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Form	ププリ

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

		nue Service	► Go to www.irs.g	gov/Form990	for instruction	ns and the lat	est information	. Iw	Inspection
A	For the	e 2017 calend	lar year, or tax year beginning	JUL 1,	2017		JUN 30,	2018	
В	Check if applicabl	C Name o	f organization				D Employe	er identificat	ion number
Г	Addre	ss vout	hSpark, Inc.						
Ē	Name chang	7	usiness as					58-255	6130
F	Initial return		and street (or P.O. box if mail is no	t delivered to str	eet address)	Room/si	ute E Telephor		
Ē	Final return	305	Pryor Street, SW		,	2117			.2-4628
	termin ated		own, state or province, country, a	and ZIP or fore	ign postal cod	le	G Gross recei		624,297.
	Amen	ded Atla	nta, GA 30312				H(a) Is this	a group retur	n
	Applic tion	Finame a	and address of principal officer J	ennifer	Swain		for sub	ordinates?	Yes X No
	pendii	^{ng} same	as C above					bordinates includ	led? Yes No
		empt status [.] [) ◀ (insert i	no.) 4947	(a)(1) or 🖳	<u>527</u> If "No,"	" attach a list	(see instructions)
			youth-Spark.org					exemption n	
			X Corporation Trust	Association	Other	<u> </u>	ear of formation:	2000 m/si	ate of legal domicile: GA
P	art I	Summary				1- C	1		
9		-	be the organization's mission or m	_					
Activities & Governance			e for children w						
Ver	1		if the organization dis			aisposea of fr	iore than 25% of	1 1	s. 12
Ĝ			ting members of the governing bo dependent voting members of the			a 1h\		4	12
ಇ	1		of individuals employed in calend	-	•	:		5	9
iţie			of volunteers (estimate if necessar	-				6	
cţi			d business revenue from Part VIII	• -	ne 12			7a	0.
⋖			business taxable income from Fo					7b	0.
Φ.				RF	CEIVE) ,	Prior Yea	ar	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1 - 1		78	530	,463.	623,183.
a L	9	Program servi	ce revenue (Part VIII, line 2g)	- L	11 T 2 T 2 T 1	a 101		0.	1,065.
Revenue	10	10 Investment income (Part VIII, column (A), lines 3, 4 and 70)						266.	<u>49.</u>
щ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d	, 8¢, 9¢ <u>, 10c, a</u>	ınd 11e)			<u>,952.⊳</u>	<u> <38,908.</u> >
			- add lines 8 through 11 (must eq			12)	513	,777.	585,389.
			milar amounts paid (Part IX, colun		3)			0.	0.
		•	to or for members (Part IX, colum				240	0.	0.
Ses	15	•	r compensation, employee benefi	•	umn (A), lines	5·10)	349	,684.	412,318.
Expenses	16a		undraising fees (Part IX, column (4	4 622		0.	0.
ă	b		ing expenses (Part IX, column (D)		4	<u>4,622.</u>	100	,831.	262 121
	17		es (Part IX, column (A), lines 11a-1		(A) (ma OE)	ł		,515.	262,131. 674,449.
	1		es Add lines 13-17 (must equal Pa expenses Subtract line 18 from l		(A), iirie 25)	}		,738.>	<89,060.>
580	13	Heveriue less	expenses oddiract line to nomi	me iz			Beginning of Cur	- 1	End of Year
Sign	20	Total assets (F	Part X, line 16)			•		,283.	690,545.
ASS	21		(Part X, line 26)					,024.	12,346.
Net Assets or Fund Ralances	22		fund balances Subtract line 21 fr	rom line 20				,259.	678,199.
P	art II	Signature	Block		•				
	-		I declare that I have examined this reti	-				-	owledge and belief, it is
true	, correc	t, and complete	Declaration of preparer (other than-o	fficer) is based o	on all informatio	n of which prep	arer has any knowl		
			1075				6	 	79
Sig	ın	,	e Cofficer				Date		
He	re			utive D	rector	1			
			orint name and title		- //	/	Date	Charle -	DTIN
D	4	Print/Type prep		Prepare	signatura)//	′ ⊃		Check	PTIN
Paid		Cynthia			164	<u>/</u>	04/16/19		P01480124
	parer	Firm's name	Tabb & Tabb	Stroot	NTM C.	to 120		's EIN 🛌	
USE	Only	riiiii s address	260 Peachtree S Atlanta, GA 303		INM, DU.	LCE IZU		ne no 1 O 1 =	584-0870
Ma	v the IE	I RS discuss the	s return with the preparer shown		istructions)	 		iie iiu. + U + -	Yes No
	, 11	1116	ann man and properti dilowii	1300 III					

Form 990 (2017) youthSpark, Inc.
Part IV Checklist of Required Schedules

			- 63	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	l _		3,5
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		- T
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	l		.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	444	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	\vdash
ıza	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_x_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		LX_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,]		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III		000	X
		Form	990 ((2017)

Form 990 (2017) youthSpark, Inc.
Part IV Checklist of Required Schedules (continued)

			163	1 140
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule.L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			İ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			**
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
^^	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00		v
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34	Part V. line 1			v
25.	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Ø	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	26		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 22
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/		<u> </u>
~	Note. All Form 990 filers are required to complete Schedule O	38	X	
				(2017)
			- 1	/

14b Form **990** (2017)

X

13a

14a

13b 13c

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

732006 11-28-17

Form 990 (2017)

JJF___ 1

2117, Atlanta,

The Organization - 404-612-4628

395 Pryor Street, SW, No.

Form	990	(2017)	7)

youthSpark, Inc.

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

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

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

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

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

Check this box if neither the organization r	or any related	orga	anıza	ation	cor	mpe	nsat	ed any current officer, o	director, or trustee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	ído	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both a officer and a director/trustee			ıs bol	lh an	compensation	compensation	amount of
	week	\vdash	cer ar	o a o	recto	or/trus	iee)	from	from related	other
	(list any	trustee or director					Ì	the	organizations	compensation
	hours for	D TO	gg			sated	ļ	organization	(W-2/1099-MISC)	from the
	related organizations	ustee	1 1 2		83 83	in de		(W-2/1099-MISC)		organization and related
	below	la fa	bona	١.	pg	당 왕	_			organizations
	line)	Individual	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former			organizations
(1) Sharon Hill, Ph.D.	0.00							_	_	_
Chair		X		X		<u> </u>	<u> </u>	0.	0.	0.
(2) Hyacinth Edwards	0.00									
Member		X						0.	0.	0.
(3) Catherine Payne	0.00		ł					,	_	_
Secretary		X	<u> </u>	X			_	0.	0.	0.
(4) Barbara Rose	0.00				ł					
Governance Committee Chair		X	<u> </u>			ļ	ļ	0.	0.	0.
(5) Vincent Phillips	0.00	١				ļ		•		
Member		X	_	_		<u> </u>	_	0.	0.	0.
(6) Anita Leopold	0.00	۱		ĺ				•		
Fundraising Committee Chair		X	_			-	-	0.	0.	0.
(7) Grayson Pratt	0.00	ļ <u>.</u>								_
Member	<u> </u>	X	ļ		ļ	_		0.	0.	0.
(8) Ryan Roemerman	0.00									
Member		X	<u> </u>					0.	0.	0.
(9) Barbara Vazquez	0.00							_	_	•
Member	0.00	X				-		0.	0.	0.
(10) Nereida Parks	0.00	x						0.	0.	0.
Member Change Change	0.00	♠			_	-		0.	0.	0.
(11) Nzinga Shaw Member	0.00	X						0.	0.	0.
(12) Christopher Wilbanks	0.00									
Member		X						0.	0.	0.
(13) Sara Yeglin	0.00									
Member		X						0.	0.	0.
(14) Jennifer Swain	40.00									
Executive Director				X				64,150.	0.	0.
· · · · · ·		-				 				
	L					<u> </u>	<u> </u>			

732007 11-28-17

Form 990 (2017)

Paı	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)_				
•	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				1 than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation				
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		com fr org and	other spensa rom the panizate d relate anizate	e ion ed
													-	
1b	Sub-total								64,150.	~	0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								64,150.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bove	e) wł	no re	eceived more than \$100	,000 of reportable				0
	compensation from the organization	<u>.</u>											Yes	No
3	Did the organization list any former officer,		ıste	e, ke	y er	nplo	yee,	or l	highest compensated ei	mployee on	ſ	-		
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si		le co	ompe	ensa	ation	n and	d oth	her compensation from	the organization	Ì	3		X
_	and related organizations greater than \$15									dual for convece		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•		eiat	ed organization of indivi	dual for services		5	-	x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	-									ensa	ation f	rom	
	(A) Name and business			ONE					(B) Description of s		С	(C ompe	C) nsatior	n
				<u> </u>	-				·					
					-									-
								+						
2	Total number of independent contractors (_	ot lır	mite	d to		_	sted	l above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🚩					<u> </u>						000 //	

732008 11-28-17

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				ar mata ta anu lun	our Abro Dont VIII			
	_•	Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor	ts, and ve 1f	70,509. 313,424. 239,250.	623,183.			
Program Service Revenue	2 a b c	Training Fees		Business Code 611430	1,065.	1,065.		
Program Rev	d e f	All other program service reve			1,065.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		est, and	49.			49.
	6 a b c d		(i) Real	(ii) Personal				
	b	assets other than inventory Less cost or other basis and sales expenses Gain or (loss)		>				
Other Revenue			09 of	2000			,	,
0	с 9 а	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less' direct expenses	-	>	<38,908.	>		<38,908.
	ç 10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold	returns a b					
	11 a b c	Met income or (loss) from sale: Miscellaneous Revenue	е	Business Code				
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		>	585,389.	1,065.	0	. <38,859.

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 80,177. 35,137. 32,977. 12,063. trustees, and key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 279,780. 279,780. Other salaries and wages Pension plan accruals and contributions (include 3,637 section 401(k) and 403(b) employer contributions) 3,637. 15,322. 8,350. 4,233. 2,739. Other employee benefits 3,098. 33,402. 29,349 10 Payroll taxes Fees for services (non-employees) Management **b** Legal 9,545. c Accounting 9,545. d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, 32,490. 16,000. 70,490. 22,000. column (A) amount, list line 11g expenses on Sch O.) 6,865. 6,865. Advertising and promotion 12 7,561 11,869. 4,308. Office expenses 13 12,277. 12,277 Information technology 14 15 Royalties 12,000. 12,000 Occupancy 16 2,105 2,105 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 21 Payments to affiliates 4,625. 4,625. 22 Depreciation, depletion, and amortization 16,474. 16,474. 23 Other expenses. Itemize expenses not covered 24 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.) 49,659. 49,659 a Deterrence Technologies Program Supplies 24,852. 24,852 <u>13,</u>851. 13,851. c Transporation Expense -<u>9,691</u>. d Training & Education 6,947 2,744 2,428. 17,828. 15,400. e All other expenses 674,449 519,290. 110,537. 44,622. Total functional expenses. Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in	this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		549,698.	1	509,100.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		223,584.	3	156,054.
	4	Accounts receivable, net			4	14,915.
	5	Loans and other receivables from current and former officers, of	irectors,			1
		trustees, key employees, and highest compensated employees	Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as	defined under			']
		section 4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of section 501(c)(9) vo	oluntary			
ţ		employees' beneficiary organizations (see instr) Complete Part	II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use	_		8	
	9	Prepaid expenses and deferred charges		900.	9	
	10a	Land, buildings, and equipment cost or other				ļ
		basis Complete Part VI of Schedule D 10a	37,062.			
	b	Less: accumulated depreciation 10b	26,586.	15,101.	10c	10,476.
	11	Investments - publicly traded securities	-		11	
	12	Investments - other securities. See Part IV, line 11	<u> </u>		12	
	13	Investments - program-related See Part IV, line 11	-		13	
	14	Intangible assets	-		14	
	15	Other assets See Part IV, line 11	-	700 000	15	COO 545
	16	Total assets. Add lines 1 through 15 (must equal line 34)		789,283.	16	690,545.
	17	Accounts payable and accrued expenses	_	10,277.	17	5,326.
	18	Grants payable	-	. —	18	
	19	Deferred revenue	-		19	 .
	20	Tax-exempt bond liabilities		11 747	20	7 020
	21	Escrow or custodial account liability Complete Part IV of Scheo		11,747.	21	7,020.
Liabilities	22	Loans and other payables to current and former officers, direct				İ
Ĭ		key employees, highest compensated employees, and disquali	nea persons		22	
Lia		Complete Part II of Schedule L	_		23	
	23	Secured mortgages and notes payable to unrelated third partie	s		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to relate	d third		24	
	25	parties, and other liabilities not included on lines 17-24) Compl	1			
		Schedule D	Sto Fart X OF		25	
	26	Total liabilities. Add lines 17 through 25	-	22,024.	26	12,346.
	20	Organizations that follow SFAS 117 (ASC 958), check here	X and			
s		complete lines 27 through 29, and lines 33 and 34.				į
Se Se	27	Unrestricted net assets	-	352,666.	27	410,572.
alar	28	Temporarily restricted net assets	-	414,593.	28	267,627.
80	29	Permanently restricted net assets	-		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check	here]
P.		and complete lines 30 through 34.				
ts (30	Capital stock or trust principal, or current funds	[30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	F		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other	funds		32	
ž	33	Total net assets or fund balances	Γ	767,259.	33	678,199.
	34	Total liabilities and net assets/fund balances		789,283.	34	690,545.

Form	990 (2017) youthSpark, Inc.	58-255	6130	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>585</u>	<u>, 3</u>	<u>89.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	674	.,4	<u>49.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<89	0,0	<u>60.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	767	, 2	<u>59.</u>
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	678	1,1	99.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			ŀ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	ate basis,			
	consolidated basis, or both]	
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?	- 1	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	ŀ	,

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

58-2556130 vouthSpark, Inc. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university 10 X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other (a) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

D ₂	irt II Support Schedule for	Organizations	Described in	Sections 170	7/b)/d)/A)/ii/) an		OISU Page 2
Га	(Complete only if you checke	_					• /
•	fails to qualify under the tests			-	on falled to quality	under Part III II till	e organization
Sac	ction A. Public Support	s listed below, plea		···. <i>y</i>			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(6) 2014	(6) 2013	(0) 2010	(e) 2017	(I) IOIAI
'	membership fees received (Do not						
	include any "unusual grants ")						
_	• •				_	 	
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	· ·	1				/	
_	or expended on its behalf				 	1	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				 /.		
	Total. Add lines 1 through 3				+/		
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)						
_	,,			 / 			<u> </u>
	Public support. Subtract line 5 from line 4 strion B. Total Support			/		.1	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4		X=1			(5/ =5 1	
	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	/			1		
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publ					TT	
	Public support percentage for 201/7 (I		=	column (t))		14	
	Public support percentage from 2016			-11011	44 - 00 4/00/	15	%
	33 1/3% support test - 2017. If the contact have The account test - 2017 if the contact have the contact hav	-			14 IS 33 1/3% OF I	nore, check this bo	x and
	stop here. The organization/qualifies				d line 15 io 22 1/20	/ ar mara abaak th	
	33 1/3% support test - 2016. If the cand stop here. The organization quali				u iirie 15 is 33 1/39	a or more, check ti	IIS DOX
	10% -facts-and-circumstances test				e 13 16a or 16b	and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					art virilow the organ	▶ □
	10% -facts-and-circumstances test					17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization, meets the "facts-and-circ				•		▶ □
	Private foundation. If the organization		_		-		s •
						edule A (Form 990	
						-	-
	/						
3202	2 10-08-17						

Schedule A (Form 990 or 990-EZ) 2017 youthSpark, Inc. 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

Sec	ction A. Public Support	elow, please comp	nete Fait II.)					
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Gifts, grants, contributions, and							
-	membership fees received (Do not							
	include any "unusual grants ")	453,092.	431,764.	1,033,454.	549,030.	623,183.	3,090,523.	
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			2,333,333,		1,065.	1,065.	
3	Gross receipts from activities that		• •					
Ŭ	are not an unrelated trade or bus- ness 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	00 750	88,752.	42 000	E2 200	42 000	314,804.	
_	the organization without charge	88,752.		42,000.	53,300.	42,000. 666,248.		
	Total. Add lines 1 through 5	541,844.	520,516.	1,075,454.	602,330.	000,240.	3,406,392,	
7 <i>a</i>	Amounts included on lines 1, 2, and	05 000	E0 601	76 755	45 575	26 070	202 001	
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that	85,000.	59,691.	76,755.	45,575.	26,970.	293,991.	
	exceed the greater of \$5,000 or 1% of the						0.	
	amount on line 13 for the year	85,000.	59,691.	76,755.	45,575.	26,970.	293,991.	
	Add lines 7a and 7b	85,000.	39,091.	10,733.	43,373.	20,370.		
	Public support. (Subtract line 7c from line 6) ction B. Total Support		I				3,112,401.	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6	541,844.	520,516.	1,075,454.	602,330.	666,248.	3,406,392,	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	34.	32.	58.	266.	49.	439.	
_	and income from similar sources Unrelated business taxable income	34.	32.		200.	43.	433.	
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
_	Add lines 10a and 10b	34.	32.	58.	266.	49.	439.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	34.	321	30.	2000	33.	433.	
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)	541,878.	520,548.	1,075,512.	602,596.	666,297.	3,406,831.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,	
	check this box and stop here						<u> </u>	
Sec	tion C. Computation of Publ	ic Support Per	rcentage					
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, co	olumn (f))		15	91.36 %	
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	88.26 %	
Sec	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 20	17 (line 10c, colum	nn (f) divided by line	e 13, column (f))		17	.01 %	
18	Investment income percentage from 2	2016 Schedule A, F	Part III, line 17			18	.01 %	
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not	
	more than 33 1/3%, check this box at 33 1/3% support tests - 2016. If the	nd stop here. The	organization qualit	ies as a publicly s	supported organiza	ation	\blacktriangleright	
U	• •	-					▶ □	
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization O 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 in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			_
Sec	tion A. All Supporting Organizations		T	Γ
_			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		·	
_	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2_		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
.	(b) and (c) below Did the experience confirm that each supported experience qualified under control EC1(a)(4). (5), or (6) and	3a		
D	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30_	<u> </u>	
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4-	Was any supported organization not organized in the United States ("foreign supported organization")? If	30	<u> </u>	┝╌╴
44	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
D	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	75		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	10		
ou	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already			
_	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		ļ	
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	L	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		l	

Schedule A (Form 990 or 990-EZ) 2017

determine whether the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2017

」Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see Schedule A (Form 990 or 990-EZ) 2017

5

Income tax imposed in prior year

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 youthSpark,	Inc.	58-2556130 Page 8
Part VI	Supplemental Information. Provide the e Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6,	xplanations required by Part II, line 10, Part II, line 17a (, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines ection E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part	or 17b, Part III, line 12, 1 and 2, Part IV, Section C,
	Section D, lines 5, 6, and 8; and Part V, Section E (See instructions)	, lines 2, 5, and 6. Also complete this part for any additi	onal information.
		·	
	_ .		
			
			-
		 	
			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	youthSpark, Inc.		<u> </u>
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	or deriver advices, or less any earlier purpose service	Yes No
Pai		ganization answered "Yes" on Form 990, Part I	
1	Purpose(s) of conservation easements held by the organizat		
'	Preservation of land for public use (e.g., recreation or e		ly important land area
	Protection of natural habitat	Preservation of a certified I	
	Preservation of open space	Freservation of a certified i	istoric structure
_		find conceniation contribution in the form of a	engonyation agramont on the last
2	Complete lines 2a through 2d if the organization held a quali	med conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	inization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		— —
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conserva	tion easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?	_	Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the o	rganization's accounting for
	conservation easements	4 Art Historical Transcrutor on Other	Cimilar Assats
Pai	t III Organizations Maintaining Collections o		Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

Sche		ark, Inc.					3-2556		
Pa	rt III. Organizations Maintaining C	ollections of A	rt, Historical T	reasures, o	r Other	Similar	Assets(c	ontinue	d)
3	Using the organization's acquisition, access	on, and other recor	ds, check any of the	following that	are a sigr	nificant use	of its colle	ection it	ems
	(check all that apply)								
а	Public exhibition		d Loan or ex	change progra	ms				
b	Scholarly research	•	e Dother						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how they further	the organizatio	n's exemp	ot purpose	ın Part XII	ı	
5	During the year, did the organization solicit of	r receive donations	of art, historical tre	asures, or othe	r sımılar a	ssets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the organization's o	collection?			Y	es	No_
Pā	rt IV Escrow and Custodial Arran		lete if the organizati	on answered "	Yes" on F	orm 990, F	art IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other interme	diary for contribution	ns or other ass	ets not in	cluded			
	on Form 990, Part X?						X Y	es l	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table						
							An	noun <u>t</u>	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for escrow or o	custodial accol	ınt liability	17	X Y	es ļ	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								
Pa	rt V. Endowment Funds. Complete	f the organization a	nswered "Yes" on F	form 990, Part					
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three year	s back (e	Four year	ars back
1a	Beginning of year balance			 					
þ	Contributions			ļ					
С	Net investment earnings, gains, and losses								
đ	Grants or scholarships	- <u></u> -		.					
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		<u>L.</u> .						
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1g, column	(a)) held as					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	zation that are held	and administer	ed for the	organizati	on		
	by·						Г	Ye	s No
	(i) unrelated organizations							la(i)	
	(ii) related organizations			_				a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	•		?			L.	3b	i
4	Describe in Part XIII the intended uses of the		owment funds	-			-		
Pa	t.VI. Land, Buildings, and Equipn					40			
	Complete if the organization answere					_			
	Description of property	(a) Cost or o basis (invest		st or other s (other)	depre	umulated eciation	(d)	Book va	alue
1a	Land	_			·		•		
b	Buildings						_		
С	Leasehold improvements			14,872.		4,396		<u>10,</u>	<u>476.</u>
d	Equipment			22,190.		<u> 22,190</u>) •		0.
	Other								
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Pan	t X, column (B), line	10c)			<u> </u>	10,	<u>476.</u>

Schedule D (Form 990) 2017

732053 10-09-17

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 youth	Spark, Inc.		·		<u>556130</u>	<u>Page</u>
Rart XI, Reconciliation of Revenu			Revenue per F	Return.		
Complete if the organization ans	wered "Yes" on Form 990, Part IV, line	9 12a				
 Total revenue, gains, and other support 	per audited financial statements			1	666,	<u> 297</u>
2 Amounts included on line 1 but not on F		1 1				
a Net unrealized gains (losses) on investm	nents	2a	42 000	- ·		
b Donated services and use of facilities		_2b	42,000.	<u>-</u> , , ,		
c Recoveries of prior year grants		2c	30 000			
d Other (Describe in Part XIII)		2d	38,908.		0.0	000
e Add lines 2a through 2d				2e	<u>80,</u> 585,	300
3 Subtract line 2e from line 1	II line 10 histort on line 1			3	202,	30.
4 Amounts included on Form 990, Part VI		45				
 a Investment expenses not included on F b Other (Describe in Part XIII) 	onn 990, Fart viii, line 76	4a 4b		1 1		
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	585,	
Part XII Reconciliation of Expens	ses per Audited Financial Sta	tements With	Expenses per			
	wered "Yes" on Form 990, Part IV, line					
1 Total expenses and losses per audited				1	755,	35'
2 Amounts included on line 1 but not on F						
a Donated services and use of facilities	,, -	2a	42,000.	,]. ,		
b Prior year adjustments		2b];		
c Other losses		2c]		
d Other (Describe in Part XIII)		2d_	38,908.			
e Add lines 2a through 2d				2e	80,	
3 Subtract line 2e from line 1				3	674,	449
4 Amounts included on Form 990, Part IX	, line 25, but not on line 1.			'		
a Investment expenses not included on F	orm 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. (The Part XIII Supplemental Information		.)		5	674,	449
Part X, Line 2:						
Management believes it	has appropriate su	pport for	any tax r	<u>oositi</u>	ons ta	<u>ke</u> ı
and as such, does not h	nave any uncertain	tax posit	ions mater	rial t	o the	
financial statements.						
				_		
Part XI, Line 2d - Othe	er Adjustments:					
Fundraising Expenses Ne	etted Against Reven	ue on 990		<u>.</u>		
Dant VII lina 2d Oth	or Adjustments.					
Part XII, Line 2d - Oth						,
Fundraising Expenses Ne	etted Against Reven	ue on 990				
732054 10-09-17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>.</u>		Schedule	e D (Form 99	
	30		_	Conedan		
.20416 794789 jjf	2017.05050 you	thSpark,	Inc.		JJF	

Schedule D (Form 990) 2017	youthSpark,	Inc.	58-2556130 Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental	Information (continued)		
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	,	. *** ***	Schedule D (Form 990) 2017
			Conedule D (Form 330) 20 17

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

Go to www.lrs.gov/Form990 for the latest instructions.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization	ark, Inc.					58-2556	ntification number
	. Complete if the organization answer	ered "Y	es" o	n Form 990, Part IV, I	line 1		
Indicate whether the organization rais	sed funds through any of the following Solicitates of Solicitates or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursured	tion of tion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							
•				/			
		,					
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
		•					
		-				 	
	<u> </u>						·
		_					
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732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

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

Schedule G (Form 990 or 990 EZ) 2017 youthSpark, Inc.

58-2556130 Page 2

Schedule G (Form 990 or 990-EZ) 2017 youthSpark, Inc.	58-2556130 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 , Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	
14 Enter the hame and address of the person who prepares the organization's gaming/special events books and rec	bius
Nama 🏲	
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 an	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address >	
7.001000 P	
16 Gaming manager information.	
16 Gaming manager information.	
Name &	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	it 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 9h 10h 15h
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
130, 10, and 170, as applicable. Also provide any additional information. See instructions	
	-
	
	e G (Form 990 or 990-EZ) 2017

Schedule (G (Form 990 or 990-EZ)	youthSpark,	Inc.	^	58-2556130 Page 4
Part IV	Supplemental In	youthSpark, formation (continued)			
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SCHEDULE O

Internal Revenue Service

14)

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

vouthSpark. Inc.

Employer identification number 58-2556130

Form 990, Part I, Line 1, Description of Organization Mission:
and exploitative situations. youthSpark, Inc. works to end sex
trafficking, make a difference for youth at risk of sex trafficking,
and help address the unmet needs of other vulnerable and victimized
youth involved with the Fulton County Juvenile Court.
Form 990, Part III, Line 1, Description of Organization Mission:
other vulnerable and victimized youth involved with the Fulton County
Juvenile Court.
Form 990, Part VI, Section B, line 11b:
A draft of the 990 is prepared by the Organization's Certified Public
Accountants for review by management and the Board of Directors. The draft
is delivered electronically to each Board Member, who is invited to review
and comment. The 990 is not finalized and signed until management receives
the approval of the Board of Directors.
Form 990, Part VI, Section B, Line 12c:
youthSpark is a small NPO and the Board, Officer and staff communicate
regularly.
Form 990, Part VI, Section B, Line 15:
Salaries are comparable to similar salaries within the Atlanta market.
Form 990, Part VI, Section C, Line 18:
All of youthSpark's governing documents, conflict of interest policy, board

732211 09-07-17

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

Schedule O (Form 990 or 990-EZ) (2017)

e 12