Return of Organization Exempt From Income Tax

Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization SOUTHSIDE YOUTH COUNCIL. Address change D/B/A REACH FOR YOUTH Name change 23-7456842 REACH FOR YOUTH Doing business as Initial Number and street (or P 0, box if mail is not delivered to street address) Room/suite E Telephone number Final 317-920-5900 3505 WASHINGTON BLVD termi 811,786. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended INDIANAPOLIS, IN 46205-3718 H(a) Is this a group return Applica-F Name and address of principal officer KENDRA KOLP JYes Ⅸ No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.REACHFORYOUTH.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation L Year of formation 1982 M State of legal domicile. IN Trust Association Other > |Part I| Summary Briefly describe the organization's mission or most significant activities REACH FOR YOUTH PROVIDES SECOND Governance CHANCES THROUGH PREVENTION, INTERVENTION, AND COUNSELING. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 17 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 0 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 135 6 6 Total number of volunteers (estimate if necessary) Õ. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-1, ii **Current Year Prior Year** 621,254. 667,426. Contributions and grants (Part VIII, line 1h) Revenue ၁၈ဝ 186,527. 229,283. Program service revenue (Part VIII, line 2g) 1,433. 577. Investment income (Part VIII, column (A), lines 3, 4, 10 3,345. 724. Other revenue (Part VIII, column (A), lines 5, 6d, 8c 811,703. 898,866. Total revenue - add lines 8 through 11 (must_equal 12 Ō. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 566,480 560,032. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 46,407. b Total fundraising expenses (Part IX, column (D), line 25) 325,778 260,967. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 820,999. 892,258 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -9,296.6,608. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 533,713. 575,514 20 Total assets (Part X, line 16) 153,359 149,889. 21 Total liabilities (Part X, line 26) 422.155 383.824. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer

Sign KENDRA KOLP, Here Type or print name and title Print/Type preparer's name Preparer's signature 07/24/ otherne P01916831 Paid KATHERINE MCCARTY. CPA Firm's name KATHERINE MCCARTY Preparer Use Only Firm's address Phone no 317-517-6114 Yes

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

Form 990 (2018)

D/B/A REACH FOR YOUTH

Pa	rt 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
	REACH FOR YOUTH'S MISSION IS TO EMPOWER CENTRAL INDIANA YOUTH AND
	THEIR FAMILIES THROUGH PREVENTION, INTERVENTION, COUNSELING AND YOUTH
	DEVELOPMENT INITIATIVES. OUR VISION IS THAT YOUTH AND THEIR FAMILIES
	WILL HAVE THE RESOURCES AND OPPORTUNITIES THEY NEED TO BE HEALTHY,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported (Code) (Expenses \$ 394,161. including grants of \$) (Revenue \$ 130,569.)
4a	(Code) (Expenses \$ 394,161. including grants of \$) (Revenue \$ 130,569.) COUNSELING SERVICES - PROGRAM INCLUDES INDIVIDUAL AND FAMILY
	COUNSELING, GROUP COUNSELING, ALCOHOL AND DRUG TREATMENT GROUPS, AND
	VARIOUS WORKSHOPS ON TOPICS SUCH AS ANGER MANAGEMENT, PEER PRESSURE,
	CONFLICT RESOLUTION, HUMAN TRAFFICKING, AND HEALTHY RELATIONSHIPS IN THE
	DIGITAL AGE. ALSO INCLUDES PARTNERING WITH LOCAL SCHOOL DISTRICTS IN
	MARION, MORGAN, JOHNSON AND HAMILTON COUNTIES TO PROVIDE COUNSELING AS
	AN ALTERNATIVE TO EXPULSION OR SUSPENSION.
4b	(Code) (Expenses \$ 185,488. including grants of \$) (Revenue \$ 55,958.)
	JUVENILE DIVERSION PROGRAMS - PROGRAM INCLUDES TEEN COURT, ALTERNATIVE
	TO EXPULSION, AND CONVERSION WORKSHOP. TEEN COURT PROVIDES AN
	ALTERNATIVE TO THE JUVENILE JUSTICE SYSTEM FOR MILD TO MODERATE
	OFFENDERS. ALTERNATIVE TO EXPULSION HELPS STUDENTS REMAIN IN SCHOOL
	AFTER COMMITTING THEIR FIRST EXPELLABLE OFFENSE. CONVERSION WORKSHOP IS DESIGNED FOR SHOPLIFTERS AND PROVIDES EDUCATION ON THE EFFECTS AND
	CONSEQUENCES.
	CONSEQUENCES.
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
74	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 579,649.
	Form 990 (2018)

SOUTHSIDE YOUTH COUNCIL, INC. D/B/A REACH FOR YOUTH



Form 990 (2018) D/B/A REACH
[PartilV] Checklist of Required Schedules

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	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ν,	
	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	11b	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 10		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		τ,	
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
_	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	. 1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ا ـــا	ļ	х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	``		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.		
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990/	

Form 990 (2018) D/B/A REACH FOR YOUR Partil W. Checklist of Required Schedules (continued)

[ra	Cite Chies 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			$ _{\mathbf{x}}$
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	├─	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		<u> </u>
2.70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		X
00	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
28	instructions for applicable filing thresholds, conditions, and exceptions)			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
OF -	Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	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?	552		
00	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Enter the number of Forms w-2d included in line 12. Enter to in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10		
	ACCOMPANIE OF TAILOR WILLIAM AND ALCOMPANIE AND ALC		, ,	

Form **990** (2018)

Form 990 (2018) D/B/A REACH FOR YOUTH

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

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, teld for the calendar yavar ending with or within the year covered by this return I fall least ones is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3		<u> </u>									
hield for the calendar year ending with or within the year covered by the return by If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unretired business gross income of \$1,000 or more dump the year? by If "Yes," his it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (euch as a bank account, secretine secount, or other financial account)? 5a. Was the organization a party to a prohibitotic tax which account, secretine secount, or other financial accounts (FBAR) 5a. Was the organization as party to a prohibitotic tax was or a party to a prohibitotic tax bether transaction? 5b. Did any taxibbe party hority the organization hat was or a party to a prohibitotic tax bether transaction? 5c. Onces the organization star was or as party to a prohibitotic tax bether transaction? 5c. Onces the organization has that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible as charitable contributions? 5c. Onces the organization star that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5c. Organization that may receive deductible contributions under section 170(c). 5c. Organization that may receive deductible contributions under section 170(c). 5c. Organization start may receive deductible contributions under section 170(c). 5c. Organization that may receive deductible contributions under section 170(c). 5c. Organization receive a payment in access of \$75 made party as a contitution and party for gedes and services provided to the payor. 7c. X. X. Y. Y.		5. H / /		Yes	No						
b if a least one is reported on line 2a, odd the organization life all required federal employment tax returns? Note. If this sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a if "Yes," has it filled a Form 990.T for this year? If "No" for line 3b, provide an explaination in Schedule O 3b if "Yes," the treft in animo of the foreign ocurrity. 5a If If yes, "that it filled a Form 990.T for the year? If "No" for line 3b, provide an explaination in Schedule O 5b if "Yes," so there the name of the foreign ocurrity. 5a Was the organization a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR) 5a Was the organization for foreign ocurrity. Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5b If any taxable party notify the organization that it was or is a party to a prohibited tax of the organization that organization the forem 8889.T is a possible of the organization that it was or is a party to a prohibited tax sheller transaction? 5c If "Yes," did the organization in the organization the forem 8889.T is a party to a prohibited tax of the organization should writh every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chariatale contributions. 9 b If Yes," indicate the number of Forms 8822 filed during the year. 10 b If the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the payor? 11 b If Yes," indicate the number of Forms 8822 filed during the year. 12 b If the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 190	2a										
Note. If the sum of limes 1a and 2a is greater than 250, you may be required to e-Me (see instructions) 3	L	mos for the existing that of them great or the state of the existing that of the state of the existing that of the existing the existing the existing the existing that of the existing the existing that of the existing th			<u></u>						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "Native tide a Form 9807 for the year of "No" to the 3b, your day a explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes," indee the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes to lose Sor Sb, did the organization the form 88617? 6a Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization to Brown 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? 6b If Yes," did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible? 6c Oppositions that may receive deductible contributions under section 170(c). a bit the organization state may receive deductible contributions under section 170(c). b If Yes," did the organization notify the donor of the value of the goods or services provided? c Oppositions that may receive apyment in excess of \$75 made party as a contribution and garty for goods and services provided to the payor? 7c If If Yes," indicate the number of Forms 8822 field during the year 8 Did the organization received a contribution of qualified reflectual property, did the organization free form 8899 as required? 9 If the organization received a contribution of qualified reflectual property, did the organization file Form 890 miles of Forms 8899 as required? 9 Spensoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the spon	a		20	-	<u> </u>						
b If Yes, *inst filled a Form 990.7 for this year? If *No** to him 3b, provide an explanation in Schedule O 3 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securines account, or other financial account in a foreign country (such as a bank account, securines account, or other financial account in a foreign country (such as a bank account, securines account, or other financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 Was the organization as party to a prohibited form 9898-7? 5 Was the organization as party to a prohibited that was or as a party to a prohibited tax sheller transaction? 5 Was the organization and organization file form 9898-7? 6 Does the organization and propers receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Was the organization than any receive deductible contributions under section 170(c). 7 Organizations that may receive deductible contributions under section 170(c). 8 Were not tax deductible? 8 Were not tax deductible? 9 Were not tax deductible? 9 Were not tax deductible? 9 Were any organization section of the value of the goods or services provided? 9 Or the form 9892? 9 Obd the organization receive a pymeril in excess of \$75 make party six a contribution and party for goods and services provided to the payor? 7 Organization section of the value of the goods or services provided? 10 Were, "did the organization have develope, or premiums on a personal benefit contract? 17 Organization and the services dispose of tanipolic personal property for which it was required to the Form 882? 18 Were not tax deductible organization with the programation file form 8998 are quiety of the organization received a contribution of cars, boats, early and property of which it was requ	20		32		X						
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; outurity (such as a bank account, or other financial account; outurity (such as a bank account, or other financial account; outurity (such as a bank account, or other financial account; or other financial account; or other financial forcount in the such as a bank account as the such as a bank account, or other financial account; or other financial account; or other financial forcounts (FBAR) 5a Was the organization approve to a privative tax shelfer transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction? 5c If 'Yes' to line So or 5b, did the organization file Form 88687? 5b Z X 5c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatable contributions. 5c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 5c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 5c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organizations older annual gross and services provided to the form 88897. 5c Does the organization necesses a gross of the value of the goods or services provided? 7c Does if Yes, 'indicate the number of Forms 8826? fled during the year. 9c Does the organization and profit provided the veganization and party funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization, during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization and profit profit profit					 ^`						
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes,* retret the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If Yes,* to line Sa or Sb, did the organization file Form 8886-17? 5c Does the organization around gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution of party for goods and services provided to the payor? 8d Did the organization receive a payment in excess of \$75 made party as a contribution of party for goods and services provided to the payor? 9d If Yes,* indicate the number of Forms 8882 field during the year 9d If Yes,* indicate the number of Forms 8882 field during the year 9d If Yes,* indicate the number of Forms 8882 field during the year 9d If the organization received a contribution of qualified reliableating property, did the organization file Form 8899 as required? 9d If the organization received a contribution of qualified reliableating property, did the organization file Form 8899 as required? 9d If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization is a Form 1098-C? 9d Sponsoring organization have excess business holdings at any time during the year? 9d Section 901(c)(12) qualified party file that insurance iss			30		-						
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a X 15		Note. See the instructions for additional information the organization must report on Schedule O			1						
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		_X_						
If "Yes," complete Form 4720, Schedule O.			 _								
	16		16		 ^ ,						
		If "Yes," complete Form 4720, Schedule O.	Ecze	999	(2010)						

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI						LX				
Sec	tion A. Governing Body and Management										
						Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		17							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with	any other				X				
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?										
4											
5											
6	Did the organization have members or stockholders?			[6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	one or								
	more members of the governing body?				7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or								
	persons other than the governing body?				7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by tl	ne following:								
а	The governing body?			Į	8a	X					
b	Each committee with authority to act on behalf of the governing body?			[8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the	ĺ							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)								
				_		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			Ĺ	10b	x					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			i			i				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	ıflıcts?	L	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{\rm w}$	Yes," a	'escribe								
	ın Schedule O how this was done			Ļ	12c	X					
13	Did the organization have a written whistleblower policy?			L	13	X					
14	Did the organization have a written document retention and destruction policy?			Ļ	14	X					
15	Did the process for determining compensation of the following persons include a review and approve		ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?									
а	The organization's CEO, Executive Director, or top management official			ļ	15a	X					
b	Other officers or key employees of the organization			ļ	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a								
	taxable entity during the year?			ļ	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			1							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıd	n's								
	exempt status with respect to such arrangements?			i	16b						
sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed > IN										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990)-i (Section 50	J1(c)(3)s	only)	availa	able				
	for public inspection. Indicate how you made these available Check all that apply	_	, , , ~								
	Own website Another's website X Upon request Other (explain										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	ot interest pol	icy, and	finan	cial					
	statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records 🕨	·							
	KENDRA KOLP - 317-920-5900 3505 WASHINGTON BLVD, INDIANAPOLIS, IN 46205-3718	2	 -								
	3505 WASHINGTON BLVD, INDIANAPOLIS, IN 46205-3718	J									

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D/B/A REACH FOR YOUTH

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle cer an	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NATHAN FLYNN	1.00	ļ							•	•
CHAIR	1.00	Х	Ш	X				0.	0.	0.
(2) JOAN SHOWALTER	1.00								•	0
VICE CHAIR	1 00	X	Ш	X		-		0.	0.	0.
(3) NAKEINA CANE	1.00	٠,		v				0.	0.	0
SECRETARY	1.00	Х		Х		-		0.	0.	0.
(4) STEVE WILLEM	1.00	X		х		1		0.	0.	0.
TREASURER (5) SHEILA CARLISLE	1.00	^	\vdash	^		┢		0.	0.	
BOARD MEMBER	1.00	X						0.	0.	0.
(6) JORDAN CHAVIS	1.00		\vdash			H		0.		
BOARD MEMBER	1.00	x						0.	0.	0.
(7) BRIAN CLARKE	1.00	 -				-	-			
BOARD MEMBER		X						0.	0.	0.
(8) ILISHA DOWELL	1.00				_					
BOARD MEMBER		Х						0.	0.	0.
(9) KATHY KOEHLER	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) DALLIN LYKINS	1.00						-			
BOARD MEMBER		X						0.	0.	0.
(11) SCOTT PEREZ	1.00									
BOARD MEMBER		X				<u> </u>		0.	0.	0.
(12) KRISTEN RATLIFF	1.00]							_	_
BOARD MEMBER		X						0.	0.	0.
(13) JOSHUA SMITH	1.00	ļ								•
BOARD MEMBER		X				_		0.	0.	0.
(14) HEATHER TODD	1.00	ļ				ļ			•	^
BOARD MEMBER		X						0.	0.	0.
(15) KEVIN TURNER	1.00								_	^
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(16) MARITZA WEBB	1.00	\ -								^
BOARD MEMBER	1 00	X						0.	0.	0.
(17) KATHERINE MCCARTY	1.00	₩.						0.	0.	0.
BOARD MEMBER	L_	X	<u> </u>					0.	0.	Form 990 (2018

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Form 990 (2018)

Form 990 (2018)

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Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, and	d H	igne	st (Compensated Employe	es (continuea)			
(A)	(B)	(C) Position						(D)	(E)		(F	
Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation		Estim amou	
	week	—	cer ar	nd a d	recto	or/trus	stee)	from	from related		oth	-
	(list any hours for	firecto				L		the organization	organization (W-2/1099-MIS		comper from	
	related	ee or c	stee			susated		(W·2/1099-MISC)	(** 27 1000 1411	,	organi	
	organizations	al trus	nal tr		loyee	ompo e					and re	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				organız	ations
(18) KENDRA KOLP	40.00	<u> </u>	-	-	¥.	= =	<u></u>			-		
PRESIDENT & CEO				х			ļ	81,168.		0.		0.
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		Ш										
1b Sub-total	1	Ш				<u> </u>		81,168.		0.		0.
c Total from continuation sheets to Part V	II. Section A							0.		0.	•	0.
d Total (add lines 1b and 1c)	,						\	81,168.		0.		0.
2 Total number of individuals (including but n	ot limited to th	iose	liste	d at	oove	e) wh	no r	eceived more than \$100	,000 of reportab	le		
compensation from the organization												0
3 Did the organization list any former officer,	director or tri	intor	. ko	v 00	anla		٥٢	highest componented of	mplovee on	٦	Ye	s No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			s, Ke	y en	ιριο	уее,	, 01	riighest compensated ei	ripioyee or	ŀ	3	X
4 For any individual listed on line 1a, is the su			mpe	ensa	ition	and	d otl	her compensation from	the organization	İ		
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services		_	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J fo	or sı	ıch p	oers	on	-				5	X
Complete this table for your five highest co	mnensated inc	dens	nde	nt c	ontr	acto	nrs t	that received more than	\$100 000 of com	nens	ation from	
the organization Report compensation for										.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2000	•
(A)								(B)			(C)	
Name and business	address	NC	NE	<u> </u>				Description of s	ervices	C	ompensa	lion
									ŀ			
							\dashv					
							4					
							- 1					
							\dashv					
2 Total number of independent contractors (i	ncluding but n	ot lir	nıte	d to	tho	se lis	stec	d above) who received m	ore than			_
\$100,000 of compensation from the organi	zation 🕨				(<u> </u>		_				
											Form 990) (2018)

Form 990 (2018) D/B/A R
Part VIII Statement of Revenue

D/B/A REACH FOR YOUTH

Га	II V	-	J		or note to any lin	o in this Dart VIII			
			Check if Schedule O con	tains a response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f g h a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f COUNSELING PROC All other program service rever Total. Add lines 2a-2f	orts, and order of the state of	243,260. 140,612. 237,382. Business Code 900099	621,254. 186,527. 186,527.	186,527.		
	3 4 5	-	Investment income (including other similar amounts) Income from investment of ta Royalties	x-exempt bond p	proceeds	660.			660.
	ı	b	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(II) Personal			when the second second second	
	7 a	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 83.	(II) Other	-,	un un de la processa de la constanta de la cons		
er		d a	Gain or (loss) Net gain or (loss) Gross income from fundraisin		>	-83.			-83.
Other Revenu		b	contributions reported on line Part IV, line 18 Less direct expenses. Net income or (loss) from fund	a b					
	9 a	a b	Gross income from gaming ac Part IV, line 19 Less. direct expenses	ctivities See a b					
	10 a	a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a b					
	11 :		Net income or (loss) from sale Miscellaneous Revenu OTHER REVENUE		Business Code 900099	3,345.			3,345.
	•	d	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		>	3,345. 811,703.	186,527.	0.	3,922.

D/B/A REACH FOR YOUTH

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			'	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	01 160	EO 441	10 660	4 050
	trustees, and key employees	81,168.	58,441.	18,669.	4,058
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	419,554.	302,079.	91,490.	25,985
7	Other salaries and wages	417,334.	304,019.	JI,4JU•	43,903
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	59,310.	42,703.	13,641.	2,966
9	Other employee benefits	35,310.	42,703.	13,041.	4,500
0	Payroll taxes				
1	Fees for services (non-employees)				
a	Management				
b	Legal	54,801.	38,628.	14,084.	2,089
C	Accounting	34,001.	30,020.	11,0010	2,005
d	Lobbying Professional fundraising services. See Part IV, line 17				
e 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.)	63,539.	33,128.	24,429.	5,982
12	Advertising and promotion		·	· · · · · · · · · · · · · · · · · · ·	
3	Office expenses	14,456.	10,408.	3,325.	723
4	Information technology	· · · ·			
5	Royalties				
16	Occupancy	50,817.	38,621.	10,163.	2,033
7	Travel	1,719.	774.	928.	17
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	6,540.	4,839.	1,439.	262
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,853.	8,670.	985.	198
3	Insurance	14,310.	10,590.	3,148.	572
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	REPAIRS & MAINTENANCE	31,143.	23,046.	6,851.	1,246
a b	MISCELLANEOUS	13,789.	7,722.	5,791.	276
_			.,	-,	
c d		-			
	All other expenses				
е !5	Total functional expenses. Add lines 1 through 24e	820,999.	579,649.	194,943.	46,407
: <u>5</u> :6	Joint costs Complete this line only if the organization	0_0,000			
.U	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	obacational campaign and fundraloning solicitation.				

Form **990** (2018)

D/B/A REACH FOR YOUTH 23-7456842 Page 11 Form 990 (2018) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 184,566. 156,704. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 260,319. 259,186. 3 3 Pledges and grants receivable, net 33,156. 26,214. 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 5,804. 2,612. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 936,141 basis Complete Part VI of Schedule D 10a 57,778. 884,631 10c 51,510. 10b b Less accumulated depreciation 11 11 Investments - publicly traded securities 37,083. 34,295. 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 575,514. 533,713. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 34,798. 35,554. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 118,561. 114,335. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 149,889. 153,359. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 80,470. 69,133. 27 27 Unrestricted net assets 304,691. 331,685. 28 Temporarily restricted net assets 28 10,000. 10,000. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund

> 533,713. Form 990 (2018)

383,824.

32

33

422,155.

575,514.

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

orm	1 990 (2018) D/B/A REACH FOR YOUTH	23-745	6842	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		L,7					
2	Total expenses (must equal Part IX, column (A), line 25)	2),9	99. 96.				
3	Revenue less expenses Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5		-	76.				
6	Donated services and use of facilities	6		2,6					
7	Investment expenses	7		-6	23.				
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29) , 0	36.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1							
	column (B))	10	38:	3,8	<u>24.</u>				
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 1						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			لـــــ				
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	1 1						
	separate basis, consolidated basis, or both		1 1						
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both		1		- 1				
	Separate basis Consolidated basis Both consolidated and separate basis				لـــــ				
С	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	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche								
3а	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							
	Act and OMB Circular A-133?		3a		<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form 9	990 (2018)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

SOUTHSIDE YOUTH COUNCIL.

D/B/A REACH FOR YOUTH

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-7456842

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

f	Enter the number of supported	organizations				
g	Provide the following information	n about the support	ed organization(s)			
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document. Yes No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Tota	al					

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 ın)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	497,880.	625,773.	745,851.	667,426.	623,854.	3,160,784.
2	Tax revenues levied for the organ						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			-			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	497,880.	625,773.	745,851.	667,426.	623,854.	3,160,784.
	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			•			
	column (f)						146,169.
6	1						3,014,615.
	Public support. Subtract line 5 from line 4 extion B. Total Support		-		-		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	497,880.	625,773.	745,851.	667,426.	623,854.	3,160,784.
	Gross income from interest,					· · · · · ·	·
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	615.	479.	459.	567.	-2,788.	-668.
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI)	964.	1,190.		724.	3,345.	6,223.
44	Total support. Add lines 7 through 10						3,166,339.
	Gross receipts from related activities,	etc (see instruction				12	896,182.
	First five years. If the Form 990 is for			d fourth or fifth ta	l IV vear as a section		
13	organization, check this box and stop	-	mst, second, triire	a, roartri, or mar to	ix year as a section	1001(0)(0)	ightharpoonup
Sec	tion C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2018 (I			olumn (fl)		14	95.21 %
	Public support percentage from 2017		•	C.C (1))		15	95.89 %
	33 1/3% support test - 2018. If the co			line 13, and line	ں 14 is 33 1/3% orm	ore, check this bo	
	stop here. The organization qualifies					,	\triangleright X
h	33 1/3% support test - 2017. If the c		_		line 15 is 33 1/3%	or more, check th	-
_	and stop here. The organization quali					,	▶□
172	10% -facts-and-circumstances test				e 13, 16a, or 16b, a	and line 14 is 10%	or more.
174	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					t viriov the organ	▶ □
L	10% -facts-and-circumstances test					7a and line 15 is	10% or
D	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
10	Private foundation. If the organization		_				
ıø	Private roundation. If the organization	n did <u>not check a l</u>	DOX OF HIRE 13, 10a	a, 100, 17a, 01 1/L		dule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	elow, please com	ipiete Fart II)				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	(2) 20	(5/25/5	(9, 29.19	(-/	(=,=====	(1) 1 0 1 1 1
membership fees received (Do not	I					
include any "unusual grants ")	1					
2 Gross receipts from admissions,				 		
merchandise sold or services per-	I					
formed, or facilities furnished in		1				
any activity that is related to the						
organization's tax-exempt purpose		 		ļ		
3 Gross receipts from activities that					-	
are not an unrelated trade or bus- iness under section 513						
		 				
4 Tax revenues levied for the organ-					}	
ization's benefit and either paid to						
or expended on its behalf		ļ				
5 The value of services or facilities						
furnished by a governmental unit to					}	
the organization without charge				ļ.,		
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						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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)			<u> </u>			
13 Total support (Add lines 9, 10c, 11, and 12)	. 49				- 501/-)/2)	
14 First five years. If the Form 990 is for	the organization	s arst, second, thir	a, rourth, or mith t	ax year as a secuc	in 501(c)(s) organiz	ation,
check this box and stop here Section C. Computation of Publi	c Support Pe	rcentage				
			anlma (6)	· · · · · · · · · · · · · · · · · · ·	145	
15 Public support percentage for 2018 (I			column (I))		15	<u>%</u> %
16 Public support percentage from 2017 Section D. Computation of Invest					1 10 1	70
				· · · · · · · · · · · · · · · · · · ·	17	%
17 Investment income percentage for 20	•		ine 19, Column (I))		18	
18 Investment income percentage from 2			on line 14 and line	a 15 ia mara tha= 1		
19a 33 1/3% support tests - 2018. If the						/ IS HOL
more than 33 1/3%, check this box at		_				▶ ∟
b 33 1/3% support tests - 2017. If the						ano 🛌 🦳
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	l box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

Part IV | Supporting Organizations

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

Se	ction	A.	All	Supporting	Organizations
----	-------	----	-----	------------	---------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
-	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		,	
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
22	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>	, -	
Sa	(b) and (c) below	3a		
		30		
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	3b	-	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		<u> </u>
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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			İ
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			ļ
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
Ŭ	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a				
Ja	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.	9a		
1_	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	74		
b		9b		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	90	\vdash	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	1	ı

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Parent of Supported Organizations Answer (a) and (b) below.

activities but for the organization's involvement

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b 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

За

Schedule A (Form 990 or 990-EZ) 2018 D/B/A REACH FOR YOUTH

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	instructions for short tax year or assets held for part of year)	ı		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		·
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integral	ted Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

chedule A (Form 990 or 990-F7) 2018	D/R/A	REACH	FOR	YOUTH

Pai	rt V Type III Non-Fund	ctionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	· · · · · · · · · · · · · · · · · · ·
Sect	tion D - Distributions	Current Year			
1_	Amounts paid to supported o	rganizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activ	vity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of inc	come from activity			
3	Administrative expenses paid	to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exer	npt-use assets			
5	Qualified set-aside amounts (p	orior IRS approval required)			
6	Other distributions (describe i	n Part VI) See instructions	·		
7	Total annual distributions. A	dd lines 1 through 6			
8	Distributions to attentive supp	orted organizations to which the	he organization is responsive	e	
	(provide details in Part VI) Se	e instructions			
9	Distributable amount for 2018	from Section C, line 6			
10	Line 8 amount divided by line	9 amount			
Secti	tion E - Distribution Allocation	is (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2018	(III) Distributable Amount for 2018
1	Distributable amount for 2018	from Section C, line 6			
2	Underdistributions, if any, for	years prior to 2018 (reason-			
	able cause required- explain in	Part VI) See instructions.	<u> </u>		
3_	Excess distributions carryover	r, if any, to 2018	<u> </u>		
а	From 2013				
b	From 2014				1
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions	of prior years			[
h	Applied to 2018 distributable a	amount			
i	Carryover from 2013 not appli	ed (see instructions)			Į į
j	Remainder Subtract lines 3g,	3h, and 3ı from 3f			
4	Distributions for 2018 from Se	ction D,		THE PERSON OF TH	1
	line 7	\$			
а	Applied to underdistributions	of prior years			
b	Applied to 2018 distributable a	amount			
С	Remainder Subtract lines 4a	and 4b from 4			
5	Remaining underdistributions	· · · · · · · · · · · · · · · · · · ·			
	any Subtract lines 3g and 4a	from line 2 For result greater			
	than zero, explain in Part VI. S				
6	Remaining underdistributions	for 2018 Subtract lines 3h			
	and 4b from line 1 For result of	greater than zero, explain in			
	Part VI See instructions				
7	Excess distributions carryov	er to 2019. Add lines 3j			
	and 4c				
8	Breakdown of line 7				
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

SOUTHSIDE YOUTH COUNCIL, INC.

Schedule A	(Form 990 or 990-E	$Z_{1,2018} D/B/B$	REACH	FOR	YOUTH			23-7456842 _{Pag}
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	Information. lines 1, 2, 3b, 3c, tion D, lines 2 and	Provide the ex 4b, 4c, 5a, 6, 3, Part IV, Se	planatio 9a, 9b, 9 ction E, l	ns required 9c, 11a, 11b ines 1c, 2a,	, and 11c, Par 2b, 3a, and 3	t IV, Section B, I b, Part V, line 1, I	7a or 17b, Part III, line 12, ines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V, dditional information
	(Gee mandenona)					-		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Inspection

SOUTHSIDE YOUTH COUNCIL, INC. Name of the organization D/B/A REACH FOR YOUTH

Employer identification number 23-7456842

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Ir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		d only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , ,	Yes No
Pai		ganization answered "Yes" on Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	,
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	·)(B)(i)
	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 expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
-	conservation easements		
Pai	t III Organizations Maintaining Collections o		r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(ı) 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	-	ın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

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

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Schedule D (Form 990) 2018

	rt III Organizations Maintaining C		rt, Historical Tr	easures, or	r Othe	r Simila	r Asse	ts(continu	ued)
3	Using the organization's acquisition, accessi								
•	(check all that apply)	,	,,,			J			
а	Public exhibition	d	l oan or exc	hange prograr	ns				
b	Scholarly research	e		a.igo pi ogia.					
C	Preservation for future generations	Č							
	Provide a description of the organization's co	olloctions and evolui	n how they further t	he organizatio	n'e avan	nnt nurnos	a in Dar	+ YIII	
4	During the year, did the organization solicit of						se iii i ai	t Alli	
5	to be sold to raise funds rather than to be m				Sirillar	a55615		Yes	□ No
Da	rt IV Escrow and Custodial Arran				/oo" on	Form 000	Part IV		<u> </u>
	reported an amount on Form 990, Pa		ete ii trie organizatio	answered i			rantiv,	11116 3, 01	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other ass	ets not i	ıncluded		_	
	on Form 990, Part X?							」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial accou	ınt lıabılı	ty?		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on F	Part XIII	•			
Pai						0			
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three yea	ars back	(e) Four	ears back
1a	Beginning of year balance	37,083.	33,864.	23	,332.		5,693.		24,875.
b	Contributions		·	10	,000.				
c	Net investment earnings, gains, and losses	-1,399.	4,716.		,872.		-349.		1,444.
d	Grants or scholarships								<u> </u>
۵.	Other expenditures for facilities		-						
٠	and programs	766.	775.		769.		1,396.	i	
	Administrative expenses	623.	722.		571.		616.		626.
1	· '	34 295.	37,083.	33	864.	2	3,332.		25,693.
g	End of year balance Provide the estimated percentage of the curr			٠	,		-,	l	
2		68.71		i)) Held as					
a	Board designated or quasi-endowment ► Permanent endowment ► 29.16	-	_%						
b		2.1 % %							
С						•			
_	The percentages on lines 2a, 2b, and 2c sho				6 41-		4		
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	na administere	ea tor tn	e organiza	tion	[·	<u> </u>
	by								res No X
	(i) unrelated organizations							1 (-7)	X
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		wment funds						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	· - · - · · · · · · · · · · · · · · · ·							
	Description of property	(a) Cost or of		or other		cumulated	١	(d) Book	value
		basis (investri	<u> </u>	(other)	dep	reciation			
1a	Land			5,000.		04 00	$\overline{}$,000.
b	Buildings			6,204.		24,09			,114.
С	Leasehold improvements			2,434.	1	81,82			,612.
d	Equipment			1,978.		28,64		3	,334.
<u>e</u>	Other			0,525.	2	50,07	5.		450.
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	Oc)				51	,510.

Schedule D (Form 990) 2018

D/B/A REACH FOR YOUTH

Part VII Investments - Other Securities.	. "		.	
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b See Form 990), Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) ENDOWMENT ASSETS	34,29	END-OF-	YEAR MARKET	VALUE
(B)			 	
(C)				
(D)				
(E)				-
(F)				
(G)				
(H) Tota!. (Col. (b) must equal Form 990, Part X, col (B) line 12)	34,29	15.		
Part VIII Investments - Program Related.	31,23	<u> </u>		<u>-</u>
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c See Form 990	Part Y line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				<u> </u>
Part IX Other Assets.				
Complete if the organization answered "Yes"	•	line 11d. See Form 990	, Part X, line 15	(h) Dooleyselve
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				,
<u>(6)</u> (7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	: 15)		•	
Part X Other Liabilities.	··········			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f See For	m 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes]'	
(2)				
(3)				
(4)			<u></u>].	
(5)				
(6)				
(7)			1	
(8)			_	
(9)		· · · · · · · · · · · · · · · · · · ·	4	
Total. (Column (b) must equal Form 990, Part X, col (B) line				
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	neck here if the text of th	ne footnote has been	provided in Part XIII LX

832053 10-29-18

Schedule D (Form 990) 2018

	t XI, Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue ner F		430042 Page 4
[· u.	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		nevende per i	i Ctairi	•
1	Total revenue, gains, and other support per audited financial statements			1	810,938.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	-1,976. 2,600.] [
b	Donated services and use of facilities	2b	2,600.]	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d		 	
	Add lines 2a through 2d			2e	624.
	Subtract line 2e from line 1			3	810,314.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1	623.	.	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	766.	 	
	Other (Describe in Part XIII) Add lines 4a and 4b	40	700.	1-10	1,389.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			4c 5	811,703.
	XII. Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	849,269.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a] [
b	Prior year adjustments	2b]	
С	Other losses	2c]	
d	Other (Describe in Part XIII)	2d	28,270.	ļ	
е	Add lines 2a through 2d			2e	28,270.
	Subtract line 2e from line 1			3	820,999.
	Amounts included on Form 990, Part IX, line 25, but not on line 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-		
	Other (Describe in Part XIII)	4b		 _ 	٥
	Add lines 4a and 4b			4c	0. 820,999.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) EXIII Supplemental Information.			5	020,999.
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV lines 1h	and 2h Part V line	4 Part X	/ line 2 Part XI
	d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add			1,1 0.127	, 2,
	, , , , , , , , , , , , , , , , , , ,				
PAR	T X, LINE 2:				
		a = a) = =		D 04	TMT0370 M0
MAN	AGEMENT OF THE ORGANIZATION EVALUATES ALL	SIGNI	FICANT TAX	POS	TTIONS TO
EMC	URE COMPLIANCE WITH EXEMPT PURPOSE OF THE	ODCAN	ተማአጠተለእ፣ አሮ	סקמ	IITDED DV
БИО	JRE COMPLIANCE WITH EXEMPT PORPOSE OF THE	ORGAN	IZATION AS	KEQ	OTKED BI
U.S	. GAAP, INCLUDING CONSIDERATION OF ANY UN	RELATE	D BUSTNESS	TNC	OME TAX.
0.0	· GIMI / INCLODING CONDIDENTITION OF MAY ON.		<u> </u>		01111
AS	OF DECEMBER 31, 2018, MANAGEMENT DOES NOT	BELIE	VE THE ORG	ANIZ	ATION HAS
TAK	EN ANY TAX POSITIONS THAT ARE NOT IN COMP	LIANCE	WITH THE	EXEM	PT PURPOSE
				-	
OF	THE ORGANIZATION. THE ORGANIZATION'S FED	ERAL A	ND STATE T	AX R	ETURNS
		_			
REM	AIN OPEN AND SUBJECT TO EXAMINATION BEGIN	NING W	ITH THE CA	LEND	AR TAX
3217 3	D ENDED DECEMBED 21 2015				
YEA	R ENDED DECEMBER 31, 2015.				
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
				•	
בואים	OWMENT DRAWS HEED TOWARD PROGRAMMING				

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest information. SOUTHSIDE YOUTH COUNCIL, INC. Employer identification number Name of the organization 23-7456842 D/B/A REACH FOR YOUTH FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SAFE, AND PRODUCTIVE. FORM 990, PART V, LINE 2A AND 2B REACH FOR YOUTH, INC. USES A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) ALL REQUIRED PAYROLL TAX FORMS IN ORDER TO FILL ITS EMPLOYMENT NEEDS. HAVE BEEN FILED FOR THE ORGANIZATION UNDER THE NAME OF THE PEO. FORM 990, PART VI, SECTION B, LINE 11B: THROUGHOUT THE FILING PROCESS, THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR THE OVERSIGHT OF THE FORM 990 PREPARATION. THE FINANCE AND EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEW AND APPROVE THE FORM 990 PRIOR TO SUBMISSION OF THE FINAL FORM TO THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: REACH FOR YOUTH REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY IN A VARIETY OF COMMUNICATION METHODS.

THE ORGANIZATION ALLOWS FOR DISCUSSION OF POTENTIAL CONFLICTS DURING MONTHLY STAFF MEETINGS, AND PROGRAM STAFF WORK REVIEWED BY SUPERVISORS AND EXECUTIVE LEADERSHIP. ALL CONFLICTS ARE REQUIRED TO BE REPORTED TO THE ORGANIZATION AS THEY ARE IDENTIFIED. IF A CONFLICT OR A PRESUMED CONFLICT EXISTS, THE ORGANIZATION EVALUATES THE SITUATION AND TAKES APPROPRIATE ACTION WHEN DEEMED NECESSARY.

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

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

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