2949311429520 2949006508515

CHANGE OF ACCOUNTING PERIOD

Form **990** (Rev January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

Under

OMB No 1545-0047

section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2019
➤ 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	2019 calendar year, or tax year beginning JUI	1, 2019 and	ending S	EP 30, 2019		
Вс	heck if oplicable	C Name of organization		D Employer identification number			
X	Address change	YOUTH FOCUS INC					
	Name change	Doing business as			<u>23-737805</u>	57	
	Initial return	Number and street (or P.O. box if mail is not deliver	red to street address)	Room/suite	E Telephone number		
	Final return/	6220 THERMAL RD	336-274-5909				
	termin- ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	1,558,630.	
	Amende return	CHARLOTTE, NC 28211-563	0		H(a) Is this a group ret	turn	
	Application tion pending	I F Name and address of principal officer WEINDI	SCHWEIGER	4	for subordinates?		
	·		H(b) Are all subordinates inc	luded?YesNo ist (see instructions)			
		mpt status X 501(c)(3) 501(c) () ◀	(insert no.) 4947(a)(1) c	or 52/7	3		
			ciation Other	I Voor	H(c) Group exemption	State of legal domicile: NC	
		Summary	Jiation Other	I L Tear	oriorination, +2/= M	State of legal dofficie, 14C	
۳		Briefly describe the organization's mission or most sig	PROVI	LDEG D	PEVENTION AN	<u></u>	
စ္ပ		INTERVENTION SERVICES FOR Y					
Governance	_						
ē		Check this box I if the organization disconting	•	ea or more	1 1	13	
ွဲ့		Number of voting members of the governing body (Pa	•		3	13	
		Number of independent voting members of the goverr otal number of individuals employed in calendar yeaំរិ			4	0	
Activities &		otal number of individuals employed in calendar year otal number of volunteers (estimate if necessary) Re			5	13	
ξ			.//_	5 .	6	0.	
Š		otal unrelated business revenue from Part VIII, colum	7a	0.			
\dashv	рг	Net unrelated business taxable income from Form 990	AUG (2 1) 2020		7b		
		2-4-b-4	10002	. / -	Prior Year 2,594,724.	Current Year 448,837.	
e		Contributions and grants (Part VIII, line 1h)	Kansas City, MO	\lor \vdash	3,894,488.	1,108,468.	
Revenue		Program service revenue (Part VIII, line 2g)	•	}	45,520.	1,100,400.	
è		nvestment income (Part VIII, column (A), lines 3, 4, an	•	ւ	2,300.	1,323.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c		<u> </u>	6,537,032.	1,558,630.	
		otal revenue - add lines 8 through 11 (must equal Par			0,337,032.	0.	
		Grants and similar amounts paid (Part IX, column (A), I		-	0.	0.	
		Benefits paid to or for members (Part IX, column (A), li		-	5,073,761.	990,980.	
es	15 5	Salaries, other compensation, employee benefits (Part		\vdash	0.	990,980.	
ens	16a F	Professional fundraising fees (Part IX, column (A), line		, -	U.	<u>0.</u>	
Expenses	b 1	otal fundraising expenses (Part IX, column (D), line 25		0.	1 644 610	662 000	
۳	11	Other expenses (Part IX, column (A), lines 11a-11d, 11	•	ļ 	1,644,618.	662,989.	
		otal expenses Add lines 13-17 (must equal Part IX, c	column (A), line 25)	<u></u>	6,718,379.	1,653,969. <95,339.>	
		Revenue less expenses Subtract line 18 from line 12		- -	<181,347.>		
is or				Be	ginning of Current Year 4,634,961.	End of Year 5 , 195 , 840 •	
Net Assets	20 1	otal assets (Part X, line 16)		├	1,127,310.	1,106,255.	
뒱	21 7	otal liabilities (Part X, line 26)		⊢	3,507,651.	4,089,585.	
픦	22 N	Net assets or fund balances Subtract line 21 from line Signature Block	20		3,301,031.	4,009,303.	
_			ludina sasamasauna sahadulas	and statema	ate and to the heat of my	knowledge and ballefut to	
		ties of perjury, I declare that I have examined this return, incl , and completed Declaration of preparer (other than officer) is				ANOMINAYO ANA DUNUI, ILIO	
uue,	Correct	, and complexed beclaration or preparer (other than afficer) is	s Dascu on an information of Wil	icit preparet	nas any knowledge.		
C		Signature of baricer Signature of baricer			Date 1	1 10 0	
Sign			AIRPERSON		(/111.0)	11 /3 () Man 8	
Here	e	WENDI SCHWEIGER, VICE CH	VIVI DUDOM		- CWYE	MR 1 CHXOXA	
	+	<u> </u>	apararia alapatura	· Ir	Date Check	T PTIN	
	Ĺ	Print/Type preparer's name Pri	eparer's signature	L	8/10/2020	7 501240705	

YONG ZHANG, Firm's EIN > 42-0714325 Preparer Firm's name RSM US LLP Firm's address > 1861 INTERNATIONAL DRIVE, SUITE 400 Use Only Phone no. 703-336-6400 MCLEAN, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form 990 (2019)

Form	n 990 (2019) YOUTH FOCUS INC	<u> 23-7378057 </u>	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	MISSION: "HELPING YOUTH ACHIEVE SAFETY, SECURITY, AND SUCC		
	PROVIDE BEHAVIORAL HEALTH SERVICES FOR YOUTH FACING MENTAL	_ HEALTH	
	AND/OR SUBSTANCE ABUSE ISSUES AS WELL AS LIFE SKILLS AND	RISIS	
	SUPPORT FOR AT RISK YOUTH AND/OR RUNAWAY AND HOMELESS YOU		
		. 11 •	
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?	Vos	X No
3		163	
	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 me	asured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, ar	nd
	revenue, if any, for each program service reported		
4a	1 265 704	1,108,	<u> 168 \</u>
44			
	GROUP HOMES: PROVIDED HOUSING AND PROGRAMS FOR CHILDREN W		
	NEEDS AND FOR THE PREVENTION OF CREULTY TO CHILDREN BY USE	OF CHILD	
	PSYCHOLOGISTS, FOSTER CARE AND GROUP HOMES.		
			-
		 	
4b	\(\frac{1}{2}\)		
40	(Code) (Expenses \$ including grants of \$) (Revenue \$		· '
		-	_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	·)
			
			,
			
		<u>-</u>	
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program convex expenses 1 365 794	<u> </u>	

Form **990** (2019)

Form 990 (2019) YOUTH FOCUS INC Part IV Checklist of Required Schedules

23-7378057

Page 3

Yes No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ļ
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or]
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			}
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	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		İ	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	·			
	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	:		۱,,
	Schedule D, Parts XI and XII	12a		Х
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			i
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	7
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	
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	445		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b_		
15		45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10.		
• • • • • • • • • • • • • • • • • • • •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
13	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		
13		19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 12 If "Yes." complete Schedule I. Parts I and II	21		х
	II Tes, complete some in the first and it			

Form 990 (2019)

Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Х 25b Schedule L. Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х 27 entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // "Yes," complete Schedule L, Part IV 28a Х 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х 28c "Yes." complete Schedule L. Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N. Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		اد ا	
	filed for the calendar year ending with or within the year covered by this return	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	 -		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a_		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3</u> b	\vdash	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			٠,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	X
	If "Yes," enter the name of the foreign country			ļ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		
Oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Oa	$\vdash \dashv$	
•	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	"		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		$\overline{\mathbf{x}}$
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			.~
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 - 	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_	—	
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	{ }		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders Cross income from other courses (Po not not one units due or could to other courses against	} }	, ,	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O	100		
	Enter the amount of reserves the organization is required to maintain by the states in which the		: 1	
	organization is licensed to issue qualified health plans		,	
С	Enter the amount of reserves on hand			
14a		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	<u> </u>		
		_	$\alpha \alpha \alpha$	

23-7378057 YOUTH FOCUS INC Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI \mathbf{X} Section A. Governing Body and Management Yes No 13 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 13 b Enter the number of voting members included on line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) X Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records MANUEL GOMEZ - 336-274-5909

28211-5630

6220 THERMAL RD, CHARLOTTE, NC

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

X

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

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

X Check this box if neither the organization ne	or any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than on		one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of
	week				i octo	T	186)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90.0	stee		ĺ	sated		(W-2/1099-MISC)	(***271033*141100)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** = *********************************	4	and related
	below	dual	tution	ا اة	Key employee	est co	 =			organizations
	line)	P dg	Instil	Officer	Key	Hgh lg	Former			
(1) PAIGE BUTLER	1.50									
CHAIRPERSON		X		Х						
(2) DEBBIE REYNOLDS	1.00									
VICE CHAIRPERSON		Х		Х						
(3) ED CROSS	1.00									
SECRETARY		Х		X						
(4) LEIGH ANNE BULLIN	1.00									
VICE CHAIRPERSON, FINANCE		X		X						
(5) JIM BENNETT	1.00				ľ					
DIRECTOR		X	L							
(6) MEGAN CALLAHAN	1.00									
DIRECTOR		X				L.,				
(7) ROSETTA DAVIS	1.00				ŀ					
DIRECTOR		X				<u> </u>				
(8) PAMELIA MCADOO ROGERS	1.00									
DIRECTOR		Х								
(9) DEMETERIUS MORGAN	1.00									
DIRECTOR		X			L	<u> </u>				
(10) MICHAEL PEARSON	1.00									
DIRECTOR		Х								
(11) KATINA RICHMOND	1.00									
DIRECTOR		Х								
(12) YUBISELA ARANDA SANODOVAL	1.00				İ					
DIRECTOR		X	_							
(13) WENDI SCHWEIGER	1.00									
DIRECTOR	40.00	X	_		_	_				
(14) JENNIFER LEWIS	40.00	ł								
EXECUTIVE DIRECTOR JULY - AUGUST	40.00	-	<u> </u>	Х		<u> </u>				-
(15) SARAH ROTHLINGER	40.00	ł		.,						
EXECUTIVE DIRECTOR SEPTEMBER			_	X		-				
		1								
	 	-		<u> </u>	-	-	\vdash			
		ł								
	1	1					L	I	<u> </u>	

Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C	1	· ·			
(A)	(B)			-	C)			(D)	(E)		(F)	
Name and title	Average	(do	Position (do not check more than on				оле	Reportable	Reportable		Estimate	
	hours per	box	, unle	ss per nd a d	rson (s botl	h an	compensation	compensation			of
	week (list any						Ī	from	from related		other	
	hours for	Individual trustee or director	ŀ			L	İ	the organization	organization (W-2/1099-MIS		mpensa from the	
	related	6 0 0	atee			sated	l	(W-2/1099-MISC)	(44-27 1099-14110	1	rganızat	
-	organizations	ruste	Institutional trustee		g	lage	l	(11 27 1000 111100)			nd relat	
	below	dual	ution		old m	oyee	_ =				ganızatı	
	(ine)	lagiv	Instit	Officer	Key employee	Highest compensated employee	Former		1	ľ	_	
		Г									_	
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						<u> </u>			_			
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<u></u>							L_					
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		igsqcut				<u> </u>	<u> </u>					
		Ш	<u> </u>				<u>L</u>					
	<u> </u>						<u> </u>	-				
1b Subtotal												
c Total from continuation sheets to Part VI	I, Section A											
d Total (add lines 1b and 1c)							<u> </u>	l				
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)		
compensation from the organization											Tv	N
											Yes	No
3 Did the organization list any former officer,		ee, k	ey e	emple	oye	e, or	hig	hest compensated emp	loyee on			v
line 1a? If "Yes," complete Schedule J for s										3	+	X
4 For any individual listed on line 1a, is the su									he organization		-	-
and related organizations greater than \$150										4	+	X
5 Did any person listed on line 1a receive or a	•				_		elate	ed organization or individ	dual for services		-	-
rendered to the organization? If "Yes." com	nplete Schedule	<u>∍ J fo</u>	or su	ıch c	ers	on	_			5	Д	X
Section B. Independent Contractors						_			400.000 /			-
1 Complete this table for your five highest co	•	•							· ·	ensation t	rom	
the organization Report compensation for	the calendar ye	ear e	nair	ig w	ith C	or wi	tnin		ear			
(A) Name and business	address	NIC	ONE				ı	(B) Description of s	ervices		(C) ensation	n
		INC)TAT				\dashv					
_							_		-			
							寸		-			
							1					
							_					
							İ					
							-					
									ſ			
2 Total number of independent contractors (i	ncluding but or	ot lin	nited	l to t	hoe	عال ۾	—L ted	above) who received mo	ore than			
\$100,000 of compensation from the organic	•	,		1		~ II3		above, who received the				
\$100,000 or compensation from the organi.	Lution					-					990 (2010

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenuè excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 23,332. 1 a Federated campaigns 1a ributions, Gifts, Grants Other Similar Amounts 1b **b** Membership dues c Fundraising events 1c 1d Related organizations 412,923 e Government grants (contributions) f All other contributions, gifts, grants, and 12,582. similar amounts not included above 1f | 1g |\$ Noncash contributions included in lines 1a-1f 448,837. Total. Add lines 1a-1f Business Code 828,024. 2 a CLIENT SERVICES 624100 828,024. 624100 280,444. 280,444. **b** OTHER INCOME f All other program service revenue 1,108,468. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,325. 1,325. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents 6a b Less rental expenses 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 7a b Less cost or other basis Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) Other I 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9ь b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d All other revenue e Total. Add lines 11a-11d 1,325. o. ▶ 1,558,630.1,108,468. Total revenue See instructions

Form 990 (2019) YOUTH FOCUS INC
Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A)								
	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) (B) (C) (D)											
	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											
2	Grants and other assistance to domestic											
	ındıvıduals See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign				j							
	individuals See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	26,586.	26,193.	393.								
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	760 462	(22 067	147 206								
7	Other salaries and wages	769,463.	622,067.	147,396.								
8	Pension plan accruals and contributions (include	40 050	30,033.	10,925.								
_	section 401(k) and 403(b) employer contributions)	40,958. 136,858.	107,889.	28,969.								
9	Other employee benefits	17,115.	15,104.	2,011.	<u>. </u>							
10	Payroll taxes	_17,113.	13,104.	2,011.								
11	Fees for services (nonemployees)											
a	Management											
b	Legal	33,400.		33,400.								
٦ 0	Accounting Lobbying	33,1001	_	33,1001								
d e	Professional fundraising services See Part IV, line 17											
f	Investment management fees											
g	Other (If line 11g amount exceeds 10% of line 25,											
9	column (A) amount, list line 11g expenses on Sch O.)	60,145.	41,578.	18,567.								
12	Advertising and promotion	10,016.	7,952.	2,064.	•							
13	Office expenses	13,140.	9,471.	3,669.								
14	Information technology											
15	Royalties											
16	Occupancy	47,792.	42,329.	5,463.								
17	Travel	8,060.	6,870.	1,190.								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest	2,694.	2,600.	94.								
21	Payments to affiliates	10 005	10 000	1 000								
22	Depreciation, depletion, and amortization	12,025.	10,937.	1,088.								
23	Insurance	23,817.	17,851.	5,966.	i i							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				į							
а	INDIRECT ADMIN	276,237.	276,237.	0.								
b	REPAIRS & MAINTENANCE	64,434.	49,613.	14,821.								
c	FOOD	43,837.	42,421.	1,416.								
d	FOSTER & PROGRAM EXPENS	32,670.	32,435.	235.								
e	All other expenses	34,722.	24,214.	10,508.								
25	Total functional expenses Add lines 1 through 24e	1,653,969.	1,365,794.	288,175.	0.							
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)	<u> </u>										
					Form 990 (2019)							

Form 990 (2019)
Part X | Balance Sheet

Pa	rt X	Balance Sheet									
		Check if Schedule O contains a response or note to any line in this Part X									
			(A) Beginning of year		(B) End of year						
	1	Cash · non-interest-bearing	289,549.	1_	323,259.						
	2	Savings and temporary cash investments	411,604.	2	279,423.						
	3	Pledges and grants receivable, net	146,096.	3	116,601.						
	4	Accounts receivable, net	507,416.	4	534,645						
	5	Loans and other receivables from any current or former officer, director,									
		trustee, key employee, creator or founder, substantial contributor, or 35%			- <u></u> -						
		controlled entity or family member of any of these persons		5							
	6	Loans and other receivables from other disqualified persons (as defined									
	1	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6							
g	7	Notes and loans receivable, net		7							
Assets	8	Inventories for sale or use		8							
¥	9	Prepaid expenses and deferred charges	89,663.	9	40,022						
	10a	Land, buildings, and equipment cost or other	1								
		basis Complete Part VI of Schedule D 10a 3, 268, 744.									
	b	Less accumulated depreciation 10b 12,025	2,558,184.	10c	3,256,719						
	11	Investments - publicly traded securities		11							
	12	Investments - other securities See Part IV, line 11	628,076.	12	645,171						
	13	Investments - program-related See Part IV, line 11		13							
	14	Intangible assets	4 252	14							
	15	Other assets See Part IV, line 11	4,373.	15	0.						
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,634,961.	16	5,195,840						
	17	Accounts payable and accrued expenses	234,078.	17	230,498						
	18	Grants payable	-	18							
	19	Deferred revenue		19							
	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 any current or former officer, director,									
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%									
dē.		controlled entity or family member of any of these persons	002 222	22	075 757						
_	23	Secured mortgages and notes payable to unrelated third parties	893,232.	23	875,757						
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	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		25							
		of Schedule D	1,127,310.	25 26	1,106,255						
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	1,127,310.	26	1,100,233						
v											
ဥ		and complete lines 27, 28, 32, and 33.	3,367,730.	27	3,972,984						
<u>a</u>	27	Net assets without donor restrictions	139,921.	28	116,601						
9	28	Net assets with donor restrictions	133,321.	20	110,001						
<u>.</u> 5		Organizations that do not follow FASB ASC 958, check here	i		1						
Net Assets or Fund Balances	20	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29							
ţ	29	•	-	30							
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund	 	31							
¥	31	Retained earnings, endowment, accumulated income, or other funds	3,507,651.	32	4,089,585						
ž	32	Total net assets or fund balances	4,634,961.	33	5,195,840						
	33_	Total liabilities and net assets/fund balances	1 100217011	_ 33	Form 990 (2019						

Form	990 (2019) YOUTH FOCUS INC	23-73	378057	Pag	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				X				
			-						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,558	3,6	30.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,653						
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,507	7,6	51.				
5	Net unrealized gains (losses) on investments	5	1	.,6	84.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	675	5,5	89.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	4,089	, 5	85.				
Pa	rt XII Financial Statements and Reporting	-							
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				1				
	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	on a							
	separate basis, consolidated basis, or both				1				
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			· 1				
	consolidated basis, or both				. 1				
	Separate basis X Consolidated basis Both consolidated and separate basis								
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		1	1				
	Act and OMB Circular A-133?		3a		<u>X</u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990 (2019)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public

Inspection

Name of the organization

Employer identification number

		H FOCUS IN						3-7378 <u>057</u>
Part T	Reason for Public	Charity Status (All organizations must co	omplete th	ıs part) Se	e instructions		
The orga 1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
5	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental ur	nit describ	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 1	70(b)(1)(A)	(v).		
7 <u>X</u>	An organization that norma	illy receives a substa	ntial part of its support fi	rom a gove	emmental	unit or from th	e general	public described in
_	section 170(b)(1)(A)(vi). (C	Complete Part II)						
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conju	inction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of	the college	e or
	university						<u>.</u>	<u> </u>
10	An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Co	npt functions - subject ness taxable income	ct to certain exceptions,	and (2) no	more than	33 1/3% of it	s support	from gross investment
11	An organization organized	•	vely to test for public sa	fetv See	section 50)9(a)(4).		
12	An organization organized	•	•	•			ry out the	purposes of one or
	more publicly supported or							
	lines 12a through 12d that							
а	Type I. A supporting orga	• • • • • • • • • • • • • • • • • • • •	• •		•		-	aivina
	the supported organization	•	•		-	• • •		
	organization You must o		• • • •	,,,,,				
ьГ	Type II. A supporting org			ion with it	s supporte	d organization	n(s), by hav	/ına
	control or management of							
	organization(s) You mus			ролос			,	30.132
cГ	Type III functionally inte	•		in connec	tion with a	and functionall	v integrate	ed with
	its supported organizatio	,					, miograid	
dГ	Type III non-functionally		·				ted organi:	zation(s)
u _	that is not functionally int						_	
	•	•	• .	-			an attenti	veness
	requirement (see instruct	•	-				I. Tupo III	
e L	Check this box if the orga					Type I, Type I	i, iype iii	
4 En	functionally integrated, or ter the number of supported o	• •	ally integrated supporting	ng organiz	ation			
	ovide the following information	· ·	d organization(s)					
<u> </u>	(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the org	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10	Yes	No No	support (see in	structions)	support (see instructions)
			above (see instructions))					
					ĺ	•		
			-			<u> </u>		
	·					_		

Schedule A (Form 990 or 990-EZ) 2019 YOUTH FOCUS INC 23-7378

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not					i	
	ınclude any "unusual grants ")	2628553.	2869959.	2717426.	2594724.	448,837.	11259499.
2	Tax revenues levied for the organ-			_			
	ization's benefit and either paid to			-			
	or expended on its behalf		_				
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge		<u></u>				
4	Total. Add lines 1 through 3	2628553.	2869959.	2717426.	2594724.	448,837.	11259499.
5	The portion of total contributions	1					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		i				
	column (f)		-	•			
	Public support. Subtract line 5 from line 4						<u> 11259499.</u>
<u>Sec</u>	ction B. Total Support						·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2628553.	2869959.	2717426.	2594724.	448,837.	11259499.
8	Gross income from interest,						
	dividends, payments received on		ı				
	securities loans, rents, royalties,				45 500	4 225	404 504
^	and income from similar sources	20,918.	6,522.	27,299.	45,520.	1,325.	101,584.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		·····				
10	Other income Do not include gain				;		
	or loss from the sale of capital						
	assets (Explain in Part VI)						11261002
	Total support. Add lines 7 through 10						11361083.
	Gross receipts from related activities,	•	•		,		,075,154.
13	First five years. If the Form 990 is for	-	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
Se	organization, check this box and storetion C. Computation of Publi	o here c Support Per	centage				
14	Public support percentage for 2019 (I	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	99.11 %
	Public support percentage from 2018					15	99.13 %
16a	33 1/3% support test - 2019. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright X$
t	33 1/3% support test - 2018. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac						
-	meets the "facts-and-circumstances"						▶□
Ł	10% -facts-and-circumstances test					7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	<u></u>
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization						<u> </u>
					Sche	dule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Y Part III Support Schedule for C	OUTH FOCU	S INC	Section 500(a)	<i>(</i> 3)	23-737	8057 Page 3
(Complete only if you checked	_				Port II. If the ergenize	etion to le te
qualify under the tests listed b			organization falled	to quality under r	-art ii ii iiie organiza	ation rails to
Section A. Public Support					/	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019 /	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")			ļ			
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			:			
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		ł			1 _ 1	
4 Tax revenues levied for the organ-						-
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	\					
the organization without charge	`	\				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			X			
8 Public support. (Subtract line 7c from line 6)		/				
Section B. Total Support	·					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016 ["]	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6		1				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income	İ	/				
(less section 511 taxes) from businesses						
acquired after June 30, 1975		·				·
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	tion,
check this box and stop here						
Section C. Computation of Publi	ć Support Per	centage				
15 Public support percentage for 2019/(ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						1
17 Investment income percentage for 20)19 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from		• •			18	1 %
19a 33 1/3% support tests - 2019. If the			on line 14, and line	15 is more than 3	33 1/3%, and line 17	
more than 33 1/3%, check this box ar	-					\
b 33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	i, and line 16 is mo	ore than 33 1/3%, ar	nd 🔪
20 Private foundation. If the organization		-				▶ 🗖
932023 09-25-19					edule A (Form 990	or 990-EZ) 2019

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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 E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain
2	Did the organization have any supported organization that does not have an IRS determination of status
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
	organization was described in section 509(a)(1) or (2)

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		_
	Yes	No
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1		ļ <u>.</u>
		 -
2_	-	
3b		<u> </u>
		
3c		
4a		—
"		1
4b		
		{
		
4c		
5a		
	—	
_5b		
5c		
6		<u> </u>
7		
8		
		1
9a		
9b_		
9c		
		1
10a		
		1
10b		

Pai	t IV Supporting Organizations _(continued)			,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		-
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	tion of Type is supporting organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	
1	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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		<u> </u>	
000	tion D. All Type III dupper ting diguinations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
_	the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a			\vdash
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	_	_
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below			
ь	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 (see insti	ructions)	Yes	No
2	Activities Test Answer (a) and (b) below.		162	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	,	}	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	\vdash	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these		<u> </u>	
	activities but for the organization's involvement	2b	 	├
3	Parent of Supported Organizations Answer (a) and (b) below.	.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	\vdash
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	<u></u>	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019 YOUTH FOCUS INC

23-7378057 Page 5

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ		23-7370037 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. All
_	other Type III non-functionally integrated supporting organizations must c	•	, ,	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	_	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
_	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
_	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>
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	Ti		
	emergency temporary reduction (see instructions)	6		<u></u>
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	d Type III supporting orga	Inization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016
 c Excess from 2017
 d Excess from 2018
 e Excess from 2019

Schedule A (F	orm 990 or 99	0-EZ) 2	2019 YC	UTH	FOCUS	IN	IC					2	3 <u>-7</u> :	378057	Page 8
Part VI	Supplement Part IV, Section Ine 1, Part IV, Section D, lines (See instruction	tal In A, line Section 55, 6, a	formati es 1, 2, 3t n D, lines	on. F b, 3c, 4 2 and 3	Provide the ex lb, 4c, 5a, 6, 3, Part IV, Se	oplan 9a, 9 ction	ations re b, 9c, 1 E, lines	1a, 11b, 1c, 2a,	and 110 2b, 3a, a	c, Part IV, Se and 3b, Part	ection B, li V, line 1, l	7a or 17b nes 1 and Part V, Se	Part 2, Part ction E	III, line 12, t IV, Section 3, line 1e, Pai	
	E A PAR			_										·	
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THROUGH	SEPTEM!	BER	30,	2019	9.							-			
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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.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization YOUTH FOCUS INC **Employer identification number** 23-7378057

· Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar F	unds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 dono	r advised fund	ds
	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	dvisors in writing that grant funds o	can be used o	nly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other pu	rpose confer	ring
	impermissible private benefit?	.,		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form	n 990, Part IV	line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (for example, recrea	tion or education) Preserva	ation of a histo	orically important land area
	Protection of natural habitat	Preserva	ation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the	e form of a co	nservation 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 a	after 7/25/06, and not on a historic	structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated	by the organ	ization during the tax
	year >	-		
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handl	ing of	
	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing	ng conservation	on easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing co	nservation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section	on 170(h)(4)(B)	(1)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and ex	pense staten	nent and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial s	statements th	at describes the
_	organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of		or Other S	similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research	ch in furtherai	nce of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art, historical tre		nancial gain,	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items		
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			> \$

•		WOLIMIT E	OGUG TNG						22 72	70057	_	2
Sche Par		rm 990) 2019 YOUTH FO rganizations Maintaining C	OCUS INC	+ Hict	orical Tro	acurac A	r Other		23-73			age Z
									_	<u>(continu</u>	ied)	
3	_	organization's acquisition, accession	on, and other record	s, спеск	any or the r	ollowing that	make sigi	micani i	use or its			
		items (check all that apply)		. $ egin{array}{c} $		h						
а	=	olic exhibition	C			hange progra	am					
b	=	nolarly research	•	• 🗀	Other							
С		servation for future generations			- 6 45- 45				·- Dt	VIII		
4		description of the organization's co							se in Part	XIII		
5	•	e year, did the organization solicit o					er similar a	ssets		٦٧		٦
Dar		to raise funds rather than to be ma					Wast on E	OOC	Dort IV	Yes		No
rai		scrow and Custodial Arrang ported an amount on Form 990, Par	-	ete ir the	organizatio	n answered	tes on r	omi s ac	, Part IV, I	line 9, or		
								-1	-			
1a	-	anization an agent, trustee, custodi	an or other intermed	liary for c	contributions	s or other as:	sets not in	ciuaea		٦ ٧		٦.,.
		990, Part X?			_61_					」Yes		J No
b	If "Yes,"	explain the arrangement in Part XIII	and complete the to	llowing t	able			<u> </u>		A		
		- Northern						4-		Amount		
	Beginning							1c 1d	-			
		during the year						1e				
_		ons during the year						1f		**		
f O-	Ending b	aiance rganization include an amount on Fo	orm 990 Bart V line	21 for 6	SECTOW OF CU	istodial acco	unt liabilit			Yes		No
		explain the arrangement in Part XIII						, -	L] 163]
Par		ndowment Funds. Complete						l				
	<u> </u>		(a) Current year	i -	rior year	(c) Two yea			years back	(e) Four	vears	hack
12	Reginning	g of year balance	(a) canon you	(2).	no. you.	(6)		<u>.,</u>		107.50	,	
h	Contribut	•						_				
c		tment earnings, gains, and losses										
ч		scholarships										
e		penditures for facilities										
·	and prog											
f		rative expenses										
g		ar balance							•			
2		he estimated percentage of the curr	ent year end balanc	e (line 1c	a, column (a)) held as						
a		signated or quasi-endowment	•	%	. ,	•						
b		nt endowment	%	_								
С	Term end	lowment >	%									
	The perce	entages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there	endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	red for the	organiza	ation	_		
	by										Yes	No
	(i) Unrel	ated organizations								3a(ı)		
	(ii) Relat	ed organizations								3a(ii)		
b	If "Yes" o	n line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4		in Part XIII the intended uses of the	organization's endo	wment f	unds							
Par	t VI L	and, Buildings, and Equipm	ent.									
	C	omplete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a S	ee Form 990	, Part X, III	ne 10				
		Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulate	ed	(d) Book	value	е
			basis (investr	ment)	basis	(other)	depr	eciation		<u> </u>		
1a	Land									<u> </u>		
b	Buildings				3,16	2,400.		8,7	84.	3,153	, 62	16.
С	Leasehol	d improvements										
d	Equipme	nt										

106,344.

Schedule D (Form 990) 2019

103,103.

3,256,719.

3,241.

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990. Part X. column (B), line 10c.)

	_					.1.113.4 11		
Part VII	Inve	estm	ents ·	- Otl	ner Secu	rities.		
Schedule D						FOCUS	INC	
•								

Complete if the organization answered	"Yes" on Form 990, Part IV, line 1	1b See Form 990, Part X, line 12
(a) Description of security or category (including name of se	ecurity) (b) Book value	(c) Method of valuation Cost or end-of-year market valu
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A) MUTUAL FUNDS	645,171.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal (Col (b) must equal Form 990, Part X, col (B) line Part VIII Investments - Program Relate		•
Complete if the organization answered	"Yes" on Form 990, Part IV, line 1	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal (Col. (b) must equal Form 990, Part X, col (B) line	13)	
Part IX Other Assets.		
Complete if the organization answered	"Yes" on Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col.	(B) line 15.)	>
Part X Other Liabilities.		
Complete if the organization answered	"Yes" on Form 990, Part IV, line 1	1e or 11f See Form 990, Part X, line 25
(a) Description of liability		(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	(P) (no 25)	, ,
fotal. (Column (b) must equal Form 990. Part X. col.	(D) III E ZO.)	

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 YOUTH FOCUS INC		23-	7378057	Page 4
Par		nts With Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements		1	30,582	845.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a 1,684.			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d 30,464,542.			
е	Add lines 2a through 2d		2e	30,466	
3	Subtract line 2e from line 1		3	116,	619.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b 1,442,011.			
C	Add lines 4a and 4b		4c	1,442	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,558	<u>,630.</u>
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per I	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		_		
1	Total expenses and losses per audited financial statements		1	25,406	,118.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	,		
а	Donated services and use of facilities	2a	4		
þ	Prior year adjustments	2b	4		
С	Other losses	2c	-	1	
	Other (Describe in Part XIII)	2d 25,262,943.		25 262	0.4.2
е	Add lines 2a through 2d		2e	25,262	
3	Subtract line 2e from line 1		3	143	<u>.175.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1 510 704	-		
	Other (Describe in Part XIII)	4b 1,510,794.	 	1 510	704
	Add lines 4a and 4b		4c	1,510,	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		5	1,653,	,909.
		V limes the and the Doubly lime (1 Dani	V los O Dort V	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I		i, Part	x, line 2, Part X	.1,
iines i	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information			
-					
DAR	T X, LINE 2:				
IAI	I A, DIND 2.				
MAN	AGEMENT EVALUATED AYN'S TAX POSITIONS AND	CONCLUDED THAT A	YN :	HAD TAKE	en
NO	UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUS	TMENT TO THE CON	ISOL	IDATED	
	VIII III III III III III III III III II				
FIN	ANCIAL STATEMENTS TO COMPLY WITH THE PROVI	SIONS OF THE INC	OME	TAXES	
= ===					
TOP	IC OF THE FASB ASC.				
				フ	
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:			,	
REV	ENUE OF RELATED ORGS, REPORTED IN CONSOLID	ATED FINANCIAL			
					
STA	TEMENTS			26,350,0	86.
NET	ASSETS INCLUDED IN INCOME ON CONSOLIDATED	FINANCIAL			
STA	TEMENTS			4,114,4	56.
TOT	AL TO SCHEDULE D, PART XI, LINE 2D			30,464,5	
			School	dula D (Earm 9	001 2010

Schedule D (Form 990) 2019 YOUTH FOCUS INC	23-7378057 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SHORT PERIOD REVENUE BEFORE MERGER	1,442,011.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES OF RELATED ORGS, REPORTED IN CONSOLIDATED	
FINANCIAL STATEMENTS	25,262,943.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SHORT PERIOD EXPENSES BEFORE MERGER	1,510,794.
	·
	
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SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

932211 09-06-19

Name of the organization

YOUTH FOCUS INC

Employer identification number 23-7378057

FORM 990, MERGER AND CHANGE IN ACCOUNTING PERIOD
ON SEPTEMBER 1, 2019 ALEXANDER YOUTH NETWORK, INC (AYN) EFFECTIVELY
GAINED CONTROL OVER THE ACTIVITIES OF YOUTH FOCUS AND THE MERGER WAS
TREATED AS AN ACQUISITION IN ACCORDANCE WITH GAAP. NO CONSIDERATION WAS
TRANSFERRED IN CONNECTION WITH THE MERGER.
THE ACQUISITION WAS CONSUMMATED PRIMARILY TO REALIZE SYNERGIES BETWEEN
AYN AND YOUTH FOCUS'S EXISTING OPERATIONS. THE RESULTS OF YOUTH FOCUS
HAVE BEEN INCLUDED IN AYN'S FINANCIAL STATEMENTS SINCE SEPTEMBER 1,
2019; HOWEVER, YOUTH FOCUS CONTINUES TO EXIST AS A SEPARATE LEGAL
ENTITY WITHIN THE STATE OF NORTH CAROLINA AND CONTINUES TO SEPARATELY
REPORT ITS ACTIVITY ON FORM 990.
DURING 2019, YOUTH FOCUS OPTED TO CHANGE ITS FISCAL YEAR END TO
SEPTEMBER 30TH, IN LINE WITH THE REPORTING PERIOD OF AYN.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO SUBMISSION TO THE
IRS, AND REVIEWED AT THE ORGANIZATION'S NEXT SCHEDULED BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS WHO INDIVIDUALLY OR AS PART OF A BUSINESS OR PROFESSIONAL
FIRM ARE INVOLVED IN BUSINESS TRANSACTIONS OR CURRENT PROFESSIONAL
SERVICES OF THE ORGANIZATION SHALL DISCLOSE THIS RELATIONSHIP AND NOT
PARTICIPATE IN ANY VOTE TAKEN IN RESPECT TO SUCH TRANSACTIONS OR SERVICES.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Employer identification number 23-7378057

YOUTH FOCUS INC

EMPLOYEES ARE TO IMMEDIATELY REPORT ANY CONFLICTS OF INTEREST, POTENTIAL

CONFLICTS OF INTEREST, OR THE APPEARANCE OF A CONFLICT OF INTEREST TO THE

RESPECTIVE SUPERVISOR. THE BOARD CHAIR AND THE EXECUTIVE DIRECTOR SHALL

ENSURE THAT THIS POLICY IS IMPLEMENTED. THE DIRECTOR OF FINANCE WILL ALSO

MONITOR THE IMPLEMENTATION OF THIS POLICY TO ENSURE COMPLIANCE. VIOLATION

OF THESE STANDARDS OF CONDUCT SHALL RESULT IN DISCIPLINARY ACTIONS WHICH

MAY INCLUDE TERMINATION FROM EMPLOYMENT OR REMOVAL FROM THE BOARD OF

DIRECTORS.

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

THE EXECUTIVE DIRECTOR'S INITIALLY OFFERED ANNUAL SALARY IS BASED ON

COMPENSATION STUDIES COMPLETED BY THE BOARD AND HUMAN RESOURCES. AFTER

WHICH, THE BOARD REVIEWS ANY CHANGES TO THE EXECUTIVE DIRECTOR SALARY

ANNUALLY AFTER CONDUCTING THE EXECUTIVE DIRECTOR'S REVIEW.

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

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST,

VIA WEBSITE, OR IN PERSON FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN

SECTION 6104(D).

FORM 990 PART VII

IN ACCORDANCE WITH IRS INSTRUCTION, NO COMPENSATION IS REPORTED FOR

OFFICERS IN PART VII BECAUSE THE SHORT YEAR PERIOD DOES NOT CROSS THE

CALENDAR-YEAR MARK. THE EXECUTIVE DIRECTORS OF YOUTH FOCUS WERE

COMPENSATED APPROXIMATELY \$26,000 DURING THE SHORT YEAR PERIOD.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization YOUTH FOCUS INC	Employer identification number 23-7378057
OTHER ADJUSTMENTS RELATED TO MERGER	675,589.
	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

2019

\$ 7 4 8 15 18 18 18

OMB No 1545-0047

Open to Public Inspection

Employer identification number 23-7378057 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 YOUTH FOCUS INC

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Identrication of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	ions. Complete if the organization ar	nswered "Yes" on Form 990, P.	art IV, line 34, becau	se it had one or more re	elated tax-exempt

mpt	
related tax-exe	
ed "Yes" on Form 990, Part IV, line 34, because it had one or more related	
, because it had one or	
art IV, line 34, be	
n Form 990, Pa	
wered "Yes" on Fo	
e if the organization answered	
ite if the orgar	
ons. Complete if t	
t Organızatio	
Tax-Exemp	ax year
n of Related	s during the t
Identificatio	organization
1 1 1 1	

Organizations during the tax year							
(a)	(q)	(၁)	(p)	(e)	(4)	(6)	í
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	<u> </u>
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
ALEXANDER YOUTH NETWORK, INC - 56-0554413							
6220 THERMAL ROAD	CHILDREN'S BEHAVIORAL						
CHARLOTTE, NC 28211	неагтн	NORTH CAROLINA	501(C)(3)	LINE 7	N/A	X	
THE RELATIVES, INC - 56-1082022							
6220 THERMAL ROAD					ALEXANDER YOUTH		
CHARLOTTE, NC 28211	CRISIS SHELTER	NORTH CAROLINA	501(C)(3)	LINE 7	NETWORK	X	
ALEXANDER CHILDREN'S FOUNDATION, INC -	SUPPORT AND PROMOTE THE					_	
47-5153894, 6220 THERMAL ROAD, CHARLOTTE, NC	MISSION OF ALEXANDER YOUTH				ALEXANDER YOUTH	-	
28211	NETWORK	NORTH CAROLINA	501(C)(3)	LINE 7	NETWORK	X	

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

Schedule R (Form 990) 2019

932161 09-10-19 LHA

[Part III] Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

₹	General or Percentage										e related
3	aging (Yes								 	r mor
_	Gene				_						oue o
Θ	Code V-UBI amount in box	K-1 (Form 1065)									, because it had
Ð	Oisproportionate alfocations?	Yes No									: IV, line 34
(6)	Share of end-of year										" on Form 990, Part
Œ	Share of total income										on answered "Yes'
(e)	Predominant income (related, unrelated, pycliided from tax inder	sections 512-514)									nplete if the organizati
(D)	Direct controlling entity										ration or Trust. Cor ear
(c)	Legal domicile (state or	country)									s a Corpo g the tax y
(a)	Primary activity										ganizations Taxable a poration or trust durin
(a)	Name, address, and EIN of related organization										Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

	(i)	ction b)(13)	rolled hty?	Yes No					,			_	
) (512(controlled entity?	Yes									
	(H)	Percentage	ownership										
	(6)	Share of	end-of-year	00000									
	(J)	Share of total	р, іпсоте										
	(e)	Type of entity	(C corp, S corp,	C. C.C.									-
	(p)	Direct controlling	entity (C corp, S corp,					,					•
	(c)	Legal domicile	(state or foreign	country)			•						
וויפן מוכ נפא אכפו	(q)	Primary activity							-				
organization incated as a corporation of these tan year	(a)	Name, address, and EIN	of related organization										

Schedule R (Form 990) 2019

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule				<u> </u>	Yes	Ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	n Parts II-IV?		_	-
a Receipt of (i) interest, (ii) annuities, (iii) royalities, or (iv) rent from a controlled entity		•		1a	~	×
b Gift, grant, or capital contribution to related organization(s)				1 b	~	×
c Gift, grant, or capital contribution from related organization(s)				10	×	×
d Loans or loan guarantees to or for related organization(s)				19	×	×
e Loans or loan guarantees by related organization(s)			•	1 e	×	×
					-	٦.
 Dividends from related organization(s) 				=	*	<u>ا</u>
g Sale of assets to related organization(s)				1	~	×
h Purchase of assets from related organization(s)				£	~	×
i Exchange of assets with related organization(s)				-		×
j Lease of facilities, equipment, or other assets to related organization(s)				; -	_	×
k Lease of facilities, equipment, or other assets from related organization(s)				+	<u> ^</u>	٦×
	ızatıon(s)			=	$\stackrel{\mathbf{}}{\vdash}$	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			E E	^	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			Ę	^	×
 Sharing of paid employees with related organization(s) 				9	×	ſ
					1	7.
 p Reimbursement paid to related organization(s) for expenses 				4	7	×
q Reimbursement paid by related organization(s) for expenses				19	7	×
(a) modeline of contract or and one of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the con				;	 ×	7
s Other transfer of cash or property from related organization(s)				+	╁	×
	ho must complete th	z bezevez egibilizar egil sir	elationships and transaction thresholds	<u> </u>		
1	no must complete in	iis iiile, iriciuuliig covered r T	elationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)				!		
932163 09-10-19			Schedule	Schedule R (Form 990) 2019	90,20	9

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d)	(q)	(5)	1	9	(6)	Ξ	Ξ	S	3
Name, address, and EIN of entity	Primary activity	흥	Predominant income (related, unrelated, excluded from tax under		- E	Orspropor Lonate allocations?	UBI Dox 20	General c managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	псоте	assets	Yes No	(Form 1065)	Yes	
					-				
			-						
						1		1	
									-
				,		1		$\frac{1}{1}$	
			-						
		-							
				-					
					-				
								_	

Schedule R (Form 990) 2019