**Return of Organization Exempt From Income Tax** 

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

EXTENSION(S) ATTACHED

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Form 990 (2018)

AI	or th	e 2018 calendar year, or tax year beginning $$	<u>JUN 30, 2019</u>
В	Check if ipplicab	C Name of organization	D Employer identification number
Г	Addre	youthSpark, Inc.	
一	Name		58-2556130
	Initial	December 1	-
F	Final	395 Bryon Street SW 2117	·
	return termir ated		G Gross receipts \$ 578, 420.
Г	Amen	ded 7 1 - m + a C7 20212	H(a) Is this a group return
$\vdash$	Ireturn Apphi tion		for subordinates? Yes X No
_	pend		H(b) Are all subordinates included? Yes No
	Tay-ey		527 If "No," attach a list (see instructions)
_		te: > www.youth-Spark.org	H(c) Group exemption number
			ear of formation: 2000 M State of legal domicile; GA
	art I	Summary	
		Briefly describe the organization's mission or most significant activities youthSpa	rk. Inc.'s mission is to
ဍ		advocate for children who need legal and adu	
ī.	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of r	
Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 11
ၓၟ		Number of independent voting members of the governing body (Part VI, line 1b)	4 11
ଦ୍ଧ ଓ	1	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 12
iţi	6	Total number of volunteers (estimate if necessary)	RECENTED
Activities &	l -	Total unrelated business revenue from Part VIII, column (C), line 12	72 70 0.
Ø	l	Net unrelated business taxable income from Form 990-T, line 38	70 2020 0 0
			@dior Year Current Year
4	8	Contributions and grants (Part VIII, line 1h)	623.183. 574,422.
ğ	9	Program service revenue (Part VIII, line 2g)	400EN, UT 767.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49. 3,231.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<38,908.> <26,039.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	585,389. 552,381.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	412,318. 440,695.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 64,801.	
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	262,131. 229,635.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	674,449. 670,330.
		Revenue less expenses Subtract line 18 from line 12	<89,060.> <117,949.
s or			Beginning of Current Year End of Year
age a	20	Total assets (Part X, line 16)	690,545. 585,681.
	21	Total liabilities (Part X, line 26)	12,346. 25,431.
Ž	22	Net assets or fund balances Subtract line 21 from line 20	678,199. 560,250.
	art II	Signature Block	
_		alties of perjury, I declare that I have examined this return, including accompanying schedules and st	
truc	oorre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	
)		Signature of officer	1 / 10 / 2020
Sig		ļ, · · · ·	Date
Her	е	Jennifer Swain, Executive Director Type or print name and title	
_			Date Check PTIN
Sig Her —	1	Print/Type preparer's name  Preparer's signature  Preparer's signature	f
_		Cynthia Tabb	12/17/19 sett-employed P01480124
-	narer	Firm's name Tabb & Tabb	Firm's EIN
use	Only	Firm's address > 260 Peachtree Street, NW, Suite 120 Atlanta, GA 30303	Phone no. 404-584-0870
Mac	, tha !		Phone no. 404 - 364 - 0670
11/12/1		no rescues uns territo with the higharet shown above / 1990 instituctions)	, , , , , , , , , , , , , , , , , , ,

LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

	990 (2018) youthSpark, Inc.	<u>58-2556130</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission.		
	youthSpark, Inc.'s mission is to advocate for children	who need lea	al
	and adult protection in abusive and exploitative situation		
	youthSpark, Inc. works to end sex trafficking, make a di		~
	youth at risk of sex trafficking, and help address the	innet needs	01
2	Did the organization undertake any significant program services during the year which were not listed on the	<del></del>	(Te)
	prior Form 990 or 990-EZ?	L!Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	;
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 453,598 · including grants of \$ ) (Revenue	110 <b>\$</b>	767.)
	youthSpark, Inc. directs one of the nation's most aggres		
	in combating the commercial sexual exploitation of child		
	youthSpark's focus on child sex trafficking was a direct		
	need perceived by the Juvenile Court, whereby sexually		
	were being re-victimized through incarceration and deter		e or
	the lack of appropriate placement options. youthSpark		
	direct service program to victimized youth through the		
	Center, which offers access to various programs that add		
	and familial vulnerabilities. Advocacy programs address		
	underlying social problems affecting youth served, taking	ng the form	<u>of</u>
	policy advocacy, training and education programs.		
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	ue \$	)
	<del></del>		
		<del></del>	
4c	(Code) (Expenses \$) (Revenue)	ıe \$	)
		<del>_</del>	
	_		
			<del></del>
	Other average of Paragha in Cabadida (A)		
4d	Other program services (Describe in Schedule O)		
_	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ► 453,598.	<del></del>	00:
		Form 9	90 (2018)

Form 990 (2018) youthSpark, Inc.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	ь		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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			١
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		v
	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	445		X
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	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		X
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,"			٦,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	لبببا	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C	any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	-	_
204	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		х
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			
	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)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~	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		
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?	30		
31	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	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38_	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	<u> </u>	_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			.,,,,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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			<u>Yes</u>	No_			
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	·			I		
	filed for the calendar year ending with or within the year covered by this return 2a 12				l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X_	<u> </u>	:		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				j		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	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		X	i		
b	If "Yes," enter the name of the foreign country			ļ ,	Į		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	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?	<u>6a</u>		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	<u>6</u> b					
7	Organizations that may receive deductible contributions under section 170(c).				ĺ		
	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?	<u>7</u> a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X	i		
	If "Yes," indicate the number of Forms 8282 filed during the year				Ì		
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 7g					
g							
h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b></b>		:	j		
_	sponsoring organization have excess business holdings at any time during the year?	8			i		
9							
а	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		1	i		
10	Section 501(c)(7) organizations. Enter				ĺ		
a	Initiation fees and capital contributions included on Part VIII, line 12				ı		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]				ı		
11	Section 501(c)(12) organizations. Enter				l		
a	Gross income from other sources (Do not not amounts due or paid to other sources against				ĺ		
D	Gross income from other sources (Do not net amounts due or paid to other sources against				ı		
122	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	 12a			ļ		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124			į		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				ļ		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>			
u	Note. See the instructions for additional information the organization must report on Schedule O	104					
h	Enter the amount of reserves the organization is required to maintain by the states in which the				l		
-	organization is licensed to issue qualified health plans						
c	Enter the amount of reserves on hand				ĺ		
-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		† <del></del>			
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?	15		х			
	If "Yes," see instructions and file Form 4720, Schedule N				ĺ		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O				j		
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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			(Terr
500	tion A. Governing Body and Management			X
Sec	tion A. Governing body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 11		162	INO
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	$\overline{\mathbf{x}}$	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	<b>—</b> ,
15	Did the process for determining compensation of the following persons include a review and approval by independent			]
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		J
a	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	16a		$\overline{\mathbf{x}}$
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			}
	exempt status with respect to such arrangements?	16b		<i>ا</i>
Sec	tion C. Disclosure	100		
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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s onlv)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply	y)		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 404-612-4628			
	395 Pryor Street, SW, No. 2117, Atlanta, GA 30312			
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# 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.

Clist any hours for related organizations below lines   Section 1	(A) Name and Title	(B) Average hours per week	box offi	not c	Pos heck ss pe	more rson	than is bot or/trus	h an		(E) Reportable compensation from related	(F) Estimated amount of other
(1) Sharon Hill, Ph.D. Chair		hours for related organizations below	(list any hours for related organizations below line)	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		_	from the organization and related
Member	(1) Sharon Hill, Ph.D.	0.00								_	_
Member         X         0.0.00         0.00           Secretary         X         X         0.0.00         0.00           (4) Barbara Rose         0.00         0.00         0.00         0.00           Governance Committee Chair         X         0.00         0.00           (5) Vincent Phillips         0.00         0.00         0.00           Member         X         0.00         0.00           Member         X         0.00         0.00           (7) Devika Rao         0.00         0.00         0.00           (8) Kim Brannan         0.00         0.00         0.00           Member         X         0.00         0.00           Member         X         0.00         0.00           (10) Christopher Wilbanks         0.00         0.00         0.00           Member         X         0.00         0.00           (11) Sara Yeglin         0.00         0.00         0.00           Member         X         0.00         0.00           (12) Jennifer Swain         40.00         0.00         0.00	Chair		X		X		<u> </u>		0.	0.	0.
(3) Catherine Payne	(2) Hyacinth Edwards	0.00									
Secretary	Member	0.00	X						0.	0.	0.
(4) Barbara Rose     0.00       Governance Committee Chair     X       (5) Vincent Phillips     0.00       Member     X       (6) Ryan Roemerman     0.00       Member     X       (7) Devika Rao     0.00       X     0.00       X     0.00       X     0.00       X     0.00       Y     0.00       Member     X       (10) Christopher Wilbanks     0.00       Member     X       (11) Sara Yeglin     0.00       Member     X       (12) Jennifer Swain     40.00		0.00			.,					0	•
Governance Committee Chair  (5) Vincent Phillips  Member  (6) Ryan Roemerman  Member  (7) Devika Rao  (8) Kim Brannan  (9) Nzinga Shaw  Member  (10) Christopher Wilbanks  Member  (11) Sara Yeglin  Member  (12) Jennifer Swain		0.00	X		X				<u> </u>	0.	
(5) Vincent Phillips       0.00         Member       X         (6) Ryan Roemerman       0.00         Member       X         (7) Devika Rao       0.00         (8) Kim Brannan       0.00         X       0.00         Member       X         (10) Christopher Wilbanks       0.00         Member       X         (11) Sara Yeglin       0.00         Member       X         (12) Jennifer Swain       40.00	• • • • • • • • • • • • • • • • • • • •	0.00	v							0	0
Member       X       0.00       0.00         Member       X       0.00       0.00         (7) Devika Rao       X       0.00       0.00         (8) Kim Brannan       0.00       X       0.00       0.00         Member       X       0.00       0.00       0.00		0.00	Δ.		_		-		U •	0.	0.
(6) Ryan Roemerman       0.00       X       0.00       0.00         (7) Devika Rao       0.00       X       0.00       0.00         (8) Kim Brannan       0.00       X       0.00       0.00         Member       X       0.00       0.00       0.00		0.00	v						0	0	n
Member       X       0.00       0.00         (7) Devika Rao       0.00       0.00         (8) Kim Brannan       0.00       0.00         X       0.00       0.00         Member       X       0.00         (10) Christopher Wilbanks       0.00       0.00         Member       X       0.00         (11) Sara Yeglin       0.00       0.00         Member       X       0.00         Member       0.00       0.00         Member       0.00       0.00         Member       0.00       0.00		0.00	^			_	$\vdash$		0.	•	0.
(7) Devika Rao     0.00       (8) Kim Brannan     0.00       (9) Nzinga Shaw     0.00       Member     X       (10) Christopher Wilbanks     0.00       Member     X       (11) Sara Yeglin     0.00       Member     X       (12) Jennifer Swain     40.00	<del>-</del>	0.00	x						0.	0.	0.
(8) Kim Brannan     0.00       X     0.00       (9) Nzinga Shaw     0.00       Member     X       (10) Christopher Wilbanks     0.00       Member     X       (11) Sara Yeglin     0.00       Member     X       (12) Jennifer Swain     40.00		0.00									
(9) Nzinga Shaw       0.00         Member       X         (10) Christopher Wilbanks       0.00         Member       X         (11) Sara Yeglin       0.00         Member       X         (12) Jennifer Swain       40.00	(8) Kim Brannan	0.00									0.
(10) Christopher Wilbanks       0.00         Member       X         (11) Sara Yeglin       0.00         Member       X         (12) Jennifer Swain       40.00	(9) Nzinga Shaw	0.00	x						0.	0.	0.
Member         X         0.         0.         0.           (11) Sara Yeglin         0.00         0. <td>- · · · · · · · · · · · · · · · · · · ·</td> <td>0.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td><u> </u></td> <td></td>	- · · · · · · · · · · · · · · · · · · ·	0.00							0.	<u> </u>	
(11) Sara Yeglin       0.00         Member       X         (12) Jennifer Swain       40.00		0.00	x						0.	0.	0.
Member         X         0.         0.         0.           (12) Jennifer Swain         40.00         . <t< td=""><td></td><td>0.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		0.00									
	Member		х						0.	0.	0.
Executive Director X 90,000. 0. 0.	(12) Jennifer Swain	40.00									
	Executive Director				X				90,000.	0.	0.
										_	
			_								_

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employed	es (continued)				
	(A) (B) (C) (D) (E)								(F)					
	Name and title	Average	l		Pos				Reportable	Reportable	ļ	Es	timate	ed
		hours per		(do not check more than one box, unless person is both an								amount of		
		week	offi	cer an	dad	irector/trustee)			from	from related			other	
		(list any	į						the	organizations	,	com	pensa	tion
		hours for	Individual trustee or director				pa.		organization	(W-2/1099-MIS		fr	om th	е
		related	te o	Institutional trustee			ensal		(W-2/1099-MISC)			org	anızat	ion
		organizations	Į į	naltr		яеу етріоуее	e c					and	d relat	ed
		below	l ge	t t	ا <u>ب</u> ق	рша	lest c	ner				orga	anızatı	ons
		line)	Ē	lnsb	Officer	Key	Highest compensated emptoyee	For						
			_							-			_	
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											-			
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		<del></del>									İ			
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			L	<u> </u>	[]		<u>[</u> ]							
1b	Sub-total							<b>▶</b>	90,000.		0.			0.
С	Total from continuation sheets to Part VI	, Section A						<b>&gt;</b>	0.		0.			0.
d	Total (add lines 1b and 1c)							<b>&gt;</b>	90,000.		0.			0.
2	Total number of individuals (including but no	ot lunited to th	ose	liste	ed at	OUVE	e) wi	10 16		.000 of reportable				
_	compensation from the organization		-				,		oosivoa moro mari proo	,000 01 1000114011	•			C
	Compensation from the organization												Yes	No
^	Did the assessment on het any factor office.	d						1	LL		ſ			
3	Did the organization list any former officer,		stee	е, ке	y en	прю	yee,	or	nignest compensated ei	mployee on			- 1	37
	line 1a? If "Yes," complete Schedule J for so										}	3		<u>X</u>
4	For any individual listed on line 1a, is the su									the organization		-		
	and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4		X
5	Did any person listed on line 1a receive or a	ccrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services				-
	rendered to the organization? If "Yes," comp	olete Schedule	e J f	or su	ıch j	oe <i>r</i> s	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor	npensated inc	dene	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pens	ation f	rom	
	the organization Report compensation for t	-												
	(A)	no caronaar y	-		<u>.</u>		<u> </u>	T	(B)			(C	·1	
	Name and business	address	NIC	ONE	2				Description of s	ervices	С	ompe		n
			TAC	)TAT	<u> </u>			$\dashv$						
								$\dashv$						
								_						
								- T						
								$\dashv$						-
	Total number of independent participation (	aludina hut =	٠٠ ا ١٠٠		d +-	4h -	00 10		l abough who recours dies	ore then			-	
2	Total number of independent contractors (in	-	UL III	me	u to		_	rea	above) who received in	iore man				
	\$100,000 of compensation from the organiz	ation >					)			<u> </u>	—		000	
												Form !	99U /	2018)

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		Check if Schedule O cont	ains a respons	or note to any line				
		-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
E Z	b		1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	F	1c	60,309.				
# F		Related organizations	1d					
S,E	e	0		263,128.				
<u>S</u> S	f	All other contributions, gifts, gran						
the the	-	similar amounts not included above		250,985.				
Öğ	a	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·					
a Co	_	Total. Add lines 1a-1f			574,422.			]
		•		Business Code				
ġ.	2 a	Training Fees		611430	767.	767.		
اه ک	b							
Program Service Revenue	С							
e e e	d			1 1				
P. S.	е							
جّ ا	f	All other program service reve	nue			·		
	g	Total. Add lines 2a-2f		<b></b>	767.			j
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)		<b>•</b>	3,231.			3,231.
	4	Income from investment of tax	exempt bond	proceeds >				
1	5	Royalties		<b>•</b>				
			(ı) Real	(II) Personal	•		-	
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		' assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	c	Gain or (loss)						_ _ <b></b>
	đ	Net gain or (loss)						
او	8 a	Gross income from fundraising	g events (not					
enne		including \$ 60,3	<u>09  </u> of					
Other Reve		contributions reported on line	1c) See					
F I		Part IV, line 18	•	0.				
Æ	b	Less: direct expenses	ı	26,039.				_
	С	Net income or (loss) from fund	raising events	<b></b>	<26,039.	>		<26,039.
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	i	·				
		Less direct expenses		·			<del></del>	_
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	ŧ					
	b	Less. cost of goods sold	ı	·			<del></del>	_
-	С	Net income or (loss) from sales						<del></del>
ļ		Miscellaneous Revenue	9	Business Code				_
	11 a			<u> </u>				<del> </del>
	b		<del></del>	1				<del> </del>
	С			<u> </u>				<u> </u>
	d	All other revenue						-
	-	Total. Add lines 11a-11d		<b>P</b>	FF0 004	5		1 00 000
	12	Total revenue See instructions		<u> </u>	552,381.	767.	0	<u>. &lt;22,808.</u> :

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 (D) Fundraising expenses (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. 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 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 99,000. 39,600. 24,750. 34,650. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 271,182 245,515 25,667. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 34,012 21,938. 9,599 2,475. Other employee benefits 9 36,501 28,121 6.527 1,853. 10 Payroll taxes Fees for services (non-employees) Management Legal 8,500. 8,500 c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 66,280 7,642 24,000. 34,638. column (A) amount, list line 11g expenses on Sch O.) 1,085. Advertising and promotion 1,085 12 8,763 1,197. 7,566 Office expenses 13 16,058. 16,058. Information technology 14 Royalties 15 246 246. Occupancy 16 2,930 2,930 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 6,723 6,723. Depreciation, depletion, and amortization 22 16,250. 16,250 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 50,171 50,171 a Program Supplies 451 ь Training & Education 16,800. 16,349. 11,352 11,352 Transporation Expense -10,696. 10,696. d Client Meals and Snacks e All other expenses 13,781. 9,663. 4,118

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64,801

453,598

151,931

670,330

if following SOP 98-2 (ASC 958-720)

Total functional expenses Add lines 1 through 24e

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

<u>rm 990</u> <b>art X</b>	(2018) youthSpark, Inc.	<del></del> .	<u>58-2</u>	2556130 Page
ait	Check if Schedule O contains a response or note to any line in this Part X	<del> </del>		
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	509,100.	1	96,12
2	Savings and temporary cash investments		2	303,19
3	Pledges and grants receivable, net	156,054.	3	171,31
4	Accounts receivable, net	14,915.	4	•
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		l l _	
	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	Land, buildings, and equipment, cost or other			
	basis. Complete Part VI of Schedule D 10a 48,353.			
	Less accumulated depreciation 10b 33,308.	10,476.	10c	15,04
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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	690,545.	16	585,68
17	Accounts payable and accrued expenses	5,326.	17	19,15
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	7,020.	21	6,27
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons		_	
	Complete Part II of Schedule L		22	
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	10.016	25	
26	Total liabilities. Add lines 17 through 25	12,346.	26	25,43
	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
	complete lines 27 through 29, and lines 33 and 34.	410 570		
27	Unrestricted net assets	410,572.	27	546,40
28	Temporarily restricted net assets	267,627.	28	13,84
29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	678,199.	32	560,25
33			,,-,	201 /2

Form **990** (2018)

<u>For</u> m	990 (2018) youthSpark, Inc.	58-255	6130	Pa	ge <b>12</b>
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	552	2,3	<u>81.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	670	0,3	<u>30.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<11		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	678	<u>8,1</u>	<u>99.</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	560	0,2	<u>50.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>                                      </u>
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1	_	
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 reviewe	d on a			;
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		_		1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			1
	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 the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2ს	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			ي
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
h	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured audit			

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Form **990** (2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

**Employer identification number** Name of the organization 58-2556130 youthSpark, 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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) 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). 11 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. oxdot 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 in your governing document? (III) Type of organization (I) Name of supported (II) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions)) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990-EZ) 2018 y	outhSpark	, Inc.	<del></del>		58-25	56130 Page 2			
Pá	art II Support Schedule for	_					• • •			
	(Complete only if you checke				on failed to qualify	under Part III. If t	he organization			
_	fails to qualify under the tests	s listed below, plea	ase complete Part	III )						
Se	ction A. Public Support	<del></del>		<del></del>		<del></del>				
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and						1			
	membership fees received (Do not									
	include any "unusual grants ")			ļ .—	<del> </del>		<u> </u>			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf					<del>-</del>				
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly		1		A .					
	supported organization) included			/						
	on line 1 that exceeds 2% of the			/						
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4				1	<u> </u>				
	ction B. Total Support		1		1					
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4		1	/	ļ					
8	Gross income from interest,		,	1	,					
	dividends, payments received on		/							
	securities loans, rents, royalties,									
	and income from similar sources				ļ					
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.)		<b>!</b> /							
11	Total support. Add lines 7 through 10		<i>Y</i>							
12	Gross receipts from related activities,	etc. (see instructi	ons)			12				
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)				
<u></u>	organization, check this box and stor									
	ction C. Computation of Publ		<u> </u>							
	Public support percentage for 2018 (	,	-	column (f))		14				
	Public support percentage from 2017	,				15	<u>%</u>			
16a	33 1/3% support test - 2018. If the c	• /			14 is 33 1/3% or	more, check this t	oox and			
	stop here. The organization qualifies	<i>y</i>	-				. ▶∟			
b	33 1/3% support test - 2017. If the o	· /			d line 15 is 33 1/3%	6 or more, check	this box			
	and stop here. The organization qual	/								
17a	10% -facts-and-circumstances tes	,	•							
	and if the organization meets the "fag					irt VI how the orga	anization			
	meets the "facts-and-circumstances"	<del>-</del>			-					
b	10% -facts-and-circumstances tes	_								
	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									
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	•					
	/				Sch	edule A (Form 99	00 or 990-EZ) 2018			
	/									
	/									
	/									

832022 10-11-18

# Schedule A (Form 990 or 990-EZ) 2018 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

Se	ction A. Public Support	elow, please comp	olete Part II )				<del></del>
	indar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(0) 2013	(0) 2010	(4) 2017	(e) 2010	(i) Total
٠	membership fees received (Do not						
	include any "unusual grants.")	431,764.	1.033.454.	549,030.	623,183.	574,422.	3,211,853,
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	131,701.	1,033,434,	3137030.	1,065.	767.	1,832.
3	Gross receipts from activities that				1,0031	, , , ,	1/0021
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	88,752.	42,000.	53,300.	42,000.	55,561.	<u>281,613.</u>
6	Total. Add lines 1 through 5	520,516.	1,075,454.	602,330.	666,248.	630,750.	3,495,298 <u>.</u>
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	59,691.	76,755.	45,575.	26,970.	37,300.	246,291.
t	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						0.
(	: Add lines 7a and 7b	59,691.	76,755.	45,575.	26,970.	37,300.	246,291.
_8_	Public support. (Subtract line 7c from line 6)						3 249 007
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	520,516.	1,075,454,	602,330.	666,248.	630,750.	3,495,298,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	32.	58.	266.	49.	3,231.	3,636.
	Unrelated business taxable income	<u>J</u>		200.	47.	3,431.	3,030.
	(less section 511 taxes) from businesses	ı					
	acquired after June 30, 1975						
	Add lines 10a and 10b	32.	58.	266.	49.	3,231.	3,636.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	32.	30.	200.	43.	3,231.	3,030.
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)	520,548.	1,075,512.	602,596.	666,297.	633,981.	3,498,934,
14	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						▶□
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2018 (li	ine 8, column (f), di	ivided by line 13, o	column (f))		15	92.86 %
<u>16</u>	Public support percentage from 2017	Schedule A, Part I	III, line 15			16	<u>91.36 %</u>
Se	ction D. Computation of Inves	stment Income	e Percentage				<del></del>
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by lii	ne 13, column (f))		17	.10 %
18	Investment income percentage from 2	2017 Schedule A, F	Part III, line 17			18	<u>.01 %</u>
19a	33 1/3% support tests - 2018. If the	organization did no	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The c	organization qualif	ies as a publicly s	upported organiza	tion	$\triangleright \mathbf{X}$
t	33 1/3% support tests - 2017. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	n did not check a t	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	<u> </u>
8320	23 10-11-18				Sche	dule A (Form 990	or 990-EZ) 2018

## 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.)

	tion A. All Supporting Organizations	. –	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	140
•	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		1	
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		<b>-</b>	<u> </u>
-	(b) and (c) below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- 50		1
•	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			l
	organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	55		
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b		40		
	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			$\vdash$
·	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)	İ		
	purposes	4c		
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1		
ou	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and FIN	ŀ		
	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		
h	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		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			<del>                                     </del>
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			1
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			,
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 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		
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			
	determine whether the organization had excess business holdings )	10b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. A	
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E		
Sect	ion A - Adjusted Net Income		(A) Prior Year (B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_7_	Other expenses (see instructions)	7			
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - 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)		,		
а	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			
е	Discount claimed for blockage or other .				
	factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 035	6			
_7_	Recoveries of prior-year distributions	7			
_8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
.1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	,		
2	Enter 85% of line 1	2			
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
_5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see	
	instructions)				

Schedule A (Form 990 or 990-EZ) 2018

Pai	<sup>τ ∨</sup> Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	<u>.</u>
Secti	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	
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 t	the organization is responsiv	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			_
10	Line 8 amount divided by line 9 amount		T**	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			:
	able cause required explain in Part VI) See instructions		<u> </u>	
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
<u>c</u>	From 2015			
<u>d</u>	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
_i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			******
4	Distributions for 2018 from Section D,			
	line 7. \$			·····
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u> </u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
_8_	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			****
е	Excess from 2018			<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

	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)
_	· · · · · · · · · · · · · · · · · · ·
	· ·

### SCHEDULE D

(Form 990)

Department of the Treasury

# 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

Internal Revenue Service Name of the organization **Employer identification number** youthSpark, Inc. 58-2556130 Part 1 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? | Part'll 義 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a 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 Tax Year 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 24 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)? 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 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

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Schedule D (Form 990) 2018

Sche		ark, Inc.								Page 2
Pa	rt III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simil	ar Asse	<b>ts</b> (continu	ied)
3	Using the organization's acquisition, access	on, and other recor	ds, checl	k any of the	following that	at are a s	ignificant	use of its	collection	ıtems
	(check all that apply).									
а	Public exhibition	•	a 🔲	Loan or exc	hange progra	ams				
b	Scholarly research		e 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	iin how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nızatıon's co	ollection?				Yes	No_
Pa	rt IV Escrow and Custodial Arran	<b>gements.</b> Compl	lete if the	organizatio	n answered	"Yes" on	Form 99	0, Part 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 as	sets not	ıncluded		_	
	on Form 990, Part X?							X	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table						
									Amount	<del></del>
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 e	escrow or cu	ustodial acco	unt liabi	lity?	X	Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII									
Pa	t V Endowment Funds. Complete	f the organization a	nswered	"Yes" on Fo	rm 990, Par	t IV, line	10			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses		ļ. <u> </u>							
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	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	•								
3a	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held a	nd administe	ered for t	he organı	zation	_	
	by.									res No
	(i) unrelated organizations								3a(i)	<del></del>
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	<u> </u>
4 Pai	Describe in Part XIII the intended uses of the		owment 1	funds						
rai			O Bort IV	/ line 11e S	coo Form 000	Dort V	lino 10			
	Complete if the organization answere						ccumulat	od	(d) Book	· · · · · · · · · · · · · · · · · · ·
	Description of property	(a) Cost or o basis (invest			or other (other)		preciation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements				4,872.		8,9			,950.
đ	Equipment			3	3,481.		24,3	86.	9	<u>,095.</u>
<u>e</u>										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Parl	t X, colun	nn (B), line 1	(Oc)				15	<u>,045.</u>

Schedule D (Form 990) 2018

Schedule D (Forr	m 990) 2018	youthSp	ark.	Inc
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Schedule D (Form 990) 2018 youthSpark	t, Inc.		<u> 58-25</u>	56130 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Ye				
(a) Description of security or category (including name of security	y) (b) Book value	(c) Method of va	luation. Cost or end-of-yea	ar market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other			<u> </u>	
(A)				
(B)				
(C)				
(D)				
(E)			<u>-</u>	
<u>(F)</u>				
(G)				<u></u>
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>			
Part VIII Investments - Program Related.				
Complete if the organization answered "Ye	s" on Form 990, Part IV, Iir			
(a) Description of investment	(b) Book value	(c) Method of va	luation. Cost or end-of-yea	ar market value
(1)				
(2)			<del>-</del>	
(3)			<del></del>	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			·	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>			
Part IX Other Assets.				
Complete if the organization answered "Ye	s" on Form 990, Part IV, Iir	ne 11d See Form 990, F	art X, line 15.	
(	a) Description		(1	b) Book value
(1)				
(2)				
(3)				
(4)			•	
(5)				
(6)				
(7)		<u> </u>		
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15 )		<b>b</b>	
Part X Other Liabilities.				
Complete if the organization answered "Ye	s" on Form 990, Part IV, Irr	ne 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)				

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 X

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 youthSpark, Inc.			<u>56130                                    </u>	Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With Revenue per F	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	633,	981.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
a Net unrealized gains (losses) on investments	2a	1		
<b>b</b> Donated services and use of facilities	2b 55,561.	<u> </u>		
c Recoveries of prior year grants	2c	4		
d Other (Describe in Part XIII)	2d 26,039.	4		
e Add lines 2a through 2d		2e	81,	600.
3 Subtract line 2e from line 1		3	552,	381.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	4		
b Other (Describe in Part XIII )	_4b	4		_
c Add lines 4a and 4b		4c		0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 _	552,	381.
Part XII Reconciliation of Expenses per Audited Financial Sta		Return.		
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	<del>,</del>		
1 Total expenses and losses per audited financial statements		1	751,	930.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25				
a Donated services and use of facilities	2a 55,561.	<u>-</u>		
<b>b</b> Prior year adjustments	2b	<b>↓</b> │		
c Other losses	2c	-		
d Other (Describe in Part XIII.)	2d 26,039.	<u> </u>		
e Add lines 2a through 2d		2e	81,	330.
3 Subtract line 2e from line 1		3	670,	330.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1		
b Other (Describe in Part XIII)	4b	4		_
c Add lines 4a and 4b		4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>)                                    </u>	5	<u>670,</u>	330.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;		4, Part X, III	ne 2, Part X	(I,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional information			
Part X, Line 2:				
				,
Management believes it has appropriate sur	pport for any tax p	ositi	ons ta	<u>iken</u>
and as such, does not have any uncertain t	ax positions mater	rial to	o tne	
einendia akakamanka				
financial statements.				
	<del></del>	-		
Done WI Time Od Obban Bainstone				
Part XI, Line 2d - Other Adjustments:	·		<del></del>	
The desiring Theorem 2 Marked Ameliant Desiran	000			
Fundraising Expenses Netted Against Revenu	ie on 990			
	· · · · · · · · · · · · · · · · · · ·			
Dank WIT Iina Od Okhan Adinakmanka.				
Part XII, Line 2d - Other Adjustments:				
Fundraiging Evnonged Notted Against December	10 07 99A			
Fundraising Expenses Netted Against Revenu	IE 011 330			
200054 40 00 40		Cabadul-	D (Form 9	00) 2042
832054 10-29-18		Scriedule	ש (ורטוווו א	<i>30) 2</i> 0 18

nedute Discompage 2018 YouthSpark, Inc. 58-2556130 Page 2018 YouthSpark, Inc. 58-2566130 Page 2018 YouthSpar	chedule D (Form 990) 2018 youthSpark, Inc.	58-2556130 Page 5
	Part XIII Supplemental Information (continued)	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<del></del>
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#### **SCHEDULE G**

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

lame of the organization	irk, Inc.				58-2556	ntification number
	Complete if the organization answe	ered "Y	es" ni	n Form 990 Part IV		
required to complete this part.	oomplete ii the organization answe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C3 O.			more are not
Indicate whether the organization raise	e Solicitar f Solicitar g Special oral agreement with any individual rt VII) or entity in connection with p	tion of tion of fundra (includerofess	non-g gover ising fing o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, orYes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contrib	Did aiser istody trol of itions?	(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
		Yes	No			
					*	
		-				
otal			<b>&gt;</b>			
3 List all states in which the organization or licensing	is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
				<del>.</del>		
<del></del>						
						<del>-</del>
HA For Paperwork Reduction Act Notic	e, see the Instructions for Form	990 or	990-8	EZ.	Schedule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990 EZ) 2018 youthSpark, Inc.	<u> 58-2</u>	<u> 2556130</u>	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 ent	tity 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 boo	oks and records	199.1	
Name >			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming r	evenue?	Yes	□ No
<b>b</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			<del></del>
16 Gaming manager information.			
Name			
Name >			
Gaming manager compensation  \$			
Description of services provided			
			_
Director/officer Employee Independent contractor			
47 Mondatani diatributiana			
17 Mandatory distributions.			
a Is the organization required under state law to make charitable distributions from the gaming proceeds	το		
retain the state gaming license?		res	L No
b Enter the amount of distributions required under state law to be distributed to other exempt organization	ons or spent in the		
organization's own exempt activities during the tax year \$\infty\$ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column	(-) (-) (-)	-A III 1 O	05 405
		rt III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
		_	<del>.</del>
	<u> </u>		
			<del></del>
822083 10-03-18	Schedule G (Form	990 or 990	-EZ) 2046

Schedule G	i (Form 990 or 990-EZ)	<u>youthSpark,</u>	_Inc.				<u> 58-2556130</u>	Page 4
Part IV	Supplemental In	youthSpark, formation (continued)						
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# SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

orm 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.

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

vouthSpark, Inc.

Employer identification number 58-2556130

OMB No 1545-0047

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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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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