

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

Open to Public Inspection

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

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

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

Department of the Treasury Internal Revenue Service

Header section A-M containing organization name, address, EIN, and tax status.

Part I Summary

Main summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

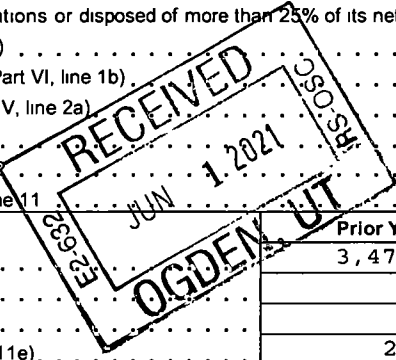
Signature block for Jodi Mijares, Treasurer, dated May 14, 2021.

Preparer information for Doreen B Merz, dated 05/13/2021, with firm name and address.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

SCANNED MAY 05 2022



941

Part 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.

JI SERVES AS A CATALYST FOR EFFECTING CHANGE BY WORKING COLLECTIVELY WITH COMMUNITY PARTNERS TO FOSTER INNOVATION AND ENGAGE LEADERS TO PROMOTE POSITIVE OUTCOMES FOR CHILDREN, YOUTH AND FAMILIES.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses \$ 926,296 including grants of \$ 29,142 ) (Revenue \$ ) COLORADO YOUTH DETENTION CONTINUUM (SENATE BILL 94) - A COMMUNITY BASED DETENTION ALTERNATIVES PROGRAM FOR YOUTH, AGES 10-17 YEARS, INVOLVED IN THE JUVENILE JUSTICE SYSTEM. SEE SCHEDULE O FOR CONTINUATION.

4b (Code: ) (Expenses \$ 586,017 including grants of \$ 79,291 ) (Revenue \$ 23,908 ) ALLIANCE FOR KIDS EL PASO COUNTY EARLY CHILDHOOD COUNCIL SERVES AS A VEHICLE, BRINGING TOGETHER AGENCIES AND INDIVIDUALS TO WORK COLLABORATIVELY ON A HIGH QUALITY EARLY CHILDHOOD SYSTEM FOR YOUNG CHILDREN, PRENATAL-8 YEARS, AND THEIR FAMILIES. SEE SCHEDULE O FOR CONTINUATION.

4c (Code: ) (Expenses \$ 231,692 including grants of \$ 9,884 ) (Revenue \$ ) THE EL PASO COUNTY COLLABORATIVE MANAGEMENT PROGRAM'S (HB1451) MISSION IS TO IMPLEMENT COORDINATED, RESEARCH-BASED PRACTICES THROUGH A COLLABORATIVE MANAGEMENT PROCESS THAT SUPPORTS MULTI-SYSTEM INVOLVED CHILDREN, AGES BIRTH-21 YEARS, AND THEIR FAMILIES. SEE SCHEDULE O FOR CONTINUATION.

4d Other program services (Describe on Schedule O ) ATTACHMENT 1 (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ )

4e Total program service expenses 1,744,005.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . . <b>2b</b>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . . <b>3b</b>		
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)? . . . . . <b>4a</b>		X
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? . . . . . <b>5a</b>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>		
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? . . . . . <b>6a</b>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . <b>7a</b>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>		X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		X
10	<b>Section 501(c)(7) organizations.</b> Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . . <b>11a</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . <b>11b</b>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
c	Enter the amount of reserves on hand . . . . . <b>13c</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . <b>14b</b>		
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? . . . . . <b>15</b>		X
	If "Yes," see instructions and file Form 4720, Schedule N		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. . . . . <b>16</b>		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 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 on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CO,
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 only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, [X] Upon request, Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JANET MORK 2340 ROBINSON STREET COLORADO SPRINGS, CO 80904 (719) 630-0927

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COLLEEN BATCHELOR DIRECTOR	1.00 0.	X						0.	0.	0.
(2) LINDA BILLINGS-VELA DIRECTOR	1.00 0.	X						0.	0.	0.
(3) JANE O'DAY DIRECTOR	1.00 0.	X						0.	0.	0.
(4) SANDI KWESELL DIRECTOR	1.00 0.	X						0.	0.	0.
(5) JILL CALVERT DIRECTOR	1.00 0.	X						0.	0.	0.
(6) CATANIA JONES DIRECTOR	1.00 0.	X						0.	0.	0.
(7) RENEE MCLAUGHLIN DIRECTOR	1.00 0.	X						0.	0.	0.
(8) JENNIFER HERNANDEZ DIRECTOR	2.00 0.	X						0.	0.	0.
(9) TINA HORTON DIRECTOR	2.00 0.	X						0.	0.	0.
(10) YESENIA TORRES DIRECTOR	2.00 0.	X						0.	0.	0.
(11) SHERRY LYNN BOYLES PRESIDENT/CEO, PAST DIRECTOR	40.00 0.			X				0.	0.	0.
(12)										
(13)										
(14)										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0.

Questions 3, 4, and 5 regarding compensation reporting with Yes/No columns.

Section B. Independent Contractors

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

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0.



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b	5,029				
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions) . . . . .	1e	1,761,409				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	187,002				
	g	Noncash contributions included in lines 1a-1f. . . . .	1g	\$				
	h	<b>Total.</b> Add lines 1a-1f . . . . .		1,953,440				
	<b>Program Service Revenue</b>				Business Code			
2a								
b								
c								
d								
e								
f		All other program service revenue . . . . .						
g		<b>Total.</b> Add lines 2a-2f . . . . .			0			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .			29		29	
	4	Income from investment of tax-exempt bond proceeds . . . . .			0			
	5	Royalties . . . . .			0			
	6a	Gross rents . . . . .	(i) Real		(ii) Personal			
			6a					
			6b					
	c	Rental income or (loss) . . . . .	6c					
	d	Net rental income or (loss) . . . . .			0			
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities		(ii) Other			
			7a					
			7b					
	b	Less cost or other basis and sales expenses . . . . .	7b					
	c	Gain or (loss) . . . . .	7c					
	d	Net gain or (loss) . . . . .			0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .			0			
			8a					
			8b					
	c	Net income or (loss) from fundraising events . . . . .			0			
9a	Gross income from gaming activities See Part IV, line 19 . . . . .			0				
		9a						
		9b						
c	Net income or (loss) from gaming activities . . . . .			0				
10a	Gross sales of inventory, less returns and allowances . . . . .			0				
		10a						
		10b						
b	Less cost of goods sold . . . . .	10b		0				
c	Net income or (loss) from sales of inventory . . . . .			0				
<b>Miscellaneous Revenue</b>				Business Code				
	11a	TRAINING AND CONFERENCES		611430	23,908	23,908		
	b							
	c							
	d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .			23,908				
12	<b>Total revenue.</b> See instructions . . . . .			1,977,377	23,908		29	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	924,273.	924,273.		
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	118,317.	118,317.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	665,754.	514,053.	151,701.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	0.			
11 Fees for services (nonemployees)				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	15,084.	1,997.	13,087.	
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	0.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	0.			
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	3,457.	3,457.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	0.			
23 Insurance . . . . .	4,499.		4,499.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .				
a SUPPLIES AND OPERATING . . . . .	80,320.	67,312.	13,008.	
b TRAINING . . . . .	9,763.	9,763.		
c ADMINISTRATIVE FEES . . . . .	104,833.	104,833.		
d . . . . .				
e All other expenses . . . . .				
<b>25 Total functional expenses</b> Add lines 1 through 24e . . . . .	<b>1,926,300.</b>	<b>1,744,005.</b>	<b>182,295.</b>	
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	81,702.	<b>1</b>	216,920.
	<b>2</b> Savings and temporary cash investments. . . . .	109,314.	<b>2</b>	151,086.
	<b>3</b> Pledges and grants receivable, net . . . . .	347,028.	<b>3</b>	394,735.
	<b>4</b> Accounts receivable, net. . . . .	343.	<b>4</b>	213.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,316.	<b>9</b>	5,357.
	<b>10a</b> Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 47,130.		
	<b>b</b> Less accumulated depreciation. . . . .	<b>10b</b> 43,166.	<b>10c</b>	3,964.
	<b>11</b> Investments - publicly traded securities. . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	1,785.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	545,667.	<b>16</b>	774,060.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	230,918.	<b>17</b>	270,236.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	0.	<b>25</b>	137,998.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	230,918.	<b>26</b>	408,234.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	145,982.	<b>27</b>	169,788.
	<b>28</b> Net assets with donor restrictions. . . . .	168,767.	<b>28</b>	196,038.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	314,749.	<b>32</b>	365,826.	
<b>33</b> Total liabilities and net assets/fund balances. . . . .	545,667.	<b>33</b>	774,060.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,977,377.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,926,300.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	51,077.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	314,749.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	0.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	365,826.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O		
<b>3a</b> 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? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .		X

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **JOINT INITIATIVES FOR YOUTH AND FAMILIES**  
Employer identification number: **84-1317347**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 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; 10 Other income; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc (see instructions) 12 141,580
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 100.00%
Row 15: Public support percentage from 2019 Schedule A, Part II, line 14 15 100.00%

- 16a 33 1/3% support test - 2020. 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. [X]
b 33 1/3% support test - 2019. 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 - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test - 2019. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf; 5 The value of services or facilities furnished by a governmental unit to the organization without charge; 6 Total Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b 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; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI); 13 Total support. (Add lines 9, 10c, 11, and 12)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2020, 2019. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2020, 2019. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):	1e	
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 0 015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI) See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015 . . . . .		
b	From 2016 . . . . .		
c	From 2017 . . . . .		
d	From 2018 . . . . .		
e	From 2019 . . . . .		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder Subtract lines 3g, 3h, and 3i from line 3f		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c		
8	Breakdown of line 7:		
a	Excess from 2016 . . . .		
b	Excess from 2017 . . . .		
c	Excess from 2018 . . . .		
d	Excess from 2019 . . . .		
e	Excess from 2020 . . . .		

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

JOINT INITIATIVES FOR YOUTH AND FAMILIES

84-1317347

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and their reporting.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for line 2 details (2a-2d).

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2.

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

Schedule D (Form 990) 2020

JSA OE1268 1 000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

- Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Balance, Contributions, Net investment earnings, Grants, Other expenditures, Administrative expenses, End of year balance)
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Table with columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows 1. (1) Federal income taxes, (2) PPP LOAN, (3) through (9), and Total.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.





**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE I  
(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

JOINT INITIATIVES FOR YOUTH AND FAMILIES

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84-1317347

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CITY OF WOODLAND PARK PO BOX 9007 WOODLAND PARK, CO 80866	74-2552292		15,400				GAIN SCREENING
(2) MISSION POSSIBLE 2220 E BLJOU ST COLO SPGS, CO 80909	84-1560732	501(C)3	401,172.				SUPPORT PROGRAMS OF (SEE PART IV)
(3) MISSION POSSIBLE 2221 E BLJOU ST COLO SPGS, CO 80909	61-1292060	501(C)3	95,839				PROVIDE QUALITY CARE (SEE PART IV)
(4) RITE OF PASSAGE 2560 BUSINESS PARKWAY, SUITE A	84-0570279	501(C)3	150,481				COMMUNITY SUPERVISIO
(5) SAVIO HOUSE 325 KING STREET DENVER, CO 80219	46-3236114	501(C)3	22,529				FAMILY THERAPY
(6) SECOND CHANCE THROUGH FAITH 4198-B CENTER PARK DR COLO SPGS, CO 80916	81-0676583	501(C)3	40,272				GANG PREVENTION
(7) THE RESOURCE EXCHANGE 418 S WEBER COLO SPGS, CO 80903	84-0561864	501(C)3	70,006				EARLY CHILDHOOD MENT
(8) THE RESOURCE EXCHANGE 418 S WEBER COLO SPGS, CO 80903	88-0363407	501(C)3	25,313				RURAL EARLY CHILDHOOD
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) 2020

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	18	5,000			
2 DIRECT ASSISTANCE TO INDIVIDUALS - CYDC & MTR	110	27,523			
3 DIRECT ASSISTANCE TO INDIVIDUALS - REACH COLLABORA	9	9,884			
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2:

JOINT INITIATIVES, AS THE CONTRACTOR AND FISCAL AGENT, THE RESPONSIBLE INITIATIVE STAFF, THE RESPECTIVE OVERSIGHT COMMITTEE, OR DESIGNATED SUBCOMMITTEE REVIEW GRANT APPLICATIONS OR HAVE AN ESTABLISHED PROCESS FOR DETERMINING THE PROVIDER. ADDITIONALLY, VENDORS/CONTRACTORS, OF ANY TYPE, MUST SUBMIT A MONTHLY EXPENDITURE DETAIL FOR THE PREVIOUS MONTH ON AN AGENCY APPROVED FORM. THE RESPONSIBLE STAFF REVIEW SUPPORTING DOCUMENTATION AND BILLINGS TO ENSURE FUNDS ARE BEING SPENT IN ACCORDANCE WITH THE CONTRACT, ANNUAL PLAN, AND/OR ANY RESPECTIVE POLICIES AND CONTRACT GUIDELINES. STAFF PREPARE INTERNAL MONTHLY BILLING REPORTS,

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

WHICH ARE REVIEWED BY APPOINTED STAFF AND AGENCY ACCOUNTANT. FUNDER

BILLING DOCUMENTS ARE COMPLETED IN ACCORDANCE WITH THEIR GUIDELINES AND SUBMITTED IN ACCORDANCE WITH THEIR TIME FRAMES AND CONTRACT REQUIREMENTS.

SCHEDULE I, PART II:

GRANT AWARDS ARE MADE ON STATE OR OTHER FISCAL YEARS WHICH OVERLAP WITH THE JOINT INITIATIVE'S CALENDAR YEAR. AMOUNTS REPORTED REPRESENT THE FULL GRANT AWARD AMOUNT FOR THE CONTRACT YEAR, MOST OF WHICH ARE JULY 1 TO JUNE 30.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

PART II LINE 2 (CONTINUED)

SUPPORT PROGRAMS OF: SCREENING & ASSESSMENT, WRAPAROUND, INDIVIDUALIZED

PLANNING, CASE MANAGEMENT, MINORITY FAMILY ADVOCACY

PART II LINE 3 (CONTINUED)

PROVIDE QUALITY CARE COORDINATION AND HIGH FIDELITY WRAPAROUND SERVICES

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

JOINT INITIATIVES FOR YOUTH AND FAMILIES

Employer identification number

84-1317347

PART III, LINE 4A ACTIVITY 1: (CONTINUED)

THE PURPOSE IS TO PREVENT OR REDUCE JUVENILE OFFENDERS' LENGTH OF STAY IN  
DETENTION FACILITIES AND TO PROVIDE COMMUNITY BASED SERVICES WHILE  
MAINTAINING COMMUNITY SAFETY.

THE STATISTICS BELOW ARE FOR THE PRIOR CALENDAR YEAR. STATISTICS FOR THE  
SHORT FISCAL YEAR ARE NOT CURRENTLY AVAILABLE.

FOR THE YEAR THE FOLLOWING SERVICES WERE PROVIDED:

NUMBER OF JUVENILES SCREENED FOR DETENTION WAS 971

COMMUNITY SUPERVISION AVERAGE DAILY POPULATION WAS 40

MULTI-SYSTEMIC FAMILY THERAPY - 0

COGNITIVE BEHAVIORAL THERAPY - 10

FUNCTIONAL FAMILY THERAPY - 25

SUBSTANCE ABUSE TREATMENT - 5

MENTAL HEALTH TREATMENT - 3

MEDICAL/PSYCHIATRIC EVALUATIONS - 3

DIRECT SUPPORT - 142

CASE MANAGEMENT - 373

WRAPAROUND - 76

MINORITY FAMILY ADVOCACY - 45

FAMILY SUPPORT PARTNER - 63

INDIVIDUALIZED PLANNING SERVICES - 0

GANG PREVENTION & INTERVENTION - 42

Name of the organization JOINT INITIATIVES FOR YOUTH AND FAMILIES	Employer identification number 84-1317347
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- MULTI-SYSTEMIC THERAPY - MTR - 1
- SUBSTANCE ABUSE TREATMENT - MTR - 37
- MENTAL HEALTH TREATMENT - MTR - 38
- MEDICAL/PSYCHIATRIC EVALUATIONS - MTR - 7
- DIRECT SUPPORT - MTR - 77
- CASE MANAGEMENT - MTR - 88

NUMBER OF MEMBER AGENCIES OR INDIVIDUALS WHO PARTICIPATE ON THE OVERSIGHT AND PLANNING COMMITTEE: 19

PART III, LINE 4B, ACTIVITY 2: (CONTINUED)

THERE ARE FIVE FOCUS AREAS:

1. QUALITY IMPROVEMENT IN EARLY CARE AND EDUCATION PROGRAMS IN EL PASO COUNTY
2. PROFESSIONAL DEVELOPMENT
3. FAMILYSPEAK
4. 2GO PROJECT
5. HEALTH AND WELL BEING

QUALITY IMPROVEMENT:

THIS YEAR, THE QUALITY INITIATIVES TEAM REACHED OUT TO ALL 441 EARLY CARE AND EDUCATION (ECE) PROGRAMS IN EL PASO COUNTY. OUT OF THOSE PROGRAMS, 118 OF THEM HOLD COLORADO CHILDCARE ASSISTANCE PROGRAM (CCCAP) FISCAL AGREEMENTS. FORTY-NINE OF THE PROGRAMS HAVE COMPLETED APPLICATIONS TO RECEIVE COACHING, RESOURCES AND OTHER TA FROM AFK. COACHING ECE PROGRAMS

Name of the organization JOINT INITIATIVES FOR YOUTH AND FAMILIES	Employer identification number 84-1317347
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AIDS IN INCREASING THE ECE PROGRAM'S QUALITY. ECE PROGRAMS ARE RATED BY THE COLORADO SHINES QUALITY RATING IMPROVEMENT SYSTEM (QRIS). BETWEEN THE MONTHS OF JAN 2019-JUNE 2019, FIVE ECE PROGRAMS RECEIVED HIGH QUALITY RATINGS (LEVEL 3-5 AS RATED THE QRIS); BETWEEN JULY 2019-DECEMBER 2019 AN ADDITIONAL SIX ECE PROGRAMS ACHIEVED A HIGH-QUALITY RATING. CURRENTLY EL PASO COUNTY HAS FOUR ECE PROGRAMS RATED AT THE HIGH LEVEL, LEVEL FIVE (5); 59 PROGRAMS ARE RATED AT LEVEL 4; 31 PROGRAMS ARE RATED AT LEVEL 3; 99 PROGRAMS ARE RATED AT LEVEL 2 AND 205 ECE PROGRAMS IN OUR COMMUNITY ARE AT A LEVEL 1 AND HAD CHOSEN NOT TO RECEIVE SUPPORTS, COACHING ETC. THROUGH AFK TO BECOME A HIGH QUALITY RATED ECE PROGRAM.

NINE-HUNDRED-NINETY (990) ECE FAMILIES RECEIVED INFORMATION ABOUT ALLIANCE FOR KIDS AND OUR FAMILYSPEAK PROGRAM AND WHAT TO LOOK FOR WHEN SEEKING AN EARLY CARE AND EDUCATION PROGRAM - SPECIFICALLY HIGH-QUALITY ITEMS.

PROFESSIONAL DEVELOPMENT:

ALLIANCE FOR KIDS SCHOLARSHIPS CONTINUE TO SUPPORT INDIVIDUALS TAKING CLASSES TO BECOME EARLY CHILDHOOD TEACHER (ECT) AND DIRECTOR QUALIFIED THROUGH REGIONALLY ACCREDITED HIGHER EDUCATION INSTITUTIONS. THE CHILD DEVELOPMENT ASSOCIATE (CDA) PROGRAM, CREDITS FOR PRIOR LEARNING CONVERTS SPECIFIC CLASSES TO CREDIT THROUGH PIKES PEAK COMMUNITY COLLEGE (PPCC), UNIVERSITY OF COLORADO AT COLORADO SPRINGS (UCCS) AND COLORADO UNIVERSITY (CU) DENVER, AS WELL AS PROVIDING TUITION SUPPORT FOR CONTINUING EDUCATION UNITS (CEU'S). SCHOLARSHIP APPLICATIONS ARE RECEIVED ON AN ONGOING BASIS. CDA AND APPRENTICESHIP REQUESTS CONTINUE TO INCREASE AS



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ECE PROFESSIONALS SEEK SCHOLARSHIP/FUNDING ASSISTANCE TO SUPPORT THEIR EDUCATIONAL GOALS. FROM JANUARY 2019 THROUGH DECEMBER 2019 THERE WAS A TOTAL OF 49 SCHOLARSHIPS AWARDED.

SEVERAL KEY PROFESSIONAL DEVELOPMENT ACTIVITIES WERE IMPLEMENTED DURING 2019 TO INCLUDE, BUT NOT LIMITED TO:

- CHILD DEVELOPMENT ASSOCIATE (CDA)
- COLLEGE TUITION
- CREDIT FOR PRIOR LEARNING (CPL)
- CHILD DEVELOPMENT SPECIALIST APPRENTICESHIP PROGRAM

SEVEN HUNDRED EIGHTY-TWO (782) PARTICIPATED IN A TOTAL OF 43 PROFESSIONAL DEVELOPMENT TRAININGS FROM JANUARY THROUGH DECEMBER 2019. THIS IS THE LARGEST NUMBER THUS FAR OF TRAININGS AND PARTICIPANT ENGAGEMENT OVER THE PAST TEN YEARS:

- FIVE EXPANDING QUALITY FOR INFANTS AND TODDLERS (EQIT) CLASSES WERE OFFERED ENGAGING 113 ECE PROFESSIONALS.
- FOUR PYRAMID PLUS APPROACH (PPA) CLASSES WERE OFFERED ENGAGING 113 ECE PROFESSIONALS

ALLIANCE FOR KIDS CONDUCTED FOUR PRE-LICENSING TRAINING SESSIONS WERE PROVIDED FROM JANUARY - DECEMBER 2019. TWENTY-NINE PARTICIPANTS RECEIVED A RESOURCE PACKET AND TRAINING DURING THESE TRAININGS; FOLLOW UP SURVEYS WERE CONDUCTED WITH A 100% COMPLETION RATE. ALL ATTENDEES WERE SUPPORTED WITH CREATING THEIR PROFESSIONAL DEVELOPMENT INFORMATION SYSTEM (PDIS)

Name of the organization JOINT INITIATIVES FOR YOUTH AND FAMILIES	Employer identification number 84-1317347
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ACCOUNTS THROUGH THE COLORADO SHINES QUALITY IMPROVEMENT SYSTEM.

FURTHERMORE, AFK OFFERED HOME VISITS TO ASSIST THEM WITH THE PROCESS OF PREPARING PARENTS POLICIES AND PROCEDURES AND THEIR LEARNING ENVIRONMENTS IN FAMILY CHILD CARE HOMES BEFORE FAMILY CHILD CARE PROVIDERS WERE ABLE TO OBTAIN THEIR STATE LICENSE. TWENTY-NINE PARTICIPANTS CREATED OPENINGS FOR 58 INFANTS AND TODDLERS, 116 PRESCHOOL AGE CHILDREN AND 58 SCHOOL AGE CHILDREN IN EL PASO COUNTY.

FAMILYSPEAK:

FAMILYSPEAK COMBINES "FAMILY" WITH THE ACRONYM SPEAK (FAMILY SUPPORT, PARENT EDUCATION, AND KNOWLEDGE) AND HAS BECOME NOT ONLY THE NAME OF THE WEBSITE LAUNCHED IN 2018 (FAMILYSPEAK.ORG), BUT ALSO THE PROGRAM WORK RELATED TO FAMILY SUPPORT AND EDUCATION FOR COUNCIL WORK. THE FAMILYSPEAK WEBSITE IS AFK'S HUB OF RESOURCES FOR FAMILIES WITH YOUNG CHILDREN. THIS WEBSITE PROVIDES RESOURCES FOR FAMILIES, INCLUDING INFORMATION ON THE TRANSITION TO KINDERGARTEN, HEALTH AND BEHAVIOR SUPPORTS, FINDING QUALITY CHILD CARE, EARLY CHILDHOOD DEVELOPMENT (VIDEO SERIES BASED ON THE EARLY LEARNING AND DEVELOPMENT GUIDELINES), ASSISTANCE FOR FAMILIES, MILITARY FAMILY RESOURCES, A COMPREHENSIVE COMMUNITY RESOURCE DIRECTORY (CRD), A CALENDAR OF PARENTING CLASSES AND EVENTS, AND A BLOG FOR SHARING INFORMATION RELATED TO SOCIAL-EMOTIONAL WELLNESS, HEALTH, LEARNING AT HOME, BRAIN BUILDING, ACTIVITIES, AND NUTRITION. THE WEBSITE AVERAGED 191 USERS PER MONTH IN 2018 AND INCREASED TO AN AVERAGE OF 238 USERS PER MONTH FOR 2019 (2020 IS ON TRACK WITH 225 USERS A MONTH). THE WEBSITE PROVIDES INFORMATION ABOUT FAMILYSPEAK RESOURCES TO ALL ECE PROGRAMS IN

Name of the organization JOINT INITIATIVES FOR YOUTH AND FAMILIES	Employer identification number 84-1317347
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THE COMMUNITY AND ENCOURAGES EARLY EDUCATION TEACHERS, FAMILY CHILDCARE PROVIDERS ETC. TO SHARE THESE RESOURCES WITH THE FAMILIES THEY SERVE. WHEN THE COMMUNITY RESOURCE PACKET WAS LAUNCHED, FAMILYSPEAK PROVIDED ECE PROGRAMS WITH PRINTED COPIES AND UPDATES THESE COPIES ANNUALLY FOR ECE PROGRAMS. THIS RESOURCE IS NOW INCLUDED IN WELCOME PACKETS PROVIDED TO ALL NEWLY LICENSED PROGRAMS AND IS SHARED AS A COMMUNITY RESOURCE PACKET GIVEN OUT BY POLICE WHEN THEY INTERACT WITH FAMILIES.

IN 2017, AN E-NEWSLETTER FOR FAMILIES (THE BUZZ) WAS DEVELOPED AS A RESOURCE TO SHARE DIRECTLY WITH FAMILIES AND ORGANIZATIONS THAT SERVE FAMILIES; THIS CONTINUES MONTHLY. TO DATE, 33 EDITIONS HAVE BEEN PUBLISHED ON TOPICS INCLUDING THE PROMOTION OF EARLY LANGUAGE AND LITERACY SKILLS, PLAY/CREATIVITY, POSITIVE GUIDANCE, SAFE SLEEP, AND EARLY CHILDHOOD BRAIN DEVELOPMENT. LINKS TO EACH ISSUE ARE MADE AVAILABLE ON THE FAMILYSPEAK WEBSITE. IN 2019, AN ADDITION INCLUDED "TEXT TO JOIN" OPTION FOR SUBSCRIBING TO THE BUZZ (TEXT "FAMILYSPEAK" TO 22828). EMAIL READERSHIP HAS AVERAGED 75 INDIVIDUALS PER MONTH, BUT THIS DOES NOT INCLUDE SUBSCRIPTIONS FROM THE AFK WEBSITE LINKS OR SOCIAL MEDIA POSTINGS.

FIVE POSITIVE SOLUTIONS FOR FAMILIES (PSFF) TRAININGS WERE OFFERED IN THE COMMUNITY DURING 2019 WITH A TOTAL OF 138 PARTICIPANTS. THE DATA COLLECTED REFLECTED POSITIVE OUTCOMES FOR FAMILIES:

1) CHANGE IN PARENTING BEHAVIOR: DATA REFLECTED 25 PARTICIPANTS STRONGLY AGREED AND 10 AGREED WITH ONE (1) SOMEWHAT AGREED

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- 2) CONFIDENCE IN PARENTING: DATA REFLECTED 27 PARTICIPANTS STRONGLY AGREEING AND 10 AGREEING
- 3) NEW SKILLS IN PARENTING: DATA REFLECTED 37 PARTICIPANTS AGREEING
- 4) ONE CAN CONCLUDE THAT THE PSFF TRAININGS INCREASED PARENT KNOWLEDGE,
- 5) FUTURE PSFF TRAININGS ARE PLANNED TO BE SCHEDULED IN THE COMMUNITY IN 2020.

## PART III, LINE 4A ACTIVITY 1: (CONTINUED)

FAMILY VOICE" AS RELATED TO THE ASPEN INSTITUTE - ASCEND TWO-GENERATION-5 KEY COMPONENTS: SOCIAL CAPITAL; EARLY CHILDHOOD EDUCATION; HEALTH & WELL-BEING; ECONOMIC ASSETS; POSTSECONDARY & EMPLOYMENT PATHWAYS. ONE HUNDRED AND TWENTY-TWO (122) FAMILIES SHARED THEIR DESIRES, PRIORITIES, NEEDS, RESOURCE UTILIZATION AND BARRIERS/CHALLENGES TO RESOURCES THROUGH SURVEYS, FOCUS GROUPS, AND ONE-ON-ONE INTERVIEWS. BASED ON ANALYSIS OF QUANTITATIVE AND QUALITATIVE DATA, FAMILIES PRIORITIZED SELF-SUFFICIENCY, SAFETY, AND STABILITY AS THEIR CHALLENGES / GOALS. THE SUPPORT STRATEGIES IDENTIFIED FROM THE DATA AS POTENTIALLY HAVING THE GREATEST IMPACT ON MEETING FAMILY NEEDS WERE:

- BUILD GEOGRAPHIC/NEIGHBORHOOD RESOURCE 'HUBS' FOR FAMILIES FOR BETTER IDENTIFICATION, ACCESS AND TECHNICAL ASSISTANCE FOR RESOURCES.
- HELP FAMILIES IDENTIFY AND EFFECTIVELY USE FAMILY RESOURCES
- IDENTIFY CHILDCARE AND EDUCATION ACCESSIBLE, AFFORDABLE AND OF HIGH QUALITY AND INCREASE ACCESS TO HIGH QUALITY FOR FAMILIES.
- PARENT SKILL DEVELOPMENT.

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## 2GO PROJECT:

AN EL PASO COUNTY 2GO PROJECT, A TWO-GENERATION PROJECT UNDER THE GUIDANCE OF AFK, BEGAN PHASE 1 IN JANUARY 2019 WITH A THEME OF "HONORING FAMILY VOICE" AS RELATED TO THE ASPEN INSTITUTE - ASCEND TWO-GENERATION-5 KEY COMPONENTS: SOCIAL CAPITAL; EARLY CHILDHOOD EDUCATION; HEALTH & WELL-BEING; ECONOMIC ASSETS; POSTSECONDARY & EMPLOYMENT PATHWAYS. ONE HUNDRED AND TWENTY-TWO (122) FAMILIES SHARED THEIR DESIRES, PRIORITIES, NEEDS, RESOURCE UTILIZATION AND BARRIERS/CHALLENGES TO RESOURCES THROUGH SURVEYS, FOCUS GROUPS, AND ONE-ON-ONE INTERVIEWS. BASED ON ANALYSIS OF QUANTITATIVE AND QUALITATIVE DATA, FAMILIES PRIORITIZED SELF-SUFFICIENCY, SAFETY, AND STABILITY AS THEIR CHALLENGES / GOALS. THE SUPPORT STRATEGIES IDENTIFIED FROM THE DATA AS POTENTIALLY HAVING THE GREATEST IMPACT ON MEETING FAMILY NEEDS WERE:

- BUILD GEOGRAPHIC/NEIGHBORHOOD RESOURCE 'HUBS' FOR FAMILIES FOR BETTER IDENTIFICATION, ACCESS AND TECHNICAL ASSISTANCE FOR RESOURCES.
- HELP FAMILIES IDENTIFY AND EFFECTIVELY USE FAMILY RESOURCES
- IDENTIFY CHILDCARE AND EDUCATION ACCESSIBLE, AFFORDABLE AND OF HIGH QUALITY AND INCREASE ACCESS TO HIGH QUALITY FOR FAMILIES.
- PARENT SKILL DEVELOPMENT.

PHASE II OF THE 2GO PROJECT BEGAN IN MARCH 2019 WITH THE IMPLEMENTATION OF A RESOURCE WORKGROUP, FAMILY VOICE SESSIONS DEDICATED TO CHILDCARE, A QUALITY CHILDCARE STRATEGY TEAM THROUGH COMMUNITIES THAT CARE (CTC) AND

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THE COMPILATION OF THE FOUNTAIN VALLEY NEEDS ASSESSMENT SUMMARY REPORT.  
TWENTY-FIVE PARENTS WERE TRAINED IN ADVERSE CHILDHOOD EXPERIENCES (TITLED  
'BUILDING YOUR CHILD'S BRAIN').

HEALTH AND WELL BEING:

PYRAMID PLUS (PP) IS A COMMUNITY IMPLEMENTATION PROJECT TO INCREASE  
SOCIAL/EMOTIONAL AND BEHAVIORAL HEALTH SUPPORTS FOR PARENTS AND EARLY  
CHILDHOOD EDUCATORS IN EL PASO COUNTY. AFK'S PYRAMID PLUS PROJECT WORKED  
WITH SIX LARGE COMMUNITY IMPLEMENTATION SITES TO EMBED THE PP APPROACH  
WITHIN THESE ORGANIZATIONS TO BEST REACH THE THOUSANDS OF  
CHILDREN/FAMILIES THEY SERVE. AFK CONTINUES TO TRACK THE DATA FROM THESE  
PROGRAMS AND WORKS WITH THEM TO SUPPORT THEIR ONGOING NEEDS IN CONTINUING  
THE INCLUSION OF THIS PROGRAM WITHIN THEIR ORGANIZATION. THIS IS IN  
CONJUNCTION WITH THE COMMUNITY EFFORTS OF TRAINING AND COACHING COMMUNITY  
EARLY CARE AND EDUCATION PROFESSIONALS ON THE PP MODEL. A TOTAL OF 87  
INDIVIDUALS WERE TRAINED IN THE PYRAMID PLUS APPROACH (JANUARY - DECEMBER  
2019) AND 113 INDIVIDUALS IN FOUR PP CLASSES RECEIVED COACHING THROUGHOUT  
2019.

THE EARLY CHILDHOOD MENTAL HEALTH PROJECT IS BEING IMPLEMENTED IN  
PARTNERSHIP WITH THE RESOURCE EXCHANGE (TRE) TO ADDRESS THE  
SOCIAL/EMOTIONAL NEEDS OF YOUNG CHILDREN IN EARLY CARE AND EDUCATION  
SETTINGS, AS WELL AS AT HOME. FREE BEHAVIORAL/MENTAL HEALTH SUPPORT IS  
PROVIDED FOR EARLY CARE AND EDUCATION PROGRAMS INCLUDING FAMILY CHILD  
CARE PROVIDERS. ECMH CONSULTANTS PROVIDED AN AVERAGE OF 480 OF DIRECT

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CONSULTATION.

PART III, LINE 4C, ACTIVITY 3: (CONTINUED)

THE PURPOSE IS TO REDUCE DUPLICATION AND FRAGMENTATION OF SERVICES AND ADDRESS COMPLEX NEEDS THAT OTHERWISE WOULD NOT BE MET. CHILDREN, YOUTH AND FAMILIES ARE SERVED THROUGH INDIVIDUALIZED DIRECT SERVICES AND PROCESSES, INCLUDING HIGH FIDELITY WRAPAROUND; CARE COORDINATION; AND PEER SUPPORT THROUGH VARIOUS COMMUNITY POINTS OF ENTRY. FAMILY AND YOUTH MEMBERS WORK ALONGSIDE COMMUNITY SERVICE PROVIDERS IN THE EXAMINATION AND IMPROVEMENT OF SYSTEM PROCESSES AND SERVICES TO DEVELOP AN EFFECTIVE SYSTEM OF CARE.

NUMBER OF MEMBERS IN THE INTERAGENCY OVERSIGHT GROUP: 23

NUMBER OF CHILDREN/YOUTH SERVED: 1248

NUMBER OF CHILDREN, YOUTH AND FAMILIES RECEIVING CLIENT AND FAMILY

ASSISTANCE FUNDS: 37

PART VI, SECTION A, LINE 1A AND 1B:

AT THE END OF THE FISCAL YEAR THERE WERE 12 VOTING MEMBERS, ALL OF WHOM WERE INDEPENDENT.

FORM 990, PART VI, SECTION B, LINE 11:

DRAFT AUDIT IS REVIEWED BY THE BOARD OF DIRECTORS' AUDIT COMMITTEE. MEETING, EITHER IN PERSON OR VIA PHONE, IS CONDUCTED WITH AUDITORS AND AUDIT COMMITTEE TO REVIEW KEY ELEMENTS. THIS INCLUDES BOTH PARTICIPATION BY STAFF AS WELL AS DISCUSSION WITH AUDITORS AND COMMITTEE MEMBERS ONLY.

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FORM 990, PART VI, SECTION B, LINE 12C:

EACH INTERESTED PARTY MUST PROMPTLY, FULLY, AND TIMELY COMPLY WITH THE DISCLOSURE REQUIREMENTS SET FORTH IN THIS POLICY, OR AS OTHERWISE ADOPTED BY THE BOARD IN ACCORDANCE WITH THIS POLICY.

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

ANNUAL REVIEW BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

AN AUDIT WILL BE CONDUCTED FOR THE 18 MONTH PERIOD THAT INCLUDES THIS SHORT PERIOD FILING FOR THE FISCAL YEAR ENDING 6/30/2021.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PUBLIC EDUCATION AND LEGISLATIVE POLICY	0.	0.	
TOTALS	<u>0.</u>	<u>0.</u>	