4c, 5a, 6 . Part IV, S	explanation , 9a, 9b, 9c ection E. lin	s required , 11a, 11b les 1c, 2a,	by Part , and 11 2b, 3a.	II, line 10, Pa c, Part IV, S and 3b, Part	art II, line 17a o ection B, lines V, line 1, Part for any additio	1 and 2, Part I' V, Section B, I	V, Section C, ine 1e, Part V,
-	(See inst	tructions)										
SCHEDU	ILE A,	PART	II,	LINE	10, E	XPLAN	MOITA	FOR	OTHER	INCOME:		
MISCEL	LANEC	ous re	VENUE	(\$13	32,916)						
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

JANUS YOUTH PROGRAMS, INC.

Employer identification number 23-7345990

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the							
	organization answered "Yes" on Form 990, Part IV, line 6							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be	used only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring					
	impermissible private benefit?		Yes No					
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7					
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)						
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area					
	Protection of natural habitat	Preservation of a cer	tified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ea	sement is located >						
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements in	t holds?	└── Yes └── No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year					
	>							
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conserva	ation easements during the year					
	> \$							
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(ı)					
	and section 170(h)(4)(B)(ii)?		L Yes L No					
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for					
	conservation easements							
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.					
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	 					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,					
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that descri							
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts					
	relating to these items							
	(i) Revenue included on Form 990, Part VIII, line 1		> \$					
	(ii) Assets included in Form 990, Part X		> \$					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia						
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items						
а	Revenue included on Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X		> \$					

		OUTH PROGR							0 Page 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures,	or Oth	<u>er Simil</u>	ar Asse	e ts (contin	ued)
3	Using the organization's acquisition, access	on, and other record	ls, check any of	he following th	at are a s	ignificant	use of its	collection	ı ıtems
	(check all that apply)								
а	Public exhibition	d		exchange progi	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII								
5	During the year, did the organization solicit of	or receive donations	of art, historical t	reasures, or oth	ner sımıla	r assets			
	to be sold to raise funds rather than to be m	aintained as part of t	he organization'	collection?				Yes_	No.
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Part X, line 21								
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included								
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.						
						<u> </u>		Amount	
С	Beginning balance					1c_			
ď	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow of	r custodial acc	ount liabi	lity?		Yes	No No
	If "Yes," explain the arrangement in Part XIII.								
Pai									
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	65,699.	15,54		5.544.	· ·	15,539,		15,534.
b	Contributions	175_000.	50.00						
	Net investment earnings, gains, and losses	2,146.		55.			5		5.
d	Grants or scholarships								
	Other expenditures for facilities							T	
Ū	and programs]	
f	Administrative expenses								
g g	End of year balance	242.845.	65,69	10 1	5,544.		15.544.		15,539.
2	Provide the estimated percentage of the cur				J, J== .1		15,544,	·!	<u> 13,555.</u>
a	Board designated or quasi-endowment	rent year end balanc	%	ir (a), ricia as					
	Permanent endowment 6.18	%							
	Temporarily restricted endowment ▶ 9								
·	The percentages on lines 2a, 2b, and 2c sho								
33	Are there endowment funds not in the posse	•	ation that are hel	d and administ	ared for t	he organi	zation		
Ja	by	Josion of the organiza	ation that are no	a ana aaniinist	3100 101 1	no organii	Lation	ſ.	Yes No
	(i) unrelated organizations								X
	(ii) related organizations							3a(ii)	X
ь	If "Yes" on line 3a(ii), are the related organizations	stione lietod se roquir	rad on Schadula	D2				3b	
4	Describe in Part XIII the intended uses of the	•		• • • • • • • • • • • • • • • • • • • •				[<u>00</u>]	
	t VI Land, Buildings, and Equipm		Willett lands						
	Complete if the organization answere		Dort IV line 11	See Form 99) Part Y	line 10			
	Description of property	(a) Cost or o		ost or other		ccumulate	ad T	(d) Book	
	Description of property	basis (investr	, , ,	sis (other)		preciation		(a) book	value
	Land	Dasis (IIIVESIII			- 46	preciation		717	7,598.
	Land			717,598.	2	2/1 /	11		
b	Buildings			3 <u>22,476.</u> 725,555.		$\frac{241,4}{690,0}$			L,062.
С	Leasehold improvements					<u>690,0</u>			
d	Equipment			754,817. L19,178.	<u> </u>	<u>688,6</u>	43.		7,194.
	Other	aval Form 200, Cod			l				5,178.
rotal	. Add lines 1a through 1e. (Column (d) must e	quai FUIIII 990, Palt	∧, COIUITIN (B), IIN	c /UC/ .				J , $J \perp J$	/ / J / L •

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per R		<u>7343330 Pages</u> n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	1	13,215,026.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a 4,377.	1	
b	Donated services and use of facilities	2b 73,643.		
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	78,020.
3	Subtract line 2e from line 1		_3_	13,137,006.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			l
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	·	5	13,137,006.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			<u> </u>
1	Total expenses and losses per audited financial statements		1_	13,123,243.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a 73,643.	,	
b	Prior year adjustments	2b	}	
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	73,643.
3	Subtract line 2e from line 1		3	13,049,600.
4	Amounts included on Form 990, Part IX, line 25, 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 4a and 4b		4c	0.
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	13,049,600.
Pa	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT V, LINE 4:			,,
<u>THI</u>	E EARNINGS GENERATED BY THE DONOR RESTRICTE	ED ENDOWMENT FUN	D A	RE
RES	STRICTED TO THE INSIGHTS TEEN PARENT PROGRA	MS. THE EARNING	S G	ENERATED BY
<u>THI</u>	E BOARD DESIGNATED ENDOWMENT FUND ARE RESTR	RICTED TO SCHOLA	RSH	IP AWARDS.
			-	
				
		1		

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.

OMB No 1545-0047

Open to Public Inspection

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

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

Name of the organization JANUS Y	OUTH PROGRAMS, INC	·				23 - 7345	ntification number
	Complete if the organization answ		es" o	n Form 990, Part IV,	line 1		
Indicate whether the organization rais a	ed funds through any of the following and solicitate and solicitat	ition of r ition of g I fundrai I (includ profession	non g gover ising ing o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(u) Activity	fundra have cus or contr contribut	iser stody rol of	(IV) Gross receipts from activity	to (o	Amount paid ir retained by) undraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			<u></u>	
			-				
							
							<u>-</u>
Total 3 List all states in which the organization	n is registered or licensed to solicit	contribi	utions	or has been notified	Litie	evernt from re	egistration
or licensing	This registered of licensed to solicit		1110113	or rias been nouned			
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Schedule G (Form 990 or 990-EZ) 2018

	eau irt		e organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	
		of fundraising event contributions and gr				ots greater than \$5,000
			(a) Event #1 GOLF	(b) Event #2 DINNER IN THE VINES	(c) Other events NONE	(d) Total events (add col (a) through
a)			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	65,793.	71,392.		137,185.
	2	Less Contributions	44,543.	47,368.		91,911.
	3	Gross income (line 1 minus line 2)	21,250.	24,024.		45,274.
	4	Cash prizes				
S	5	Noncash prizes	1,563.			1,563.
Direct Expenses	6	Rent/facility costs	17,193.	700.		17,893.
rect E	7	Food and beverages	2,341.	16,942.	····	19,283.
۵	8	Entertainment		1,000.		1,000.
	9	Other direct expenses	3,701.	698.		4,399.
	10	Direct expense summary Add lines 4 through	9 in column (d)		>	44,138.
	11	Net income summary Subtract line 10 from li			<u> </u>	1,136.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant		(N T .)
ä			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue			<u>~</u>	3.,,,,	-	
<u>~</u>	1	Gross revenue			·	
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs			- 	· · · · · · · · · · · · · · · · · · ·
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		>	
9	Ent	er the state(s) in which the organization condu	icts daming activities			
а	ls t	he organization licensed to conduct gaming ac No," explain	ctivities in each of these	states?		Yes No
1 0 -	<u></u>	vo any of the experience	wolled every deal of the	promoted dispersion		Yes No
		re any of the organization's gaming licenses re Yes," explain	•	eminated during the tax	year ′	Tes L. NO
						
		<u> </u>				

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Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990 EZ) 2018 JANUS YOUTH PROGRAMS, INC. 2	3-7345990 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	\
Name A.	
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	t
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name ►	
Address >	
16 Gaming manager information	
Name ►	
Gaming manager compensation > \$	
Description of services provided	
	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in ti	hc
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	d Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
-	<u></u>
	

Schedule G	(Form 990 or 990-EZ)	JANUS	YOUTH	PROGRAMS,	INC.		23-7345990	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (cor	ntinued)					
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

■ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Public

OMB No 1545-0047

Inspection

Employer Identification number

2 | 23-7345990 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant (c) IRC section (if applicable) INC. JANUS YOUTH PROGRAMS, General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part Part II

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Schedule I (Form 990) (2018)

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

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

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

Schedule I (Form 990) (2018) (f) Description of noncash assistance FOOD/CLOTHING (e) Method of valuation (book, FMV, appraisal, other) ASSISTANCE IS PROVIDED EXCLUSIVELY TO YOUTH ENROLLED IN THE ORGANIZATION'S THE ORGANIZATION PROVIDES PROGRAM SERVICES TO YOUTH LOCATED IN Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 122 609 FMV (d) Amount of non-cash assistance 0 1,084,272, 110,515, 30,237 35 (c) Amount of cash grant 1392 728 (b) Number of recipients 1805 2024 (a) Type of grant or assistance OREGON AND WASHINGTON. INCENTIVE/RECREATION/OTHER RENT/UTILITY ASSISTANCE LINE TRANSPORTATION PROGRAMS. FOOD/CLOTHING PART I, 832102 11-02-18 EDUCATION

Page 2

23-7345990

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

JANUS YOUTH PROGRAMS, INC.

Schedule I (Form 990) (2018)

Part III

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Part I

JANUS YOUTH PROGRAMS, INC.

Questions Regarding Compensation

Employer identification number 23-7345990

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	}		
	Travel for companions Payments for business use of personal residence	1	1	ļ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	}		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		1	
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study		l	
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change of-control payment?	4a		<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		<u> X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		j	
_	contingent on the net earnings of The organization?	6a		х
	Any related organization?	6b		<u>x</u>
U	If "Yes" on line 6a or 6b, describe in Part III	- OS	\dashv	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		ļ	
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	1	Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		 -
•	initial contract exception described in Regulations section 53 4958 4(a)(3)? If "Yes," describe in Part III	8	ļ	Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		
J	Regulations section 53 4958-6/c)?	9	ł	

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	E)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	in column (B) reported as deferred on prior Form 990
(1) DENNIS L. MORROW	Ξ	158,200.	0	0	3,381.	19,908.	181,489.	0
EXECUTIVE DIRECTOR	(ii)			. 0.	0	0	0	0
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization JANUS YOUTH PROGRAMS, INC.

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

Employer identification number 23-7345990

Schedule M (Form 990) 2018

Pai	rt I Types of Property						_		
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribu amounts reported			(d) d of determ contribution	•	ts
		арриодоло	items contributed	Form 990, Part VIII,	line 1g				
1	Art - Works of art								
2	Art - Historical treasures			<u> </u>					
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		109,	<u>904.</u>	GOODWILI	GUID	CLIN	ES
6	Cars and other vehicles								_
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	-							
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or				Ĭ				
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -			_					
	Historic structures								
14	Qualified conservation contribution - Oti	her							
15	Real estate - Residential			·					
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	341	94,	521.1	FAIR MAF	RKET V	LUE	j
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (AUCTION ITEM	1S) X	4		700.1	FAIR MAF	RKET V	LUE	j
26	Other)							
27	Other								
28	Other (
29	Number of Forms 8283 received by the	organization during	g the tax year for c	ontributions					
	for which the organization completed Fo	orm 8283, Part IV, I	Donee Acknowledg	gement 2	29				
								Yes	No
30a	During the year, did the organization red	ceive by contributio	on any property rep	orted in Part I, lines	1 throug	h 28, that it			
	must hold for at least three years from t	he date of the initia	al contribution, and	which isn't required	to be us	ed for			لـــــا
	exempt purposes for the entire holding	period?					30a	<u> </u>	X
b	If "Yes," describe the arrangement in Pa	art II							
31	Does the organization have a gift accep	tance policy that re	equires the review	of any nonstandard o	contribut	ions?	31		X
32a	Does the organization hire or use third p	parties or related or	ganizations to soli	cit, process, or sell n	oncash]	
	contributions?						32a		X
b	If "Yes," describe in Part II								
33	If the organization didn't report an amou	unt in column (c) fo	r a type of property	y for which column (a	a) is chec	ked,			1
	describe in Part II								

<u>Schedule</u>	M (Form 9	90) 2018						RAMS,	INC.				23-73		Page 2
Part II	Suppl is repor this par	emental ting in Part t for any ad	Information Inform	mationn (b), Inform	n. Provi the nun nation	vide the	e inf	ormation rentributions,	equired by the numbe	Part I, III er of iten	nes 30b, 32b, ns received, o	and 33 r a con	3, and whether of bo	the organiza th Also comp	tion plete
SCHED	ULE M	, PART	I,	COL	UMN	(B)	:				·· ·				
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public

Open to Public Inspection

Name of the organization

JANUS YOUTH PROGRAMS, INC.

Employer identification number 23-7345990

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JANUS YOUTH PROGRAMS HAS BEEN CHANGING LIVES AND BUILDING FUTURES FOR
CHILDREN, YOUTH, AND FAMILIES IN OREGON AND WASHINGTON SINCE 1972.
INNOVATIVE, COMMUNITY-BASED PROGRAMS INCLUDE THE NORTHWEST'S LARGEST
ARRAY OF RUNAWAY AND HOMELESS YOUTH SERVICES; HELP FOR YOUTH WHO HAVE
BEEN SEX TRAFFICKED; SERVICES FOR TEEN PARENTS AND THEIR CHILDREN;
RESIDENTIAL PROGRAMS; A COLLEGE SCHOLARSHIP PROGRAM THAT HELPS YOUTH
WHO HAVE BEEN SUCCESSFUL AT JANUS ATTEND COLLEGE OR COMPLETE A
VOCATIONAL TRAINING PROGRAM; AND COMMUNITY FOOD PROGRAMS IN AFFORDABLE
HOUSING COMMUNITIES.
•
SERVING OVER 6,000 INDIVIDUALS ANNUALLY, SHELTERING NEARLY 200 YOUTH
NIGHTLY, WORKING WITH 400 YOUTH DAILY, INITIATING THOUSANDS OF STREET
OUTREACH CONTACTS ANNUALLY WITH RUNAWAY AND HOMELESS YOUTH, JANUS IS
ONE OF THE LARGEST YOUTH-SERVING AGENCIES IN THE NORTHWEST.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMMUNITY FOOD PROGRAM - THIS PROGRAM INCLUDES COMMUNITY ORGANIC
GARDENS, AN ORCHARD, AN INTERGENERATIONAL FARM AND A COMMUNITY-RUN,
HEALTHY CORNER GROCERY STORE. BASED IN NORTH PORTLAND AFFORDABLE
HOUSING NEIGHBORHOODS, THE PROGRAM FOCUSES ON ELIMINATING HUNGER,
PROVIDING EMPLOYMENT OPPORTUNITIES FOR TEENAGERS AND ADULTS, DEVELOPING
ENTREPRENEURIAL OPPORTUNITIES, SUPPORTING LEADERSHIP SKILL DEVELOPMENT
AND DELIVERING HEALTH AND NUTRITION INFORMATION.

REVENUE \$ 197,353.

EXPENSES \$ 643,817.

INCLUDING GRANTS OF \$ 12,353.

Name of the organization **Employer identification number** JANUS YOUTH PROGRAMS, INC. 23-7345990 FORM 990, PART VI, SECTION A, LINE 2: GREG BAUER (BOARD MEMBER) HAS A FAMILY RELATIONSHIP WITH MELISSA BAUER_ (BOARD MEMBER). FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA, AND REVIEWED BY THE EXECUTIVE DIRECTOR AND FISCAL DIRECTOR. A COPY IS PROVIDED TO THE FINANCE COMMITTEE PRIOR TO ITS FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: UPON ACCEPTANCE TO THE BOARD, MEMBERS ARE GIVEN A CONFLICT OF INTEREST POLICY, AND REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS. THE POLICY IS DISCUSSED PERIODICALLY. POTENTIAL CONFLICTS ARE THEN MONITORED, AND WHEN VOTING ACTIONS OCCUR IN BOARD MEETINGS, ANY PERSON KNOWN TO HAVE A CONFLICT OF INTEREST IS EXCUSED FROM THE MEETING UNTIL THE DISCUSSION AND VOTE IS COMPLETED. SUCH EXCUSALS ARE DOCUMENTED IN THE MINUTES. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION AFTER CONDUCTING FORMAL PERFORMANCE REVIEWS AND SURVEYING COMPENSATION LEVELS FOR EXECUTIVE DIRECTORS AND OFFICERS OF OTHER 501(C)(3) ORGANIZATIONS IN THE STATE OF OREGON. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.