Return of Organization Exempt From Income Tax

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Inter	nal Revenu		► Go to www.irs.gov/Form990 for instructions and the latest	information.		nspection					
Α	For the	2018 cale	ndar year, or tax year beginning , and en								
В	Check if a	applicable	C Name of organization GIVING YOUTH A CHANCE INITIATI	D Employer	identification i	number					
\square	Address o	change	Doing business as								
二		ľ	Number and street (or PO box if mail is not delivered to street address) Room/suite	62-18536	53						
Ш	Name cha	ange	476 LIPFORD STREET		E Telephone number						
	Initial retu	ırn	City or town State ZIP code								
			MEMPHIS TN 38112	901-327-4	4420						
Ш	Final return	/terminated	Foreign country name Foreign province/state/county Foreign postal of	code							
\Box	Amended	return		G Gross rece	epts \$	2908176					
\equiv			5 News and address of account officer DOCMAN, DANIEL B		_						
\sqcup	Application	n pending		H(a) Is this a group return fo		Yes	∐ No				
			476 LIPFORD MEMPHIS TN 38112	Ĥ(b) Are all subordinate	s included?	Yes	No				
1 7	Tax-exem	ot status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list	t (see instruction	ons)					
	N ebsite			H(c) Group exemption n	number >						
K	orm of o	rganization	X Corporation Trust Association Other ▶ \ L Year	of formation 2002	M State of le	egal domicile	TN				
F	art I	Sur	nmary \\								
	1	Briefly de	escribe the organization's mission or most significant activities DEDI	CATED TO THE	ACADEMI	C SOCIA					
9	Ì		GROWTH AND DEVELOPMENT OF YOUNG PEOPLE THROUGHO								
Governance	İ	COUNTY									
err	١,		is box If the organization discontinued its operations or disposed	Lof more than 25%	of its not as	cote					
8	2			1 01 111016 (11a11 25 /6 	l 1	35015	^				
ان	1		of voting members of the governing body (Part VI, line 1a)	·	3		9				
ŝ	4		of independent voting members of the governing body (Part VI, line 1b):	ECEIVED	_4_		3				
Activities &	5			CCCIVED	5						
્રેફ	6		nber of volunteers (estimate if necessary) elated business revenue from Part VIII, column (C), line 12	1000	(6)						
ĕ	7a			CT 28 2019	'Ĵa						
	b	Net unre	lated business taxable income from Form 990-T, line 38		7,5						
						Current Year					
e e	8	Contribu	tions and grants (Part VIII, line 1h)	JUEN 25185	,27.	2908	176.				
Revenue	9	Program	service revenue (Part VIII, line 2g)	***************************************							
Š	10	•	ent income (Part VIII, column (A), lines 3, 4, and 7d).								
ď	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25185	27.	2908	176				
_	13		nd sımılar amounts paid (Part IX, column (A), lines 1–3)								
	14		paid to or for members (Part IX, column (A), line 4)								
	ا مدا		other compensation, employee benefits (Part IX, column (A), lines 5–10)	9976		1039	307.				
Ses	10					1039	307.				
ë	16a		onal fundraising fees (Part IX, column (A), line 11e)								
Expenses	_b		draising expenses (Part IX, column (D), line 25) ▶			1700					
ш	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	13465			392.				
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)	23441			3699.				
	19	Revenue	e less expenses Subtract line 18 from line 12	1743			9477.				
s or	20 21 22		. (5.4)(1.40)	Beginning of Current		End of Year					
sset	20		sets (Part X, line 16)	2662			<u> 860.</u>				
¥ ,	21		ollities (Part X, line 26)	292			450.				
ž	22		ets or fund balances Subtract line 21 from line 20	2369	33	316	410				
P	art II	Sig	nature Block								
Unc	ler penalt	es of perjun	, I declare that I have examined this return, including accompanying schedules and statement	ts, and to the best of my	knowledge						
and	belief, it	is true, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of whi	ch preparer has any kno	wledge						
Sid	gn		DISTAN (DIANUL-	()/	10/19						
	ere	7	Signature of officer	Date	`{ ` `						
116			ROSMAN RANDLE EXEC	UTIVE DIRECT	OR						
			Type or print name and title								
		Print	Type preparer's name Preparer's signature	Date		PTIN					
Pa	id			_ I	heckif						
Pr	eparei	. WIL	LIAM FULTON WILLIAM FULTON	10/05/2019 Se	elf-employed						
	e Only	1 -	sname ►WILLIAM FULTON	Firm's EIN ▶	47-43215	45					
J			s address ▶ 10461 MABRY MILL CORDOVA TN 3	8016 Phone no	901-870-	1364					
1/1-	v the II		s this return with the preparer shown above? (see instructions)			X Yes	No				
1416	., 11		o and retain that are property cheful above. (occiminational)		I		,				

Form 990 (2018)
Part IV C O GIVING YOUTH A CHANCE INITIATI

Checklist of Required Schedules



Šr			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: ***********************************		\$	
2		2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		^	
٠,	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4		4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		- ^-
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
ā	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	
t	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X F Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
t	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	of If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2018) GIVING YOUTH A CHANCE INITIATI

Part IV Checklist of Required Schedules (continued)

					1	Хф,	Yes	No
22			grants or other assistance to or			*		1
			chedule I, Parts I and III			22		Х
23			ction A, line 3, 4, or 5 about co			*		
			ors, trustees, key employees, a	and highest compensated		1		
24-		mplete Schedule J	~ `	cha?		23		Х
24a	_	_ -	ue with an outstanding principa	* · · -	and the	·w-		
		•	issued after December 31, 200 o," go to line 25a .**:**: .	U2? If "Yes," answerlines	١	্ব 24a		v
h	_	•	exempt bonds beyond a tempo	range posited exponition?		24a 24b		<u> </u>
	-		t other than a refunding escrow	• •	· · · ·	240		
·	to defease any tax-exen		totiler than a returning escrow	vacany time during the year	.	24c		
d	_	-	er for bonds outstanding at an	v time during the year?		24d		
	=			tion engage in an excess benefit	F	- 14		
			year? If "Yes," complete Sche			25a		Х
b		_	xcess benefit transaction with a					
	=		reported on any of the organiz	· · · · · · · · · · · · · · · · · · ·				
	990-EZ? If "Yes," compl	lete Schedule L, Part I			[2	25b		Х
26	Did the organization rep	ort any amount on Part >	K, line 5, 6, or 22 for receivable	s from or payables to any				
			employees, highest compensation	ated employees, or				
		"Yes," complete Schedu			L	26		X
27	-	_	stance to an officer, director, tr					
			ant selection committee memb					
00		•	If "Yes," complete Schedule I		F	27		X
28	= -	•	action with one of the following	parties (see Schedule L,				
_		· ·	s, conditions, and exceptions)	to Sahadula I - Port IV	,	20-		v
a h			y employee? If "Yes," comple rector, trustee, or key employe		<u> </u>	28a		X
b	Schedule L, Part IV	intent of former officer, di	rector, trustee, or key employe	eer II Tes, Complete	-	28b		Х
С	•	ent or former officer dire	ctor, trustee, or key employee	(or a family member thereof)	f	200		
			ect owner? If "Yes," complete 3			28c		Х
29			n non-cash contributions? If "		_	29		Х
30	-		historical treasures, or other si	· · · · · · · · · · · · · · · · · · ·				
	conservation contribution	ns? If "Yes," complete S	chedule M		L	30		Х
31	Did the organization liqu	idate, terminate, or disso	live and cease operations? If '	"Yes," complete Schedule N, Par	tı 🛚	31		Χ
32			or transfer more than 25% of its	s net assets?				
	If "Yes," complete Sche				L	32		Х
33			garded as separate from the or	rganization under Regulations				
• •		•	complete Schedule R, Part I		F	33		Х
34	=		or taxable entity? If "Yes," com	plete Schedule R, Part II,		,		
250	III, or IV, and Part V, line		in the magning of costion E42/	'h\/13\3		34		X
	_		in the meaning of section 512(رور)(۱۵) ر n any transaction with a controlle	_	35a		Х
D			If "Yes," complete Schedule R			35b		
36				n exempt non-charitable related		700		
		omplete Schedule R, Pa		Inches in a manual control		36		Х
37			activities through an entity tha	at is not a related organization				
			come tax purposes? If "Yes," o					Х
	VI				L	37		
38			rovide explanations in Schedu	le O for Part VI, lines 11b and	Γ		х	
		filers are required to con				38		
Par		-	Filings and Tax Compliand					
_	Check if Sche	dule O contains a resp	onse or note to any line in t	his Part V				
							Yes	No
1a			Enter -0- if not applicable	1a				
b			e 1a. Enter -0- if not applicable					
С			ling rules for reportable payme	ents to vendors and reportable			_X 🕸	ليغد
	gaming (gambling) winn	ings to prize winners?.	<u> </u>	<u> </u>		1c		
		•		ı	F	Form	990 ((2018)

orm 990 (2018) YOUTH A CHANCE INITIATI 62-1853653 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part ♥ Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c Χ Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a h Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Χ 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand С Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year 15 Х

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720. Schedule N

If "Yes," complete Form 4720, Schedule O

16

16

Х

2-1853653 Page

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

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

Sect	ion A. Governing Body and Management										
- 13-			-			Yes	No				
'1a	Enter the number of voting members of the governing body at the end of the tax year	1a_	1	9			-				
	If there are material differences in voting rights among members of the governing body, or						3 64				
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship	with								
	any other officer, director, trustee, or key employee?				2		Х				
3	Did the organization delegate control over management duties customarily performed by or under										
	supervision of officers, directors, or trustees, or key employees to a management company or of				3		Χ				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w				4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization'	s ass	ets?		5 6		X				
6											
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?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,			7b		х				
stockholders, or persons other than the governing body?											
8	Did the organization contemporaneously document the meetings held or written actions undertail	ken di	uring								
	the year by the following										
а	The governing body?				8a	X					
р	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		nea				v				
C 4	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		al Bayas	2110 C	9		Х				
Seci	ion B. Policies (This Section B requests information about policies not required by the I	nem	ai Kevei	iue Ci	oue)	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?				10a	163	X				
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	h cha	nters		104						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt				10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before				11a		Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	·g				-					
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	ve rise	to conflict	s?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?										
	describe in Schedule O how this was done				12c	Х					
13	Did the organization have a written whistleblower policy?				13		Х				
14	Did the organization have a written document retention and destruction policy?				14	Х					
15	Did the process for determining compensation of the following persons include a review and app	roval	by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and	l decision	ار)							
а	The organization's CEO, Executive Director, or top management official				15a						
b	Other officers or key employees of the organization				15b	Χ					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						ľ				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ngem	ent								
	with a taxable entity during the year?				16a	-	_X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva-										
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	tegua	rd								
0 4	the organization's exempt status with respect to such arrangements?				16b						
	ion C. Disclosure										
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 99	n an	1 000 T	Section	501	(c)					
10			J 230-1 (Jechol	1 50 1	(-)					
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website											
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p											
	financial statements available to the public during the tax year	J, JOI		J. J. J.	. ooy	, unu					
20	State the name, address, and telephone number of the person who possesses the organization's	s bool	s and re	cords	•						
	VELMA HAYSLET		901-32		0						
	476 LIPFORD ST MEMPHIS TN 38112	3									

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

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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor ar	ıy related organ	ızatıo	n co	mp	ens	ated	any	current officer,	director, or trust	ee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck ss pe	rson irect	e than o is both or/trust	n an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ROSMAN RANDLE	40	,,						172020		
Executive Dire	40	Х		X	<u> </u>	Х		173830.	0	0
(2) Nicholas Ander OPS MANAGER	40				х			43902.	0	0
(3) YOLANDA ANDERS DIRECTOR	40				X			51975.	0	0
(4) PAMELA STONE SECRETARY	40				Х			52200.	0	0
(5) VELMA HAYSLETT FIN SECRECTARY	40				Х			41580.	0	0
(6) RONNIE HORTON MANAGER	40				Х			51800.	0	0
(7) RUFUS VESTER Chairman	2	Х						0	0	0
(8) Althea Hayslet Board secretar	2	Х						0	0	0
(9) Quincy hughes board member	2	Х						0	0	0
(10) Ronald Mcclain board member	2	Х						0	0	0
(11) Antwan Robinso board member	2	х						0	0	0
(12)										
(13)										
(14)										

age 8

	arevii Se * _₹	(A) Name and title	icers, Directors, 11	(B) Average hours per	(do r	not ch unles	Pos neck ss pe	C) sition more	than or/trus	one n an tee)	(D) Reportable compensation	(E) Reportab compensa	ile tion	Est	(F) imated ount o	
	1,		-	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		comp fro orga and	other ensation the nization relate nization	on d
(15)			•••••			-										
(16)					-											
<u>(17)</u>																
(18)																
<u>(19)</u>											,					
(20)												1				
(21)																
(22)																
(23)																
(24)		• • • • • • • • • • • • • • • • • • • •														
(25)																
1b	Sub-total		ahaada da Dard VIII d	Santian A		I		L		•	415287.		\perp			_
d	Total (add lir		sheets to Part VII, S c)	Section A						<u> </u>	415287.					
2			s (including but not l rom the organization		ısted	abo	ove)	wh	o rec	eive	ed more than \$1	00,000 of				
3	Did the organ	uzation list an	y former officer, di	rector, or trustee	e. kev	, em	ola	vee	or h	ıahı	est compensate	d	Γ	1	/es	No
	employee on	line 1a? If "Y	es," complete Sche	dule J for such	ındıv	ıdua	ĺ	•		_	·		 	3		Х
4	the organizati		line 1a, is the sumed organizations gre													
5	individual Did any perso	on listed on lir	ne 1a receive or acc	rue compensati	on fro	om a	any	unr	elate	d oi	ganization or inc	dividual		4		X
	for services retion B. Indepe		e organization? If "	Yes," complete	Sche	dule) j	or s	uch p	ers	son			5		Х
1	Complete this	s table for you	ir five highest comp ganization Report c	-										tax		
			(A) Name and business add	ress							(B) Description of ser	vices	Co	(C) mpensa	ation	
	_															
				<u> </u>												—
2		•	ent contractors (incli	•	nited	to th	iose	e list	ed al	bov	e) who received			-		

Part VIII	Statement	of Revenue
-----------	-----------	------------

		Check if Schedule O contain	s a response or	note to any line	in this Part VIII.			🗀
		4)		र	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections
Contributions, Giffs, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, gra similar amounts not included ab Noncash contributions included in l	nts, and ove 1f	2908176.	-	revenue		512-514
	<u>h</u>	Total. Add lines 1a-1f		Business Code	2908176.			1
Program Service Revenue	2a b c d e f	All other program service reveni		Business Code	•		-	
P	g	Total. Add lines 2a-2f						
	3 4 5	Investment income (including di other similar amounts) Income from investment of tax-e Royalties		•				
	6a b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(II) Personal				
		Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(II) Other				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	1c) a					
ţ		Less direct expenses	b					.
0		Net income or (loss) from fundra Gross income from gaming activ See Part IV, line 19		•			-	
	b	Less direct expenses	b					
		Net income or (loss) from gamir		•				
	10a	Gross sales of inventory, less returns and allowances	a activities					
		Less cost of goods sold	b				-	
	_ с	Net income or (loss) from sales	of inventory	<u> </u>				ļ
		Miscellaneous Revenue		Business Code				
	11a							
	b							<u> </u>
	C	All other revenue						 -
	d	All other revenue						
	42	Total. Add lines 11a_11d. Total revenue. See instructions		P	2000176		 	
	12	Total revenue. See instructions	<u> </u>	<u>. </u>	2908176.		I	I

GIVING YOUTH A CHANCE INITIATI 4. Statement of Functional Expenses Part4X

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

	Check if Schedule O contains a response or note to any line in this Part IX												
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses .	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	٠	-	₹ š	T								
2	Grants and other assistance to domestic	,											
	individuals See Part IV, line 22	-		·									
3	Grants and other assistance to foreign		·										
	organizations, foreign governments, and foreign												
	ındıviduals See Part IV, lines 15 and 16		_	_									
4	Benefits paid to or for members												
5	Compensation of current officers, directors,												
	trustees, and key employees	415287.	415287.										
6	Compensation not included above, to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages	451461.	451461.										
8	Pension plan accruals and contributions (include												
_	section 401(k) and 403(b) employer contributions)		. ,										
9	Other employee benefits												
10	Payroll taxes	172559.	172559.										
11	Fees for services (non-employees)			i									
a	Management	22362.	22362.										
b	Legal	413.		413.									
C	Accounting	20550.		20550.									
d e	Lobbying Professional fundraising services See Part IV, line 17		_										
f	Investment management fees												
q	Other (If line 11g amount exceeds 10% of line 25, column	+											
9	(A) amount, list line 11g expenses on Schedule O)												
12	Advertising and promotion			-									
13	Office expenses	6990.	6990.										
14	Information technology	0330.											
15	Royalties												
16	Occupancy												
17	Travel	14404.	14404.										
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings	14165.	2416.	11749.									
20	Interest	1031.	<u>.</u>	1031.									
21	Payments to affiliates												
22	Depreciation, depletion, and amortization			7708.									
23	Insurance	44171.	44171.										
24	Other expenses Itemize expenses not covered		-										
	above (List miscellaneous expenses in line 24e If												
	line 24e amount exceeds 10% of line 25, column												
_	(A) amount, list line 24e expenses on Schedule O)	1 4 1 5 5 4 0	1.4155.40										
a	FOOD PURCHASES	1415549.	1415549.	110405									
b	RENT	118495.	47205	118495.									
c d	Non food supplies UTILITIES	47285. 20437.	47285.	20437.									
e	All other expenses	55832.		55832.									
25	Total functional expenses. Add lines 1 through 24e	2828699.	2592484.	236215.	 								
26	Joint costs. Complete this line only if the	2020093.	2002404.	230213.									
	organization reported in column (B) joint costs												
	from a combined educational campaign and												
	fundraising solicitation Check here												
	following SOP 98-2 (ASC 958-720)												

Part X Balance Sheet

		,	ta r	Q			"i	(A) . Beginning of year			(B) End of year
	1	Cashnon-inte	rest-bearing	1				233968	. 1		315968.
	2			sh investments		: .	[-	2		
	3	Pledges and gr					. [3		
	4	Accounts receiv							4		40000.
	5		•	s from current and t	former o	officers, di	rectors.			1	
				nd highest compens						ļ	'
		Complete Part		•					5	_	
	6	Loans and other re	ceivables from	other disqualified perso	ons (as de	efined unde	r section		1		
				section 4958(c)(3)(B), a			I				
ts				on 501(c)(9) voluntary e		• .	•				
ţ				Complete Part II of Sche	•	6	'				
Assets	7	Notes and loan		•			Ī		7		
ď	8	Inventories for		•			Ī		8		
	9	Prepaid expens		erred charges			Ī	·	9		
	10a	•		•			Ī				
				VI of Schedule D	10a		61447.				
	b	Less accumula	ited deprecia	ation	10b		14555.	32242	. 10c	:	46892.
	11	Investments—p	•		1				11		
	12	Investments—o	ther securiti	es See Part IV, line	e 11				12		
	13			ted See Part IV, lir			Ī		13		
	14	Intangible asse	_	·		14					
	15	Other assets S		ine 11		15					
	16			nrough 15 (must eq	ual line 3	34)		266210	. 16		402860.
	17	Accounts payal				•		29277	. 17		51450.
	18	Grants payable		·					18		
	19	Deferred reveni			19						
	20	Tax-exempt bor	nd liabilities				Γ	_	20		
	21	Escrow or custo	dial accoun	t liability Complete	Part IV	of Sched	ule D		21		
S	22	Loans and othe	r payables t	o current and forme	r officer	rs, directo	rs,				
Liabilities		trustees, key en	nployees, hi	ghest compensated	d employ	yees, and					
abi		disqualified per	sons Comp	lete Part II of Sched	dule L		L		22		
Ξ	23	Secured mortga	ages and no	tes payable to unre	lated thi	ird parties	;		23		-
	24	Unsecured note	es and loans	payable to unrelate	ed third	parties			24		35000.
	25	Other liabilities	(including fe	deral income tax, p	ayables	s to relate	d third				
			er liabilities	not included on line	s 17–24	4) Compl	ete Part X				
		of Schedule D					Ĺ		25		
	26	Total liabilities	. Add lines	17 through 25				29277	. 26		86450.
Ø		-		SFAS 117 (ASC 95	• •		► X and				
ce			_	n 29, and lines 33 a	and 34.						
<u>a</u>	27	Unrestricted ne					L	236933		ļ	316410.
Ba	28	Temporarily res					L		28		
nd	29	Permanently re	stricted net	assets					29		
or Fund Balances		Organizations tha complete lines 30		w SFAS 117 (ASC958),	check he	ere ˆ ▶	► and				
şts	30	Capital stock or	trust princin	oal, or current funds			30				
Net Assets	31	•		r land, building, or e		ent fund			31	1	<u> </u>
Ť	32	·	•	nent, accumulated i			unds		32		
Š	33	Total net assets	-		·		-	236933			316410.
	34	Total liabilities a	and net asse	ets/fund balances				266210			402860.

Part	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)	10			9081	176.
2 }	Total expenses (must equal Part IX, column (A), line 25) :	2	£ .	. 2	8286	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>		<u>477.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			2369	<u> 333.</u>
5	Net unrealized gains (losses) on investments	5		<u> </u>	_	
6 \	Donated services and use of facilities	6				
	Investment expenses	7				—-
8 9	Prior period adjustments	9				
9 10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	-				
10	column (B))	10	1		3164	410.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII .				[
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					ĺ
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		F	2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ļ			
	reviewed on a separate basis, consolidated basis, or both				İ	
	X Separate basis Consolidated basis Both consolidated and separate basis			ļ		
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	—
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		-	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
20						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3a	_x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			- Ju		
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	$_{X}$	
	(990	(2018)

SCHEDULE A (Form.990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

GIVING YOUTH A CHANCE INITIATIVE 62-1853653 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

(D)

(E)

Total

Page 2

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

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

	Part III. II the organization fai	is to quality un	der the tests his	sted below, pies	ise complete r	art iii)				
	ction A. Public Support		# \ 0045		4 11 0047	(1) 0010				
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and						•			
	membership fees received (Do not	205400	1705450	0051450	0510507	2000176	070000			
_	include any "unusual grants ")	325488.	1795452.	2251452.	2518527.	2908176.	9799095.			
2	organization's benefit and either paid									
_	to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	325488.	1795452.	2251452.	2518527.	2908176.	9799095.			
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)									
6	Public support Subtract line 5 from line 4						9799095.			
Se	ction B. Total Support	** *								
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4	325488.	1795452.	2251452.	2518527.	2908176.	9799095.			
8	Gross income from interest, dividends,									
	payments received on securities loans,									
	rents, royalties, and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)									
11	Total support. Add lines 7 through 10						9799095.			
12										
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here										
Se	ction C. Computation of Public Sup	port Percenta	age		.=.					
14	Public support percentage for 2018 (line 6, co		14	100.00%						
15	Public support percentage from 2017 Schedu	15	100.00%							
16a	33 1/3% support test—2018 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box									
	and stop here. The organization qualifies as a publicly supported organization.									
ł	b 33 1/3% support test—2017 If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.									
17a	10%-facts-and-circumstances test—2018 If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
ŀ	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	rivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

SCHEDÜLE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047
2018
Open to Public Inspection

Employer identification number Name of the organization GIVING YOUTH A CHANCE INITIATIVE **|**62-1853653 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year. Aggregate value of contributions to (during year) 2 3 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 II 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 2d historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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

Par	Organizations Maintaining (Colle	ctions of A	rt, Histo	rical Tre	asures, or	Othe	r Si <u>milar Asse</u> ts	(contir	nued)	
3											
	collection items (check all that apply).	<u>,</u> *	-		-		•	4			
а	Public exhibition d Loan or exchange programs										
b	Scholarly research			е	Other				-		
С	Preservation for future generation	? 19		, –	•		· ·				
4	Provide a description of the organizati		collections ar	nd evnlain	how they	further the o	raania	ration's evennt nur	noce in	Part	
•	XIII	10113	concentra ai	id explain	now they	iuitilei tile C	nyaniz	ation's exempt pur	pose III	ı ı aıı	
5	During the year did the organization s	solicit	or receive do	nations o	fart histo	rical treasure	es or 1	other similar			
_	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pari	Part IV Escrow and Custodial Arrangements.										
i uii	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form										
	990, Part X, line 21										
1a											
··u	included on Form 990, Part X?	Justoc	alan or other	interneur	ary for cor	ninballons of	Olliei	assets 110t	ΠYε	, [No
b If "Yes," explain the arrangement in Part XIII and complete the following table									·•	110	
								A	Amount		
С	Beginning balance						1	c			
d	Additions during the year						1	d			
е	Distributions during the year						1	е			
f	Ending balance						-	lf .			
2a	Did the crganization include an amoun	nt on I	Form 990, Pa	art X, line	21, for es	crow or custo	odial a	ccount liability?	☐ Ye	s X	No
b	If "Yes," explain the arrangement in Pa				-				ш -		
Part					p				_	<u> </u>	
	Complete if the organization a	nswe	red "Yes" o	n Form 9	90 Part	IV line 10					
	Complete if the organization a		Current year		or year	(c) Two years	back	(d) Three years back	(e) Fo	ur years l	back
1a	Beginning of year balance			<u> </u>		(1)		<u> </u>	(0).0		
b	Contributions								1	-	
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships			-							
е	Other expenditures for facilities									_	
	and programs								Ì		
f	Administrative expenses								-		
g	End of year balance										
2	Provide the estimated percentage of the	he cur	rent year end	d balance	(line 1g, d	column (a)) h	eld as				
а	Board designated or quasi-endowmen			00%							
b	Permanent endowment	<u>0.</u>	00%								
С			0.00%								
	The percentages on lines 2a, 2b, and										
3a	Are there endowment funds not in the	posse	ession of the	organizat	tion that a	re held and a	admını	stered for the	_		
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations			*					3a(ii)		
b	If "Yes" on line 3a(ii), are the related o	-		•					3b		
4	Describe in Part XIII the intended uses		e organizatio	n's endov	vment fun	ids		·			
Part				-	.00 D	IV I 44-	C	F 000 D-+\	/ l /	10	
	Complete if the organization a	nswe		"				-			
	Description of property		(a) Cost or other basis (investment)		(b) Cost or other basis (other)		(c) Accumulated depreciation		(d) Book value		
	Land		,	•	. "			,			
b	Buildings		,	 -	-		L	-			
c	Leasehold improvements										
d	Equipment .				6:	1,447.		14,555.	46	5,892	
e	Other						_			,	<u> </u>
Total	. Add lines 1a through 1e (Column (d)	must	equal Form	990, Part	X, columr	n (B), line 10	c)	>	46	5,892	2.

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection Internal Revenue Service **Employer identification number** Name of the organization GIVING. 62-1853653 YOUTH A CHANCE: INITIATIVE VI Section B Question 11b The organization Executive Director reviews the form 990 for accruacy VI Section c question 19 The organization governing documents, conflict of interest policy have not been made for review; however, the financial statements are available for review