

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
LOST-N-FOUND YOUTH INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2585 CHANTILLY DR

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30324

D Employer identification number
45-4153322

E Telephone number
(678) 856-7824

F Name and address of principal officer:
ROBERT ROSS
2585 CHANTILLY DR
ATLANTA, GA 30324

G Gross receipts \$ 1,661,670

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.LNFY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2012 **M** State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
LOST-N-FOUND YOUTH IS AN ATLANTA, GEORGIA BASED NONPROFIT (501C3) THAT EXISTS TO END HOMELESSNESS FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER (LGBTQ+) AND ALL SEXUAL MINORITY YOUTH.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	87
6 Total number of volunteers (estimate if necessary)	6	1,151
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	633,388	880,992
9 Program service revenue (Part VIII, line 2g)	27,714	11,075
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,634	-3,525
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	848,448	705,113
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,506,916	1,593,655
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,239	56,918
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	777,207	1,032,401
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 125,743		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	579,745	610,841
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,407,191	1,700,160
19 Revenue less expenses. Subtract line 18 from line 12	99,725	-106,505

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	422,555	320,912
21 Total liabilities (Part X, line 26)	44,150	49,012
22 Net assets or fund balances. Subtract line 21 from line 20	378,405	271,900

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.

Sign Here

Signature of officer

MELANEA ALVAREZ CHAIR
Type or print name and title

2020-11-09
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-11-13 Check if self-employed PTIN P00240127

Firm's name ▶ BROOKS MCGINNIS & COMPANY LLC Firm's EIN ▶ 58-2161308

Firm's address ▶ 5607 GLENRIDGE DR STE 650 ATLANTA, GA 303424959 Phone no. (404) 531-4940

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:

LOST-N-FOUND YOUTH IS AN ATLANTA, GEORGIA BASED NONPROFIT (501C3) THAT EXISTS TO END HOMELESSNESS FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER (LGBTQ+) AND ALL SEXUAL MINORITY YOUTH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 603,573 including grants of \$ 37,134) (Revenue \$ 11,075)
See Additional Data

4b (Code:) (Expenses \$ 187,283 including grants of \$ 268) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 638,304 including grants of \$ 19,516) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,429,160

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Each row has a corresponding '1' through '21' in the first column of the table grid.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 Yes	
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? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
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 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	87		
b	If at 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)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
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)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			No
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.	16			No

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: GA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: NASHEEDAH MUHAMMAD 2585 CHANTILLY DR ATLANTA, GA 30324 (678) 856-7824

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILLIAN ROBERTSON - UNTIL MARCH 201 TREASURER	4.00	X		X			750	0	0	
(2) MARCI ALT - UNTIL JUNE 2019 VICE CHAIR	4.00	X		X			0	0	0	
(3) MELANEA ALVAREZ DIRECTOR	0.00	X					0	0	0	
(4) MARTHA BREWER DIRECTOR	0.00	X					0	0	0	
(5) SUSAN CLEM SECRETARY	4.00	X		X			0	0	0	
(6) TONY CRAPOLLICHIO VICE CHAIR	4.00	X		X			0	0	0	
(7) PATTY DURAND DIRECTOR	0.00	X					0	0	0	
(8) BRIAN GARCIA DIRECTOR	0.00	X					0	0	0	
(9) STEVE HIGHTOWER DIRECTOR	0.00	X					0	0	0	
(10) DAVID HOLLAND DIRECTOR	0.00	X					0	0	0	
(11) GEORGE HOUGHTALING DIRECTOR	0.00	X					0	0	0	
(12) MELISSA MCMORRIES DIRECTOR	0.00	X					0	0	0	
(13) ROBERT ROSS CHAIR	10.00	X		X			0	0	0	
(14) MIKE RUPERT DIRECTOR	0.00	X					0	0	0	
(15) JAY SAMPSON TREASURER	4.00	X		X			0	0	0	
(16) JONATHAN SHAPERO DIRECTOR	0.00	X					0	0	0	
(17) CAREY SHERRELL DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		750	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	880,992				
	g Noncash contributions included in lines 1a - 1f:\$	1g	135,371				
	h Total. Add lines 1a-1f			880,992			
Program Service Revenue	2a LINKAGE TO HEALTHCARE	Business Code		11,075	11,075		
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.		11,075				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a				
				(ii) Personal			
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a		1,100		
				(ii) Other			
		b Less: cost or other basis and sales expenses	7b		4,625		
		c Gain or (loss)	7c		-3,525		
	d Net gain or (loss)			-3,525	-3,525		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			181,234		
				b Less: direct expenses	8b	63,390	
c Net income or (loss) from fundraising events					117,844		117,844
9a Gross income from gaming activities. See Part IV, line 19	9a						
			b Less: direct expenses	9b			
			c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances	10a			587,269			
			b Less: cost of goods sold	10b			
			c Net income or (loss) from sales of inventory		587,269	587,269	
11a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			1,593,655	594,819		117,844	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	56,918	56,918		
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, trustees, and key employees	750		750	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	858,937	731,574	78,691	48,672
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	100,169	77,286	19,966	2,917
10 Payroll taxes	72,545	62,095	6,463	3,987
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,000		15,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,530	2,303	10,242	35,985
12 Advertising and promotion	20,378	10,627	157	9,594
13 Office expenses	28,906	27,247	1,359	300
14 Information technology	8,286	3,594	1,104	3,588
15 Royalties				
16 Occupancy	249,448	249,448		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,169	8,365	1,733	5,071
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,615	11,615		
23 Insurance	36,958	30,653	6,305	
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 O.)				
a PROGRAM EXPENSES	128,993	128,457	33	503
b BANK AND CREDIT CARD FEES	24,876	11,873	758	12,245
c REPAIRS AND MAINTENANCE	18,059	16,997	1,062	
d DEVELOPMENT AND FUNDRAISI	2,910	108	686	2,116
e All other expenses	1,713		948	765
25 Total functional expenses. Add lines 1 through 24e	1,700,160	1,429,160	145,257	125,743
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	271,962	1	157,417
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	79,038	8	87,664
	9 Prepaid expenses and deferred charges	6,939	9	9,185
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	87,409		
	b Less: accumulated depreciation	39,130		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,867	15	18,367
16 Total assets. Add lines 1 through 15 (must equal line 34)	422,555	16	320,912	
Liabilities	17 Accounts payable and accrued expenses	21,957	17	49,012
	18 Grants payable		18	
	19 Deferred revenue	22,193	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	44,150	26	49,012
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	370,230	27	254,900
	28 Net assets with donor restrictions	8,175	28	17,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	378,405	32	271,900	
33 Total liabilities and net assets/fund balances	422,555	33	320,912	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,593,655
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,700,160
3	Revenue less expenses. Subtract line 2 from line 1	3	-106,505
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	378,405
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	271,900

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 45-4153322

Name: LOST-N-FOUND YOUTH INC

Form 990 (2019)

Form 990, Part III, Line 4a:

EMERGENCY SERVICES THE EMERGENCY SERVICES PROGRAM IS DESIGNED TO BE THE FIRST STEP IN THE CONTINUUM OF ASSISTANCE TO PREVENT HOMELESSNESS AND ENABLE HOMELESS YOUTH AS THEY MOVE TOWARDS INDEPENDENCE AND STABLE HOUSING. EMERGENCY SERVICES PROVIDED BY LNFY INCLUDE STREET OUTREACH, DAY SHELTER, EMERGENCY BEDS AND RAPID REHOUSING. EMERGENCY HOUSING LOST-N-FOUND YOUTH PROVIDES THE EMERGENCY HOUSING PROGRAM TO MEET THE IMMEDIATE HOUSING NEEDS OF HOMELESS YOUTHS, UP TO 90 DAYS, OR UNTIL OUR CASE MANAGERS LOCATE A STABLE ALTERNATIVE LIVING ARRANGEMENT FOR THE CLIENT. DURING THE CLIENT'S TIME AT LOST-N-FOUND EMERGENCY HOUSE, YOUTH HAVE 3 SQUARE MEALS PER DAY, CLOTHING, AND THE RANGE OF SERVICES PROVIDED THROUGH THE LNFY YOUTH CENTER. PRESENTLY LOST-N-FOUND YOUTH MAINTAINS TWO EMERGENCY BEDS WHICH HOUSED 276 INDIVIDUALS IN 2019. OUTSIDE EMERGENCY HOUSING LGBT YOUTH REPRESENT THOUSANDS OF THE YOUTH LIVING ON THE STREETS IN ATLANTA. BECAUSE OF LIMITED SPACE IN LNFY'S HOUSING PROGRAM IT IS OFTEN NECESSARY TO HOUSE YOUTH IN OTHER FACILITIES UNTIL A BED BECOMES AVAILABLE IN THE YOUTH HOUSE OR IN A MORE LONG-TERM PARTNER FACILITY DEPENDING ON AVAILABLE FUNDS, LNFY WILL PAY FOR UP TO 1 MONTH OF HOUSING AT OUTSIDE SHELTERS WHILE CLIENTS WORK WITH CASE MANAGEMENT STAFF TO IDENTIFY MORE STABLE HOUSING. HOMELESS YOUTH SERVICES CENTER (YOUTH CENTER) THE YOUTH CENTER IS FIRST AND FOREMOST A SAFE HAVEN WHICH PROVIDES A VARIETY OF SERVICES INCLUDING SHOWERS, LAUNDRY, LUNCH, DINNER, HYGIENE KITS, SHELF STABLE FOOD PACKS, CLOTHING VOUCHERS, LOST ID DOCUMENT ASSISTANCE, PUBLIC TRANSPORTATION VOUCHERS, MENTAL HEALTH COUNSELING, CASE MANAGEMENT SERVICES, LINKAGE TO HEALTHCARE, LINKAGE TO MENTAL HEALTHCARE, LIFE-SKILLS TRAINING, JOB READINESS TRAINING, RECREATIONAL OPPORTUNITIES AND ACCESS THE YOUTH HOUSE (FOR OVERNIGHT SERVICES). DURING 2019 THE YOUTH CENTER PROVIDED SERVICES TO 658 CLIENTS TOTAL. THESE CLIENTS, OF WHICH 152 WERE NEW INTAKES AND 365 WERE RETURNING CLIENTS. THE YOUTH CENTER ALLOWS YOUTH TO GET OFF THE STREETS FOR UP TO 12 HOURS PER DAY AND TAKE A BREAK FROM HOMELESSNESS. CLIENTS CAN REST, CHARGE THEIR PHONES, USE THE RESTROOM, USE THE INTERNET, HAVE A HOT CUP OF COFFEE OR TEA, TALK TO A STAFF MEMBER. AS OF DECEMBER 2, 2019, THE YOUTH CENTER WAS ABLE TO OPEN 12 -30 DAYS EMERGENCY BEDS THROUGH LIDIA'S HOUSE. OUTREACH THE LNFY STREET OUTREACH TEAM PROVIDES SERVICES TO HOMELESS LGBT YOUTH STILL LIVING ON THE STREET OR IN UNSTABLE HOUSING. THE STREET OUTREACH TEAM CONDUCTS OUTREACH TO UNSHELTERED HOMELESS YOUTH, TO LINK CLIENTS TO HOUSING OR OTHER NECESSARY SERVICES, AND PROVIDE ONGOING SUPPORT. DURING STREET OUTREACH THE STREET OUTREACH TEAM DISTRIBUTES WARM COATS, BLANKETS AND SLEEPING BAGS, SHELF STABLE FOOD PACKS, HYGIENE KITS AND INFORMATION ABOUT LNFY YOUTH CENTER. STREET OUTREACH VOLUNTEERS ALSO PROVIDE REFERRALS TO EMERGENCY HOUSING AND OTHER SUPPORTIVE SERVICES. DURING 2019 THE OUTREACH TEAM MADE MORE THAN 4,500 AND DISTRIBUTED 2,781 FOOD PACKS. 24 HOUR EMERGENCY HOTLINE LNFY OPERATES A VOLUNTEER RUN 24-HOUR EMERGENCY HOTLINE. FOR MOST OF LNFY'S LGBT HOMELESS YOUTH CLIENTS THE HOTLINE IS THE FIRST POINT OF CONTACT. HOTLINE COUNSELORS ASSESS AND TRIAGE YOUTH NEEDS, CREATE REFERRALS TO PARTNER ORGANIZATIONS, AND INITIATE THE PROGRAMS INTAKE PROCESS. DURING THE YEAR 2019 THE VOLUNTEERS ANSWERED NEARLY 10,000 CALLS. HOMELESSNESS PREVENTION/CASE MANAGEMENT LNFY CASE MANAGERS WORK WITH CLIENTS DEVELOP LONG TERM INDEPENDENCE PLANNING, AND REFERRAL PLANS. CASE MANAGERS ARE ALSO ABLE TO PROVIDE RENTAL AND UTILITIES ASSISTANCE TO SUPPORT YOUTH IN INDEPENDENT HOUSING. THROUGH THE HOMELESSNESS PREVENTION PROGRAM LNFY HELPS CLIENTS AT-RISK OF HOMELESSNESS TO MAINTAIN THEIR EXISTING HOUSING OR TRANSITION TO NEW PERMANENT HOUSING. THIS PROGRAM IS RELIANT ON THE AVAILABILITY OF FUNDS. DURING 2019 1244 CLIENTS SAW CASE MANAGERS AT LOST-N-FOUND YOUTH.

Form 990, Part III, Line 4b:

TRANSITIONAL HOUSING TRANSITIONAL HOUSING (TH) AT LOST-N-FOUND YOUTH PROVIDES YOUTH WITH 6 TO 12 MONTHS OF HOUSING WHILE THEY DEVELOP AND WORK THROUGH INDEPENDENT HOUSING GOALS. YOUTH IN TRANSITIONAL HOUSING ARE MAINTAIN FULL TIME EMPLOYMENT, SAVE HALF THEIR EARNINGS, PARTICIPATE IN LIFE SKILLS, FINANCIAL LITERACY, NUTRITION AND COOKING AND HOUSEKEEPING TRAINING CLASSES TO PREPARE THEM FOR INDEPENDENT LIVING. YOUTH HOUSE THE YOUTH HOUSE IS A 6-BED FACILITY LOCATED IN ATLANTA'S HISTORIC WEST END WHICH HOUSES YOUTH FOR UP TO 6 MONTHS WHILE THEY BUILD THEIR INDIVIDUAL CAPACITY FOR INDEPENDENCE, SELF-SUFFICIENCY AND PERMANENT HOUSING. WHILE ENROLLED IN THE YOUTH HOUSE YOUTH ARE REQUIRED TO SECURE AND MAINTAIN FULL TIME EMPLOYMENT, SAVE 60% OF THEIR EARNING, ABSTAIN FROM DRUGS AND ALCOHOL, MEET TWICE PER WEEK WITH CASE MANAGERS, AND COMPLY WITH ALL CURFEWS AND RULES OF THE HOUSE. IN 2019 LNFY'S YOUTH HOUSE PROVIDED 2,688 NIGHTS OF TRANSITIONAL AND EMERGENCY HOUSING FOR 35 AND 276 CLIENTS RESPECTIVELY. RAPID REHOUSING RAPID RE-HOUSING IS AN INTERVENTION DESIGNED TO HELP INDIVIDUALS AND FAMILIES QUICKLY EXIT HOMELESSNESS AND RETURN TO PERMANENT HOUSING. RAPID RE-HOUSING ASSISTANCE IS OFFERED WITHOUT PRECONDITIONS - LIKE EMPLOYMENT, INCOME, ABSENCE OF CRIMINAL RECORD, OR SOBRIETY - AND THE RESOURCES AND SERVICES PROVIDED ARE TAILORED TO THE UNIQUE NEEDS OF THE HOUSEHOLD. IN 2019 LNFY COLLABORATED WITH COMMUNITY PARTNERS TO PROVIDE 27 RAPID REHOUSING UNITS SPECIFICALLY FOR LGBT YOUTH IN METRO ATLANTA.

Form 990, Part III, Line 4c:

THRIFT STORE THE CORPORATE OFFICES OF LNFY ARE LOCATED AT 2585 CHANTILLY DRIVE INSIDE OF THE LOST-N-FOUND THRIFT (THRIFT STORE) STORE. IN ADDITION TO CORPORATE OFFICES THE THRIFT STORE IS A DONATION CENTER AND SERVES AS THE FIRST POINT OF CONTACT FOR MANY VOLUNTEERS, DONORS AND CLIENTS. THE THRIFT STORE ALSO HOUSE SEVERAL OF THE SERVICES PROVIDED TO HOMELESS CLIENTS BY LNFY. LAUNDRY HOMELESS YOUTH CLIENTS HAVE ACCESS TO LAUNDRY SERVICES LOCATED AT THE THRIFT STORE AND AT THE NEW LOCATION FOR THE YOUTH CENTER. THE LAUNDRY ROOM AT THE THRIFT STORE IS EQUIPPED WITH WASHERS (2), DRYERS (2), FOLDING STATION, AND COMPLIMENTARY LAUNDRY SOAP. ANY REGISTERED LNFY CLIENT WITH A REFERRAL FROM A LNFY CASE MANAGER CAN BRING UP TO FOUR LOADS PER DAY TO WASH AT LNFY FOR ABSOLUTELY NO COST. THE LAUNDRY ROOM AT THE YOUTH CENTER IS EQUIPPED WITH ONE WASHER AND ONE DRYER. BECAUSE THE LAUNDRY ROOM DOUBLES AS A BREAK ROOM FOR THE THRIFT STORE EMPLOYEES IT IS STOCKED WITH COFFEE, TEA, WATER AND PASTRIES FOR CLIENTS AND EMPLOYEES. SHOWERS THE THRIFT STORE HOUSES ONE OF THREE CLIENT SHOWERS. OTHER SHOWERS AVAILABLE FOR CLIENTS INCLUDE ONE ON THE FIRST FLOOR OF THE YOUTH CENTER THE THIRD IS LOCATED AT THE YOUTH CENTER ON THE THIRD FLOOR ADJACENT TO DORMITORY. THIS SHOWER IS AVAILABLE FROM 7:00 PM - 9:45 PM FOR RESIDENTIAL CLIENTS. WITH A REFERRAL FROM A LNFY CASE MANAGER CLIENTS HAVE ACCESS TO ON-SITE, FREE, SAFE SHOWER FACILITIES EQUIPPED WITH COMPLIMENTARY TOILETRIES AND CLEAN LINENS. LNFY PROVIDED 1,311 SHOWERS IN 2019. CLOTHING VOUCHERS LNFY PROVIDES FREE CLOTHING AND SHOES TO ITS HOMELESS AND AT-RISK CLIENTS. WITH A VOUCHER FROM THE YOUTH CENTER LNFY CLIENTS SHOP FOR THE APPAREL OF THEIR CHOICE. IN 2019 LNFY PROVIDED 544 CLIENT VOUCHERS AND 36,710 IN VOUCHER SALES TO PROVIDE WARM, DRY, AND CLEAN CLOTHES TO OUR HOMELESS AND AT-RISK CLIENTS. THE THRIFT STORE DISTRIBUTED 138 WALK-IN VOUCHERS FOR GENERAL ASSISTANCE WITH A VALUE OF 7,097. APARTMENT PACKS WHEN CLIENTS ARE READY TO MOVE INTO STABLE AND INDEPENDENT HOUSING ON THEIR OWN LNFY PROVIDES MANY OF THE START-UP ESSENTIALS NECESSARY FOR A NEW HOUSEHOLD. IN 2019 LNFY THRIFT STORE PROVIDED GRADUATES WITH 29 APARTMENT PACKS, WHICH INCLUDE: -POTS & PANS -DISHES -TOWELS -SHEETS AND LINENS -BLANKETS & COMFORTERS -SMALL KITCHEN APPLIANCES -FURNITURE (BEDS, COUCHES, DINING TABLES AND CHAIRS ETC.) -SHAMPOOS, CONDITIONER, SOAP, AND OTHER ESSENTIAL TOILETRIES -CLEANING SUPPLIES FOOD PANTRY MANAGED BY THE THRIFT STORE, LNFY MAINTAINS A 500 SQUARE FEET FOOD PANTRY WHICH SUPPLIES MOST OF THE FOOD SERVED AT THE YOUTH SERVICES CENTER, THE YOUTH HOUSE, AND DISTRIBUTED IN THE SHELF STABLE OUTREACH FOOD PACKS. WITH A REFERRAL FROM A CASE MANAGER OR AN APARTMENT PACK VOUCHER LNFY CLIENTS ARE PROVIDED WITH STARTING PANTRIES FOR NEW STABLE AND INDEPENDENT HOMES.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LOST-N-FOUND YOUTH INC

Employer identification number
45-4153322

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).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	326,154	559,953	654,585	633,388	880,992	3,055,072
2 Tax revenues levied for the organization'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	326,154	559,953	654,585	633,388	880,992	3,055,072
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						57,852
6 Public support. Subtract line 5 from line 4.						2,997,220

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	326,154	559,953	654,585	633,388	880,992	3,055,072
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .			162,529	208,580	181,234	552,343
11 Total support. Add lines 7 through 10						3,607,415
12 Gross receipts from related activities, etc. (see instructions)					12	3,223,748
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	83.080 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	86.830 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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		
c	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 support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 552,343

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
LOST-N-FOUND YOUTH INC

Employer identification number
45-4153322

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure 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, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above 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 conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		47,459	15,661	31,798
d Equipment		39,950	23,469	16,481
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				48,279

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-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	18,367
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	18,367

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,593,655
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,593,655
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,593,655

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,700,160
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,700,160
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,700,160

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 45-4153322

Name: LOST-N-FOUND YOUTH INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME, AND ACCORDINGLY, NO UNRELATED BUSINESS INCOME TAX. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITION TAKEN. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE REGULATORY AUTHORITIES FOR ALL OPEN YEARS, WHICH INCLUDE THE LAST THREE YEARS.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization LOST-N-FOUND YOUTH INC

Employer identification number

45-4153322

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		THRIVING CHILDR (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	181,234			181,234
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	181,234			181,234
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	63,390			63,390
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				63,390
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				117,844

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization LOST-N-FOUND YOUTH INC

Employer identification number

45-4153322

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) THRIFT STORE VOUCHERS	1315	56,918			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LOST-N-FOUND YOUTH INC

Employer identification number
45-4153322

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		91,810	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	200	37,770	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GIFT</u>)	X	4	5,791	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
LOST-N-FOUND YOUTH INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

45-4153322

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>EMERGENCY SERVICES THE EMERGENCY SERVICES PROGRAM IS DESIGNED TO BE THE FIRST STEP IN THE CONTINUUM OF ASSISTANCE TO PREVENT HOMELESSNESS AND ENABLE HOMELESS YOUTH AS THEY MOVE TOWARDS INDEPENDENCE AND STABLE HOUSING. EMERGENCY SERVICES PROVIDED BY LNFY INCLUDE STREET OUTREACH, DAY SHELTER, EMERGENCY BEDS AND RAPID REHOUSING. EMERGENCY HOUSING LOST-N-FOUND YOUTH PROVIDES THE EMERGENCY HOUSING PROGRAM TO MEET THE IMMEDIATE HOUSING NEEDS OF HOMELESS YOUTHS, UP TO 90 DAYS, OR UNTIL OUR CASE MANAGERS LOCATE A STABLE ALTERNATIVE LIVING ARRANGEMENT FOR THE CLIENT. DURING THE CLIENT'S TIME AT LOST-N-FOUND EMERGENCY HOUSE, YOUTH HAVE 3 SQUARE MEALS PER DAY, CLOTHING, AND THE RANGE OF SERVICES PROVIDED THROUGH THE LNFY YOUTH CENTER. PRESENTLY LOST-N-FOUND YOUTH MAINTAINS TWO EMERGENCY BEDS WHICH HOUSED 276 INDIVIDUALS IN 2019. OUTSIDE EMERGENCY HOUSING LGBT YOUTH REPRESENT THOUSANDS OF THE YOUTH LIVING ON THE STREETS IN ATLANTA. BECAUSE OF LIMITED SPACE IN LNFY'S HOUSING PROGRAM IT IS OFTEN NECESSARY TO HOUSE YOUTH IN OTHER FACILITIES UNTIL A BED BECOMES AVAILABLE IN THE YOUTH HOUSE OR IN A MORE LONG-TERM PARTNER FACILITY DEPENDING ON AVAILABLE FUNDS, LNFY WILL PAY FOR UP TO 1 MONTH OF HOUSING AT OUTSIDE SHELTERS WHILE CLIENTS WORK WITH CASE MANAGEMENT STAFF TO IDENTIFY MORE STABLE HOUSING. HOMELESS YOUTH SERVICES CENTER (YOUTH CENTER) THE YOUTH CENTER IS FIRST AND FOREMOST A SAFE HAVEN WHICH PROVIDES A VARIETY OF SERVICES INCLUDING SHOWERS, LAUNDRY, LUNCH, DINNER, HYGIENE KITS, SHELF STABLE FOOD PACKS, CLOTHING VOUCHERS, LOST ID DOCUMENT ASSISTANCE, PUBLIC TRANSPORTATION VOUCHERS, MENTAL HEALTH COUNSELING, CASE MANAGEMENT SERVICES, LINKAGE TO HEALTHCARE, LINKAGE TO MENTAL HEALTHCARE, LIFE- SKILLS TRAINING, JOB READINESS TRAINING, RECREATIONAL OPPORTUNITIES AND ACCESS TO THE YOUTH HOUSE (FOR OVERNIGHT SERVICES). DURING 2019 THE YOUTH CENTER PROVIDED SERVICES TO 658 CLIENTS TOTAL. THESE CLIENTS, OF WHICH 152 WERE NEW INTAKES AND 365 WERE RETURNING CLIENTS. THE YOUTH CENTER ALLOWS YOUTH TO GET OFF THE STREETS FOR UP TO 12 HOURS PER DAY AND TAKE A BREAK FROM HOMELESSNESS. CLIENTS CAN REST, CHARGE THEIR PHONES, USE THE RESTROOM, USE THE INTERNET, HAVE A HOT CUP OF COFFEE OR TEA, TALK TO A STAFF MEMBER. AS OF DECEMBER 2, 2019, THE YOUTH CENTER WAS ABLE TO OPEN 12 -30 DAYS EMERGENCY BEDS THROUGH LIDIA'S HOUSE. OUTREACH THE LNFY STREET OUTREACH TEAM PROVIDES SERVICES TO HOMELESS LGBT YOUTH STILL LIVING ON THE STREET OR IN UNSTABLE HOUSING. THE STREET OUTREACH TEAM CONDUCTS OUTREACH TO UNSHELTERED HOMELESS YOUTH, TO LINK CLIENTS TO HOUSING OR OTHER NECESSARY SERVICES, AND PROVIDE ONGOING SUPPORT. DURING STREET OUTREACH THE STREET OUTREACH TEAM DISTRIBUTES WARM COATS, BLANKETS AND SLEEPING BAGS, SHELF STABLE FOOD PACKS, HYGIENE KITS AND INFORMATION ABOUT LNFY YOUTH CENTER. STREET OUTREACH VOLUNTEERS ALSO PROVIDE REFERRALS TO EMERGENCY HOUSING AND OTHER SUPPORTIVE SERVICES. DURING 2019 THE OUTREACH TEAM MADE MORE THAN 4,500 AND DISTRIBUTED 2,781 FOOD PACKS. 24 HOUR EME</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>EMERGENCY HOTLINE LNFY OPERATES A VOLUNTEER RUN 24-HOUR EMERGENCY HOTLINE. FOR MOST OF LNFY'S LGBT HOMELESS YOUTH CLIENTS THE HOTLINE IS THE FIRST POINT OF CONTACT. HOTLINE COUNSELORS ASSESS AND TRIAGE YOUTH NEEDS, CREATE REFERRALS TO PARTNER ORGANIZATIONS, AND INITIATE THE PROGRAMS INTAKE PROCESS. DURING THE YEAR 2019 THE VOLUNTEERS ANSWERED NEARLY 10,000 CALLS. HOMELESSNESS PREVENTION/CASE MANAGEMENT LNFY CASE MANAGERS WORK WITH CLIENTS DEVELOP LONG TERM INDEPENDENCE PLANNING, AND REFERRAL PLANS. CASE MANAGERS ARE ALSO ABLE TO PROVIDE RENTAL AND UTILITIES ASSISTANCE TO SUPPORT YOUTH IN INDEPENDENT HOUSING. THROUGH THE HOMELESSNESS PREVENTION PROGRAM LNFY HELPS CLIENTS AT-RISK OF HOMELESSNESS TO MAINTAIN THEIR EXISTING HOUSING OR TRANSITION TO NEW PERMANENT HOUSING. THIS PROGRAM IS RELIANT ON THE AVAILABILITY OF FUNDS. DURING 2019 1244 CLIENTS SAW CASE MANAGERS AT LOST-N-FOUND YOUTH.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>TRANSITIONAL HOUSING TRANSITIONAL HOUSING (TH) AT LOST-N-FOUND YOUTH PROVIDES YOUTH WITH 6 TO 12 MONTHS OF HOUSING WHILE THEY DEVELOP AND WORK THROUGH INDEPENDENT HOUSING GOALS. YOUTH IN TRANSITIONAL HOUSING ARE MAINTAIN FULL TIME EMPLOYMENT, SAVE HALF THEIR EARNINGS, PARTICIPATE IN LIFE SKILLS, FINANCIAL LITERACY, NUTRITION AND COOKING AND HOUSEKEEPING TRAINING CLASSES TO PREPARE THEM FOR INDEPENDENT LIVING. YOUTH HOUSE THE YOUTH HOUSE IS A 6-BED FACILITY LOCATED IN ATLANTA'S HISTORIC WEST END WHICH HOUSES YOUTH FOR UP TO 6 MONTHS WHILE THEY BUILD THEIR INDIVIDUAL CAPACITY FOR INDEPENDENCE, SELF-SUFFICIENCY AND PERMANENT HOUSING. WHILE ENROLLED IN THE YOUTH HOUSE YOUTH ARE REQUIRED TO SECURE AND MAINTAIN FULL TIME EMPLOYMENT, SAVE 60% OF THEIR EARNING, ABSTAIN FROM DRUGS AND ALCOHOL, MEET TWICE PER WEEK WITH CASE MANAGERS, AND COMPLY WITH ALL CURFEWS AND RULES OF THE HOUSE. IN 2019 LNFY'S YOUTH HOUSE PROVIDED 2,688 NIGHTS OF TRANSITIONAL AND EMERGENCY HOUSING FOR 35 AND 276 CLIENTS RESPECTIVELY. RAPID REHOUSING RAPID RE-HOUSING IS AN INTERVENTION DESIGNED TO HELP INDIVIDUALS AND FAMILIES QUICKLY EXIT HOMELESSNESS AND RETURN TO PERMANENT HOUSING. RAPID RE-HOUSING ASSISTANCE IS OFFERED WITHOUT PRECONDITIONS - LIKE EMPLOYMENT, INCOME, ABSENCE OF CRIMINAL RECORD, OR SOBRIETY - AND THE RESOURCES AND SERVICES PROVIDED ARE TAILORED TO THE UNIQUE NEEDS OF THE HOUSEHOLD. IN 2019 LNFY COLLABORATED WITH COMMUNITY PARTNERS TO PROVIDE 27 RAPID REHOUSING UNITS SPECIFICALLY FOR LGBT YOUTH IN METRO ATLANTA.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>THRIFT STORE THE CORPORATE OFFICES OF LNFY ARE LOCATED AT 2585 CHANTILLY DRIVE INSIDE OF THE LOST-N-FOUND THRIFT (THRIFT STORE) STORE. IN ADDITION TO CORPORATE OFFICES THE THRIFT STORE IS A DONATION CENTER AND SERVES AS THE FIRST POINT OF CONTACT FOR MANY VOLUNTEERS, DONORS AND CLIENTS. THE THRIFT STORE ALSO HOUSE SEVERAL OF THE SERVICES PROVIDED TO HOMELESS CLIENTS BY LNFY. LAUNDRY HOMELESS YOUTH CLIENTS HAVE ACCESS TO LAUNDRY SERVICES LOCATED AT THE THRIFT STORE AND AT THE NEW LOCATION FOR THE YOUTH CENTER. THE LAUNDRY ROOM AT THE THRIFT STORE IS EQUIPPED WITH WASHERS (2), DRYERS (2), FOLDING STATION, AND COMPLIMENTARY LAUNDRY SOAP. ANY REGISTERED LNFY CLIENT WITH A REFERRAL FROM A LNFY CASE MANAGER CAN BRING UP TO FOUR LOADS PER DAY TO WASH AT LNFY FOR ABSOLUTELY NO COST. THE LAUNDRY ROOM AT THE YOUTH CENTER IS EQUIPPED WITH ONE WASHER AND ONE DRYER. BECAUSE THE LAUNDRY ROOM DOUBLES AS A BREAK ROOM FOR THE THRIFT STORE EMPLOYEES IT IS STOCKED WITH COFFEE, TEA, WATER AND PASTRIES FOR CLIENTS AND EMPLOYEES. SHOWERS THE THRIFT STORE HOUSES ONE OF THREE CLIENT SHOWERS. OTHER SHOWERS AVAILABLE FOR CLIENTS INCLUDE ONE ON THE FIRST SHOWER OF THE YOUTH CENTER THE THIRD IS LOCATED AT THE YOUTH CENTER ON THE THIRD FLOOR ADJACENT TO DORMITORY. THIS SHOWER IS AVAILABLE FROM 7:00 PM - 9:45 PM FOR RESIDENTIAL CLIENTS. WITH A REFERRAL FROM A LNFY CASE MANAGER CLIENTS HAVE ACCESS TO ON-SITE, FREE, SAFE SHOWER FACILITIES EQUIPPED WITH COMPLIMENTARY TOILETRIES AND CLEAN LINENS. LNFY PROVIDED 1,311 SHOWERS IN 2019. CLOTHING VOUCHERS LNFY PROVIDES FREE CLOTHING AND SHOES TO ITS HOMELESS AND AT-RISK CLIENTS. WITH A VOUCHER FROM THE YOUTH CENTER LNFY CLIENTS SHOP FOR THE APPAREL OF THEIR CHOICE. IN 2019 LNFY PROVIDED 544 CLIENT VOUCHERS AND 36,710 IN VOUCHER SALES TO PROVIDE WARM, DRY, AND CLEAN CLOTHES TO OUR HOMELESS AND AT-RISK CLIENTS. THE THRIFT STORE DISTRIBUTED 138 WALK-IN VOUCHERS FOR GENERAL ASSISTANCE WITH A VALUE OF 7,097. APARTMENT PACKS WHEN CLIENTS ARE READY TO MOVE INTO STABLE AND INDEPENDENT HOUSING ON THEIR OWN LNFY PROVIDES MANY OF THE START-UP ESSENTIALS NECESSARY FOR A NEW HOUSEHOLD. IN 2019 LNF THRIFT STORE PROVIDED GRADUATES WITH 29 APARTMENT PACKS, WHICH INCLUDE: -POTS & PANS -DISHES -TOWELS -SHEETS AND LINENS -BLANKETS & COMFORTERS -SMALL KITCHEN APPLIANCES -FURNITURE (BEDS, COUCHES, DINING TABLES AND CHAIRS ETC.) -SHAMPOOS, CONDITIONER, SOAP, AND OTHER ESSENTIAL TOILETRIES -CLEANING SUPPLIES FOOD PANTRY MANAGED BY THE THRIFT STORE, LNFY MAINTAINS A 500 SQUARE FEET FOOD PANTRY WHICH SUPPLIES MOST OF THE FOOD SERVED AT THE YOUTH SERVICES CENTER, THE YOUTH HOUSE, AND DISTRIBUTED IN THE SHELF STABLE OUTREACH FOOD PACKS. WITH A REFERRAL FROM A CASE MANAGER OR AN APARTMENT PACK VOUCHER LNFY CLIENTS ARE PROVIDED WITH STARTING PANTRIES FOR NEW STABLE AND INDEPENDENT HOMES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE TREASURER PROVIDES THE FORM 990 TO FINANCE COMMITTEE AND ON THEIR RECOMMENDATION PROVIDES COPIES AND EXPLANATIONS IF NECESSARY TO THE FULL BOARD FOR A VOTE, USUALLY BY EVOTE AFTER FINANCE COMMITTEE RECOMMENDATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT POLICY IS A.) PRESENTED FOR SIGNATURE BY ALL BOARD MEMBERS ANNUALLY AND B.) POTENTIAL CONFLICTS ARE EVALUATED AND RESOLVED BY GOVERNANCE COMMITTEE WITH EXECUTIVE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	EXECUTIVE COMPENSATION IS INFORMED BY BUDGETARY CONSTRAINTS FROM FINANCE COMMITTEE AND BOARD APPROVED BUDGET AND WEIGHED WITH CURRENT INDUSTRY STANDARDS FOR SIMILAR POSITIONS. SEARCH COMMITTEES ARE APPOINTED AND CONSIDER NEW CONTRACT TERMS BEING CONSIDERED AND THE EXECUTIVE COMMITTEE DELIBERATES ON RECOMMENDATIONS IN CONJUNCTION WITH HUMAN RESOURCES BEST PRACTICES AND STANDARDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS INCLUDING THE CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC TO REVIEW ON SITE AT THE CHANTILLY OFFICE.