Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

| A | For the | 2018 calendar year, or tax year beginning Jul 1 , 2018, and endir | | 30 | , 2019 | | |
|---|---|--|----------------------------|------------------------------|---------------------------------------|--|--|
| | *************************************** | applicable: C Name of organization THE WESTERN YOUTH NETWORK, INC. | V V V V V V V V V V | | er identification number | | |
| Ď | | | · | | | | |
| ᆷ | Address | | | 56-1454674 ETelephone number | | | |
| | Name ch | | ite I | | | | |
| | initial ret | | | (828) | 264-5174 | | |
| | | 20002 | 1. | | | | |
| \vdash | Amende | | | | ceipts \$ 1,048,775. | | |
| نــا | Applicat | ion pending F Name and address of principal officer: | | | subordinates? Yes No | | |
| | | JENNIFER WARREN, 155 WYN WAY, BOONE, NC 28607 | | | included? Yes No | | |
| <u>!</u> | | mpt status: | | | list. (see instructions) | | |
| <u></u> | Website | | H(c) Group e | | | | |
| | | organization: ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of forma | tion: 1985 | M State | of legal domicite: NC | | |
| . 7 | art | Summary | | | | | |
| _ | 1 | Briefly describe the organization's mission or most significant activities: PROV | IDING PRO | GRAMS | FOR AT-RISK | | |
| Activities & Governance | | YOUTH | | | | | |
| nai | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | |
| Š | 2 | Check this box ▶ ☐ if the organization discontinued its operations or disposed | of more than : | | its net assets. | | |
| တ္ | 3 | | | 3 | 10 | | |
| ජ ග | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 10 | | |
| Ē | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) . | | 5 | | | |
| ₹ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 300 | | |
| Ă | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | |
| | b | Net unrelated business taxable income from Form 990-T, line 38 | | 7b | 0. | | |
| | | | Prior Yea | r | Current Year | | |
| Ф | 8 | Contributions and grants (Part VIII, line 1h) | 829 | 615. | 796,275. | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | 8 | 756. | 11,458. | | |
| ě | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3 | .316. | 7,626. | | |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 158 | ,462. | 217,837. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,000 | | 1,033,196. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | · | | | |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 482 | ,353. | 517,276. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | | | |
| ad | . ь | Total fundraising expenses (Part IX, column (D), line 25) ▶ 57,009. | | . 12 4 5.27 | an die Hierieren | | |
| Щ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 394 | ,572. | 499,151. | | |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | ,925. | 1,016,427. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | ,224. | 16,769. | | |
| <u> </u> | | The state of the s | Beginning of Cur | | End of Year | | |
| Net Assets or | 20 | Total assets (Part X, line 16) | 700 | ,743. | 718,203. | | |
| Ass | 21 | Total liabilities (Part X, line 26) | | ,104. | 389,044. | | |
| Set | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | ,639. | 329,159. | | |
| | | Signature Block | | , | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules and state | ements, and to th | e best of n | ny knowledge and belief, it is | | |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare | | | ., | | |
| _ | ••• | Oza inize receio Accedininio John Illiano | 110 01 | /22/2 | 020 | | |
| Si | gn | Signature of officer and | Date | | <u> </u> | | |
| | ere | JENNIFER WARREN, EXECUTIVE DIRECTOR | • | | | | |
| | | Type or print name and title 1004 | | | | | |
| _ | | | ate | T | PTIN | | |
| | aid | DITTY C COMPC CDA | | | if P00083548 | | |
| Freparer - Course Transport - Course Course | | | | | | | |
| U | se On | Iy Firm's name ► COMBS, TENNANT & CARPENTER, P.C. | | | · · · · · · · · · · · · · · · · · · · | | |
| h 4 | au tha I | Firm's address ► PO BOX 1098, BOONE, NC 28607 RS discuss this return with the preparer shown above? (see instructions) | Pnor | | 28) 264-6700 ⊠ Yes □ No | | |
| tVI | ay ule l | no discuss this feturit with the preparet shown above: (see instructions) | · · · · · | · · · · · | DIES 140 | | |

| Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: PROVIDING PROGRAMS FOR AT-RISK YOUTH. 2 Did the organization undertake any significant program services during the year which were no prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest pro expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of githe total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 215, 293, including grants of \$ 0,) (Reve MENTORING: MITH THE HELP OR COMMUNITY: BASED, VOLUNTEERS, MYN ENSU XOUTH ASRS 5-17, HAVE A ROLE MODEL AND ADVOCATE TO HELP THEM THEM ALL STAGES, OR, ERBWING UP, MENTORS SERVER, A UNIQUE, ROLE, IN THE, LIE A. CHILD, THAT, IS DIFFERENT, FROM THAT, OF, A PARENT, TEACHER, OR, FRI YOUNG PROPLE, INTELLIF A. CHILD, THAT, IS DIFFERENT, FROM THAT, OF, A PARENT, TEACHER, OR, FRI YOUNG PROPLE, INTELLIF A. CHILD, THAT, IS DIFFERENT, FROM THAT, OF, A PARENT, TEACHER, OR, FRI YOUNG PROPLE, INTELLIF A. CHILD, THAT, IS DIFFERENT, FROM THAT, OF, A PARENT, TEACHER, OR, FRI YOUNG PROPLE, INTELLIF A. CHILD, THAT, IS DIFFERENT, FROM THAT, OF, A PARENT, TEACHER, OR, FRI YOUNG PROPLE, INTELLIF A. CHILD, THAT, IS DIFFERENT, FROM THAT, OF, A PARENT, TEACHER, OR, FRI YOUNG PROPLE, INTELLIF A. CHILD, THAT, IS DIFFERENT, FROM THAT, OF, A PARENT, TEACHER, OR, FRI YOUNG PROPLE, INTELLIF A. CHILD, THAT, IS DIFFERENT, FROM THAT, OR, A PARENT, TEACHER, OR, FRI YOUNG PROPLE, IN THE, LIFE A CHILD, THAT, IS DIFFERENT, FROM THAT, OR, A PARENT, TEACHER, OR, PRI YOUNG PROPLE, IN THE, LIFE A CHILD, THAT, IS DIFFERENT, FROM THAT, OR, A PARENT, TEACHER, OR, OR, OR, OR, OR, OR, OR, OR, OR, O | |
|--|--|
| Priction of the organization's mission: PROVIDING PROGRAMS FOR AT-RISK YOUTH 2 Did the organization undertake any significant program services during the year which were no prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest pro expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of control to the total expenses, and revenue, if any, for each program service reported. 4a (Code:)(Expenses \$ 215,293. including grants of \$ 0.)(Reventant August Au | 1 |
| PROVIDING PROGRAMS FOR AT-RISK YOUTH 2 Did the organization undertake any significant program services during the year which were no prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest proexpenses. Section 501(p(3) and 501(p(4) organizations are required to report the amount of given total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ | · · · · · · · · · · · · · · · · · · · |
| 2 Did the organization undertake any significant program services during the year which were no prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest programses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of given total expenses, and revenue, if any, for each program service reported. 4a (Code:)(Expenses \$ 215,293. including grants of \$ 0.)(Reve MENTORING— WITH THE HELP OF COMMUNITY—BASED VOLUNTEERS, WYN ENSU XQUTH AGES 6-17. HAVE A. ROLE MODEL AND ADVOCATE TO HELP THEM THEM ALL STAGES OF GROWING UP. MENTORS SERVE A UNIQUE ROLE IN THE LIFA A. CHILD THAT IS DIFFERENT FROM THAT OF A. PARENT. TEACHER. OR FRI YOUNG, PROPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMEN PERFORMANCE, SCHOOL ATTENDANCE, AND. BEHAVIORS. 4b (Code:)(Expenses \$ 110,491. including grants of \$ 0.)(Reve XQUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION OF SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE PROGRAM | |
| 2 Did the organization undertake any significant program services during the year which were no prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest programs services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of content of the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ | |
| prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest programses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of githe total expenses, and revenue, if any, for each program service reported. 4a (Code: | |
| prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest programses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of githe total expenses, and revenue, if any, for each program service reported. 4a (Code: | *************************************** |
| If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest programs. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of given to tall expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 215,293. including grants of \$ 0.) (Revemental expenses) (Expenses \$ 215,293. including grants of \$ 0.) (Revemental expenses) (Rev | t listed on the |
| Jid the organization cease conducting, or make significant changes in how it conducts, services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest profexeness. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of githe total expenses, and revenue, if any, for each program service reported. da (Code:) (Expenses \$ | · · · □Yes ⊠No |
| services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest programsenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of one the total expenses, and revenue, if any, for each program service reported. 4a (Code: | |
| If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest programses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of content to total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 215,293. including grants of \$ 0.) (Revement of content of conten | |
| Describe the organization's program service accomplishments for each of its three largest programses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of githe total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 215,293. including grants of \$ 0.) (Revenue MENTORING- WITH THE HELP OF COMMUNITY-BASED VOLUNTEERS, WYN ENSU YOUTH AGES 6-17 HAVE A ROLE MODEL AND ADVOCATE TO HELP THEM THRO ALL STAGES OF GROWING UP. MENTORS SERVE A UNIQUE ROLE IN THE LIFA CHILD THAT IS DIFFERENT FROM THAT OF A PARENT, TEACHER, OR FRY YOUNG PROPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMEN PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. 4b (Code:) (Expenses \$ 110,491. including grants of \$ 0.) (Revenue Youth Substance Abuse Program - Educational Programs for Youth I AREAS OF SUBSTANCE Abuse, TEEN PREGNANCY, AND SUICIDE PREVENTION - SUBSTANCE Abuse, TEEN PREGNANCY, AND SUICIDE PREVENTION - SUBSTANCE Abuse PROGRAM - Educational Programs for Youth I AREAS OF SUBSTANCE Abuse, TEEN PREGNANCY, AND SUICIDE PREVENTION - SUBSTANCE Abuse PROGRAM - Educational Programs for Youth I AREAS OF SUBSTANCE Abuse PROGRAM - Educational Programs for Youth I AREAS OF SUBSTANCE Abuse PROGRAM - Educational Programs for Youth I AREAS OF SUBSTANCE Abuse PROGRAM - Educational Programs for Youth I AREAS OF SUBSTANCE Abuse PROGRAM - Educational Programs for Youth I AREAS OF SUBSTANCE Abuse PROGRAM - Educational Programs for Youth I AREAS OF SUBSTANCE Abuse PROGRAM - Educational Programs for Youth I Area of You | · · · · 🗌 Yes 🖾 No |
| expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of githe total expenses, and revenue, if any, for each program service reported. 4a (Code:)(Expenses \$ 215,293. including grants of \$ 0.)(Reve MENTORING—WITH THE HELP OF COMMUNITY—BASED VOLUNTEERS, WYN ENSU YOUTH AGES 6-17 HAVE A ROLE MODEL AND ADVOCATE TO HELP THEM THRO ALL STAGES OF GROWING UP. MENTORS SERVE A UNIQUE ROLE IN THE LIF A CHILD THAT IS DIFFERENT FROM THAT OF A PARENT, TEACHER, OR FRI YOUNG PEOPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMEN PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. 4b (Code:)(Expenses \$ 110,491 including grants of \$ 0.)(Reve YOUTH SUBSTANCE ABUSE PROGRAM = EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:)(Expenses \$ 512,531. including grants of \$ 0.)(Reve | |
| the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 215,293. including grants of \$ 0.) (Reve MENTORING— WITH THE HELP OF COMMUNITY—BASED VOLUNTEERS, WYN ENSU YOUTH AGES 6-17 HAVE A ROLE MODEL AND ADVOCATE TO HELP THEM THEM ALL STAGES OF GROWING UP. MENTORS SERVE A UNIQUE ROLE IN THE LIFE A CHILD THAT IS DIFFERENT FROM THAT OF A PARENT, TEACHER, OR FRI YOUNG PEOPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMEN PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. 4b (Code:) (Expenses \$ 110,491. including grants of \$ 0.) (Reve YOUTH SUBSTANCE ABUSE PROGRAM = EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:) (Expenses \$ 512,531. including grants of \$ 0.) (Reve | gram services, as measured by |
| 4a (Code:)(Expenses \$ 215,293.including grants of \$ 0.)(Reve MENTORING- WITH THE HELP OF COMMUNITY-BASED VOLUNTEERS, WYN ENSU YOUTH AGES 6-17 HAVE A ROLE MODEL AND ADVOCATE TO HELP THEM THEO ALL STAGES OF GROWING UP. MENTORS SERVE A UNIQUE ROLE IN THE LIF A CHILD THAT IS DIFFERENT FROM THAT OF A PARENT, TEACHER, OR FRI YOUNG PEOPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMEN PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. 4b (Code:)(Expenses \$ 110,491.including grants of \$ 0.)(Reve YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:)(Expenses \$ 512,531.including grants of \$ 0.)(Reve | rants and allocations to others, |
| MENTORING— WITH THE HELP OF COMMUNITY—BASED VOLUNTEERS, WYN ENSU YOUTH AGES 6-17 HAVE A ROLE MODEL AND ADVOCATE TO HELP THEM THRO ALL STAGES OF GROWING UP. MENTORS SERVE A UNIQUE ROLE IN THE LIF A CHILD THAT IS DIFFERENT FROM THAT OF A PARENT, TEACHER, OR FRI YOUNG PEOPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMEN PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. 4b (Code:)(Expenses \$ 110,491 including grants of \$ 0.)(Reve YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:)(Expenses \$ 512,531 including grants of \$ 0.)(Reve | |
| MENTORING— WITH THE HELP OF COMMUNITY—BASED VOLUNTEERS, WYN ENSU YOUTH AGES 6-17 HAVE A ROLE MODEL AND ADVOCATE TO HELP THEM THRO ALL STAGES OF GROWING UP. MENTORS SERVE A UNIQUE ROLE IN THE LIF A CHILD THAT IS DIFFERENT FROM THAT OF A PARENT, TEACHER, OR FRI YOUNG PEOPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMEN PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. 4b (Code:)(Expenses \$ 110,491 including grants of \$ 0.)(Reve YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:)(Expenses \$ 512,531 including grants of \$ 0.)(Reve | 2110 \$ |
| YOUTH AGES 6-17 HAVE A ROLE MODEL AND ADVOCATE TO HELP THEM THRO ALL STAGES OF GROWING UP. MENTORS SERVE A UNIQUE ROLE IN THE LIF A CHILD THAT IS DIFFERENT FROM THAT OF A PARENT, TEACHER, OR FRI YOUNG PEOPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMEN PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. 4b (Code:)(Expenses \$ 110,491 including grants of \$ 0.)(Reve YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:)(Expenses \$ 512,531 including grants of \$ 0.)(Reve | |
| ALL STAGES OF GROWING UP. MENTORS SERVE A UNIQUE ROLE IN THE LIF A CHILD THAT IS DIFFERENT FROM THAT OF A PARENT, TEACHER, OR FRI YOUNG PEOPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMEN PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. 4b (Code:)(Expenses \$ 110,491 including grants of \$ 0.)(Reve YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:)(Expenses \$ 512,531 including grants of \$ 0.)(Reve | |
| A CHILD THAT IS DIFFERENT FROM THAT OF A PARENT, TEACHER, OR FRI YOUNG PEOPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMEN PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. 4b (Code:)(Expenses\$ 110,491 including grants of \$ 0.)(Reve YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:)(Expenses\$ 512,531 including grants of \$ 0.)(Reve | |
| YOUNG PEOPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMEN PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. 4b (Code:)(Expenses \$ 110,491 including grants of \$ 0.)(Reve YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:)(Expenses \$ 512,531 including grants of \$ 0.)(Reve | |
| ### PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. #### (Code:) (Expenses \$ 110,491 including grants of \$ 0.) (Reversed to YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION SUICIDE SUICID | |
| 4b (Code:) (Expenses \$ 110,491. including grants of \$ 0.) (Reve YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:) (Expenses \$ 512,531. including grants of \$ 0.) (Reve | |
| 4b (Code:) (Expenses \$110, 491. including grants of \$0.) (Reve YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION | |
| YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:) (Expenses \$ 512,531. including grants of \$ 0.) (Reversely | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:) (Expenses \$ 512,531. including grants of \$ 0.) (Reversely | ******************* |
| YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:) (Expenses \$ 512,531. including grants of \$ 0.) (Reversely | |
| YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:) (Expenses \$ 512,531. including grants of \$ 0.) (Reversely | |
| YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH I AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:) (Expenses \$ 512,531. including grants of \$ 0.) (Reversely | 200 |
| AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION 4c (Code:) (Expenses \$ 512,531. including grants of \$ 0.) (Reve | νι |
| 4c (Code:) (Expenses \$ | IN . |
| 4c (Code:) (Expenses \$ | |
| | ***** |
| | ~~~~ |
| | |
| | |
| | |
| | rue\$ 0.) |
| | 10e W |
| | |
| | , |
| | |
| | |
| | |
| | |
| | |
| | ************************* |
| | ************************************** |
| | |
| 4d Other program services (Describe in Schedule O.) | difference of the second secon |
| (Expenses \$ including grants of \$) (Revenue \$ | 1 |
| 4e Total program service expenses ► 838,315. | |

Form 990 (2018) Page 3 **Checklist of Required Schedules** PartIV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," × 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 × Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 × 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 × Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 × 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 6 X 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 × Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 × 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 9 X Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . 10 × If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," × 11a Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII × Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more 11c X Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d × Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a × 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 × Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 × 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a × 14a 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 × Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 × Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 × Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 × Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 20a 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ×

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ... Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

×

20b

| | Checklist of Required Schedules (continued) | | | |
|---------|---|-----------------|-------------------|---------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. | 23 | | × |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| b | through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | ļ | × |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | | |
| _ | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | × |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | × |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | × |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | × |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | × |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | × |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I | 31 | | × |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | × |
| 35a | Uid the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2. | 35b | | × |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. | 36 | | × |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI | 37 | - | × |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | | V | |
| Pari | Statements Regarding Other IRS Filings and Tax Compliance | 38 | × | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | П |
| 4 | | - -i | Yes | No |
| 1a h | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18 | 24 | \$25.J | 535 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | eriolei Selesi | |
| Ü | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 4600 | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | Page |
|----------------|--|------------------------|---------------------|------------------|
| • | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | .739e/s | 163 | 140 |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | × | danis Va |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 12 V (1/2) | 1 | Just V |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | - 42 85.51 | × |
| 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 | | 1 |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over | | 1- | ├- |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | × |
| ь | If "Yes," enter the name of the foreign country: ▶ | 41.550 | 1.307/67 | 98912 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | 1958 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5а | 1994 | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | × |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | ^ - |
| 6 a | 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 | | J |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | Ua. | - | <u>X</u> |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 70.2004 | historia. | l |
| а | 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 | 1,724 | Ayruy. |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | × |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 70 | | - |
| • | required to file Form 8282? | 7- | | ١., |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7c | 4 4 7 | × |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e | | × |
| g g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7f | | × |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g | | <u> </u> |
| | | 7h | | |
| Ģ | 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? | | ALT V | 200 |
| 9 | Sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | | | 7 |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9a | | |
| 10 | Section 501(c)(7) organizations. Enter: | 9b | W | <u> </u> |
| | to the second of | | Sign. | |
| | - · · · · · · · · · · · · · · · · · · · | 1 24-01 N 1 1 1 1 N | | |
| 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter: | | | |
| | | | n seann Guillean | |
| | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 100 | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | 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. | 1 0 7 | | |
| 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 | | | |
| | Enter the amount of reserves on hand | 142000 | | |
| | 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 | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | ĺ | į |
| | excess parachute payment(s) during the year? | 15 | | |
| 4.5 | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | <u> </u> |
| | If "Yes," complete Form 4720, Schedule O. | 1205 | 15:22 | |

| Part \ | | . See ins | structi | ons. |
|-------------|--|------------|--|--|
| Section | on A. Governing Body and Management | | | |
| | | - 1.71.28 | Yes | No |
| 1a | tilled the manual of the manua | <u>. U</u> | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar | Way ASA | 2001 (A) 410 (A) | |
| | committee, explain in Schedule O. | 73.50 | | |
| b | | t o | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit | | | |
| - | any other officer, director, trustee, or key employee? | 2 | | × |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | ıt | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | <u> </u> | <u>×</u> _ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | × |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 6 | | X |
| 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? | n 7a | | × |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members | | | <u> </u> |
| þ | stockholders, or persons other than the governing body? | 7b | | × |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken durin | g 🗔 | 1988 | |
| | the year by the following: | | 197 | |
| a | The governing body? | 8a | × | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | × | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | × |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rev | enue C | ode., |) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | - | × |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | ³, 10b | | |
| 1 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form | i? 11a | × | ļ |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | 1 |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | - |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts | | × | - |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes describe in Schedule O how this was done | 12c | × | |
| 13 | Did the organization have a written whistleblower policy? | 13 | × | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | × | |
| 15 | Did the process for determining compensation of the following persons include a review and approval to | | | |
| •• | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | × | |
| b | Other officers or key employees of the organization | 15b | × | ļ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme with a taxable entity during the year? | nt 16a | | × |
| þ | | | 1 | |
| | 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? | | | |
| Sect | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 99 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) | 0-T (Se | ction | 501(c) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year. | interest | polic | y, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and JENNIFER WARREN, 155 WYN WAY, BOONE, NC 28607 (828) 264-5174 | l records | s 🏲 | |

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

| Check if Schedule O contains a response or note to any line in this Part VII | ٢ |
|--|---|
| | |

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| ☐ Check this box if neither the organization 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 | do x, ce Individua | ot ch unles er and | Pos eck s pe | C) ition more rson | | one nan | (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 |
| | line) | rustee | l Irustee | | yee | npensaled | | | | organizations |
| (1) HEIDI RAGAN BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (2) BOB HOLDER VICE CHAIR | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (3) JENNIFER WARREN EXECUTIVE DIRECTOR | 40.00 | × | | | | | | 52,039. | 0. | 0. |
| (4) WAYNE MILLER, III BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (5) WYSTERIA WHITE BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (6) KEITH SHOCKLEY TREASURER | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (7) BILLIE HOWELL BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (8) CINDY WALLACE BOARD CHAIR | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (9) TUCKER DEAL SECRETARY | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (10) DAVID ROBERTSON BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (11) BRENDA LOWMAN BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (12) KELLI WILSON BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (13) GREG LOVIN BOARD MEMBER | 5.00 | × | | | - | | | 0. | 0. | 0. |
| (14) | | | | | | | | | | ************************************** |

| Part | Part VII Section A. Officers, Directors, Trust (A) Name and title | | (do n box, i | ot ch unles | (C) Position theck more than oness person is both and a director/trustee | | | ne an | (D) Reportable compensation | (E) Reportable compensation | | (F) Estimated amount of other | | |
|--------------|--|--|--------------------------------|-----------------------|--|--------------|------------------------------|--------------|--|--|------------|---------------------------------|---|---------|
| | | 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) | related organization (W-2/1099-Mi | | compe from organ and r | her ensation in the dization related dizations | |
| (15) | | | | | | | | | | | | | | • |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | <u> </u> | | | | | | | | | | <u></u> |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | ļ | | | | | | | | | | · |
| (20) | | | | - | | <u> </u> | | | | | | | | |
| (21) | *************************************** | | | | <u> </u> | \$ | <u> </u> | - | | | | | | |
| (22) | | | | | | - | | - | | | | | | |
| (23) | | | | | - | | | | | | | | - | |
| | | | | | - | | | | | | | | | |
| (24) | | <u> </u> | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b c d | Sub-total | t VII, Sectio | | | | | | A A A | 52,039. 52,039. | | 0. | | | 0. |
| 2 | Total number of individuals (including bu reportable compensation from the organ | ıt not limite | | | | | | | | ore than \$10 | | of | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | | | | | | | em; | ployee, or high | hest comper | nsated | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater th | nan \$ | 150 | cor ,00 | 0? | lf "Ye | es," | and other com complete Sci | pensation from the pensation fro | om the | 4 | | × |
| 5 | Did any person listed on line 1a receive for services rendered to the organization | | | | | | | | | | | 5 | | × |
| Section | on B. Independent Contractors | | | | | | | | | | <u> </u> | 1 4 | | |
| 1 | Complete this table for your five highest compensation from the organization. Re year. | | | | | | | | | | | | | х |
| | (A) Name and business ad | dress | | | | | | | (B) Description of | services | С | (C) ompens | ation | |
| | | | | | | | | + | | | | | | |
| | | | | | | | | ‡ | | | | | | |
| 2 | Total number of independent contract received more than \$100,000 of compen | | | | | | | o t | hose listed at | ove) who | | | | |

| ۱ | Terror State of State St | | | |
|---|--|--------|-----------|---------|
| ŀ | Pari VIII | Staten | nent of I | Revenue |

| | | Check if Schedule O contains a res | ponse or note t | o any line in this | s Part VIII | | |
|--|------------|---|-----------------|----------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns 1a | | | | | 18 of the Control of the 1/30 |
| Sra | b | Membership dues 1b | | | | | |
| ls, (| C | Fundraising events 1c | | | | | |
| la fit | ď | Related organizations 1d | | | | | oper transferance all region |
| ıs, | e | Government grants (contributions) 1e | 627,097. | | 11/2012/06/2017 | 国际企业 | |
| tion in | f | All other contributions, gifts, grants, | | | | | |
| 호독 | | and similar amounts not included above 1f | 169,178. | | | | |
| a di | g | Noncash contributions included in lines 1a-1f: \$ | | | | | |
| S = | h | Total. Add lines 1a-1f | > | 796,275. | | | |
| e E | | | Business Code | | | NATIONAL DESCRIPTION | |
| Ven | 2 a | SERVICE FEES | 900999 | 11,458. | 11,458. | 0. | 0. |
| Program Service Revenue | b | | | | | | |
| vice | C | | | | | | |
| Sen | d | | | | | | |
| Ē | e | | | | | | |
| gra | f | All other program service revenue. | | | | | |
| Pro | g | Total. Add lines 2a-2f | | 11,458. | | | 1981. September 200 |
| | 3 | Investment income (including divid | | | | | <u> </u> |
| | | | | 7,626. | 0. | 0. | 7,626. |
| | 4 | Income from investment of tax-exempt b | ond proceeds ▶ | 1,000 | <u> </u> | | 7,020. |
| ļ | 5 | Royalties | | | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| | | (i) Real | (ii) Personal | | 100 | of Jack Holes | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | \$ 12 A | | | |
| | ď | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of (i) Securities | (ii) Other | | | 3-19 | es e |
| | 70 | assets other than inventory | | 1 | | | in in the state of |
| | ь | Less: cost or other basis | · | | | | |
| | U | and sales expenses . | | | | | |
| | С | Gain or (loss) | | 1.4 | | | |
| | d | N(+) + -1 (S) | <u> </u> | | | | |
| | | net gain or (loss) | | <u> </u> | | | |
| e | 8a | Gross income from fundraising | | 100 | | | |
| venue | Vi. | events (not including \$ | | | | | |
| | | of contributions reported on line 1c). | | | | | |
| ī. | | One Dead NC Day 40 | 000 476 | | | 建基础等的 | |
| Other Re | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Ö | | Less: direct expenses b | | | | | |
| | | Net income or (loss) from fundraising Gross income from gaming activities. | events . > | 217,837. | | 0. | 217,837. |
| | 20 | See Part IV, line 19 a | | 3.25 | | Log Kalawata | 建设的规模工 。 |
| | ī. | - | | | | | |
| | | Less: direct expenses b Net income or (loss) from gaming act | <u> </u> | | (Oberla), sur us district | | |
| | | Gross sales of inventory, less | ivities P | | | | 11 |
| | IVa | returns and allowances a | | | | | |
| ļ | L | · · · · · · · · · · · · · · · · · · · | | | | | 的数据数据 图6 |
| | b c | Less: cost of goods sold b Net income or (loss) from sales of inv | | <u> </u> | n a reality probability | | |
| ŀ | U | Miscellaneous Revenue | | | | | |
| } | 44 | инссеналериз печепие | Business Code | <u> </u> | | | |
| | 11a | | | | | | |
| | Ь | | | | | | |
| | C | All other roughly | | | | | |
| | d | All other revenue | | | | | |
| | - e | Total Add lines 11a-11d | 🕨 | 3 000 5 - 3 | | | <u> </u> |
| | 12 | Total revenue. See instructions . | ▶ | 1,033,196. | 11,458. | 0. | 225,463. |

| | | • | |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

| <u>A</u> | For the | | ndar year, or tax year beginning ${	t Jull}$, 2018, and end | ding J | un 30 | ,20 19 | | |
|-------------------------|--|-----------------|--|---|------------------|---------------------------------|--|--|
| В | Check if | applicable: | C Name of organization THE WESTERN YOUTH NETWORK, INC. | | D Employ | er identification number | | |
| | Address | change | Doing business as | | -1 | 454674 | | |
| | Name cl | hange | Number and street (or P.O. box if mail is not delivered to street address) Room/ | 'suite | | ne number | | |
| | Initial rel | turn | 155 WYN WAY | | 2 | (828) 264-5174 | | |
| | Final retu | ım/terminated | City or town, state or province, country, and ZIP or foreign postal code | | | , | | |
| | Ателде | ed return | BOONE, NC 28607 | | G Gross r | eceipts \$ 1,048,775. | | |
| | | tion pending | F Name and address of principal officer: | High to this a | | subordinates? Yes No | | |
| | | | JENNIFER WARREN, 155 WYN WAY, BOONE, NC 28607 | l l | | s included? Yes No | | |
| | Tax-exe | mpt status: | | | | a list. (see instructions) | | |
| J | Website | - | WW.WESTERNYOUTHNETWORK.ORG | | p exemption | · | | |
| | | | X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form | | · | of legal domicite: NC | | |
| | | Summ | | nation. 17 | J W State | or legal dolltiche. 14C | | |
| Manager 1 | 1 | | escribe the organization's mission or most significant activities: PRO | TITE TAKE TO | 2002210 | 700 30 3704 | | |
| ø | ١. | YOUTH | ERO Ene organization a mission of most significant activities. | AIDING S | KUGRAMS | FOR AT-RISK | | |
| Activities & Governance | | 10010 | | *************************************** | | | | |
| Ĕ | 2 | Chook th | is box ▶ ☐ if the organization discontinued its operations or disposed | | - 050/ -4 | · | | |
| οVe | 3 | | | | - 1 | | | |
| ڻ «× | | | | | | 10 | | |
| S) | 4 | | of independent voting members of the governing body (Part VI, line 1 | | | 10 | | |
| ij | 5 | | • | | | | | |
| Ġ | 6 | | nber of volunteers (estimate if necessary) | | . 6 | 300 | | |
| ⋖ | 7a | | elated business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | |
| _ | b | Net unre | ated business taxable income from Form 990-T, line 38 | | 7b | 0. | | |
| | | | | Prior ' | | Current Year | | |
| ē | 8 | | tions and grants (Part VIII, line 1h) | 9,615. | 796,275. | | | |
| Revenue | 9 | _ | service revenue (Part VIII, line 2g) | 8,756. | 11,458. | | | |
| | 10 | | ent income (Part VIII, column (A), lines 3, 4, and 7d) | 3,316. | 7,626. | | | |
| | 11 | | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 8,462. | 217,837. | | | |
| | 12 | | enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,00 | 0,149. | 1,033,196. | | |
| | 13 | Grants a | nd similar amounts paid (Part IX, column (A), lines 1-3) | | | | | |
| | 14 | Benefits | paid to or for members (Part IX, column (A), line 4) | | | | | |
| S | 15 | Salaries, | other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,353. | 517,276. | | | |
| nse | 16a | Profession | onal fundraising fees (Part IX, column (A), line 11e) | | | | | |
| Expenses | b | Total fun | draising expenses (Part IX, column (D), line 25) ▶ 57,009. | | | | | |
| Ð | 17 | Other ex | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | 39 | 4,572. | 499,151. | | |
| | 18 | | penses. Add lines 13-17 (must equal Part IX, column (A), line 25) | - | 6,925. | 1,016,427. | | |
| | 19 | Revenue | less expenses. Subtract line 18 from line 12 | | 3,224. | 16,769. | | |
| 7 8 | | | | Beginning of (| | End of Year | | |
| sets or | 20 | Total ass | sets (Part X, line 16) | 70 | 10,743. | 718,203. | | |
| ASS | 21 | | pilities (Part X, line 26) | *************************************** | 1,104. | 389,044. | | |
| Net Ass | 22 | | ts or fund balances. Subtract line 21 from line 20 | | 9,639. | 329,159. | | |
| | | | ture Block | | | | | |
| PARTIES N | college (control of the control of t | alties of periu | ry, I declare that I have examined this return, including accompanying schedules and sta | atements, and to | the best of | my knowledge, and belief, it is | | |
| | | | lete. Declaration of preparer (other than officer) is based on all information of which prepare | | | , <u> </u> | | |
| _ | | | CINATED YEARS AGGIST AND S | | 01/22/2 | 2020 | | |
| Sig | an | Sign | nature of officers (-1.30) 3-2 | | ate | .020 | | |
| | ere | N TE | NNIFER WARREN, EXECUTIVE DIRECTOR | | | | | |
| | | | e or print name and title 1996 | | | | | |
| _ | | | pe preparer's name Preparer's signature | Date | | PTIN | | |
| | aid | D.T.T.T. | Y G. COMBS, CPA | | Check self-em | if P00083548 | | |
| | epare | <u> </u> | | | | | | |
| U | se On | ly Firm's | · | | | 56-2067992 | | |
| h 4- | ny fha ll | | address ► PO BOX 1098, BOONE, NC 28607 s this return with the preparer shown above? (see instructions) | PI | ione no. (8 | 28) 264 – 6700 | | |
| IVIZ | ıy ine li | กจ นเรยนร | a una recum wich the preparer shown above? (see instructions) | • • • • | <u> </u> | X Yes No | | |

Form 990 (2018)

Page 2

| Checklist of Required Schedules |
|---------------------------------|
|---------------------------------|

| | | | Yes | No |
|------|--|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | × | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | × | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | <u>×</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues | 4 | | × |
| _ | 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 | | × |
| 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 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | × |
| 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 | | × |
| 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 | × | |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | × | |
| b | 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 | | × |
| 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 | | × |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | × |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | × | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | × |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | × | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | × |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | × |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>×</u> |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | : | × |
| 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 | | × |
| 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 | | × |
| 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 | | × |
| 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 | × | |
| 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 | | × |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | 20a | | × |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? ################################### | 21 | | × |
| | | | | |

| | Checklist of Required Schedules (continued) | | | ····· |
|------------|---|--------|-----|-------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | × |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | × |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | × |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | × |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | × |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | × |
| 2 8 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | × |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | × |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | × |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | | × |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | × |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | × |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | × | |
| Part | —————————————————————————————————————— | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18 | J. May | res | No |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | 3.4 | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |

| | 0 (2018) | | | Page 5 |
|----------|---|--------------|---------|---------------|
| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | Enter the combination of an in- | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | drug. |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | 没要 提 | | |
| þ | 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). | 100 | | 53/3 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | <u>3a</u> | | × |
| 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 | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| h | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 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? | 10 T | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a | | <u> </u> |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b | | <u>×</u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 5c | | |
| va | organization solicit any contributions that were not tax deductible as charitable contributions? | - | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6a | | × |
| V | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 30 | 1000000 | Taggési |
| а | 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 | A. YOUR | × |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | × |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 1 444 | | 7-7 |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | × |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | × |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | ed. |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u> </u> |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | 200 | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 41.54 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 1 | 411 G | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | Mare | 7-11-1 |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | IZA | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 366 | | lyim. |
| а | 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. | 3000 | 44 | 7 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 1. 10. 50.00 | 10.0 | |
| ~ | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | 流出 |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | × |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | T |
| | excess parachute payment(s) during the year? | 15 | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | 334 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | ļ | |
| | If "Yes " complete Form 4720. Schedule O | 1.44(1) | LOSS S | |

If "Yes," complete Form 4720, Schedule O.

| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | | | |
|---|--|----------------------|-----------------------|----------|
| *************************************** | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Section | on A. Governing Body and Management | | | |
| | • | | Yes | No |
| la | Enter the number of voting members of the governing body at the end of the tax year 1a 10 | | | |
| | If there are material differences in voting rights among members of the governing body, or 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 10 | latingija Propagl | 197534.6 197555.74 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| 3 | any other officer, director, trustee, or key employee? | 2 | | _ ×_ |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | × |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | _ × |
| 5 6 | Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders? | 5 6 | | × |
| | Did the organization have members of stockholders, or other persons who had the power to elect or appoint | | | X |
| 7a | one or more members of the governing body? | 7a | | × |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | × |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | × | ż |
| b | Each committee with authority to act on behalf of the governing body? | 8b | × | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | × |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | ode.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | × |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 401 | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 11a | × | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | × | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | × | |
| С | 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? | 12c | × | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | × | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15~ | • | |
| b | Other officers or key employees of the organization | 15a 15b | × | |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 100 | | |
| 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? | 160 | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 16a | | × |
| J | 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? | 16b | | |
| Secti | on C. Disclosure | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | · |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 | (Sec | tion 5 | 01(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) | 1060 | uon c | 10 i (C) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intifinancial statements available to the public during the tax year. | erest | oolicy | , and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and reduced the person who possesses the organization's books and person person person the person who person pe | cords | ▶ | |

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

| Form 990 (201 | 8) |
|---------------|----|
|---------------|----|

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| Check this box if neither the organization no | r any related | d orga | aniz | atio | n co | ompe | nsa | ted any curren | t officer, director | r, or trustee. |
|---|---|--------|-----------------------|----------------------|--------------|-------------------------------|------------|---------------------------------------|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for | box. I | inles er and | Pos neck as pe | rson | than c is both or/trust | an :ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other |
| | related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) HEIDI RAGAN BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (2) BOB HOLDER VICE CHAIR | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (3) JENNIFER WARREN EXECUTIVE DIRECTOR | 40.00 | × | | | | | | 52,039. | 0. | 0. |
| (4) WAYNE MILLER, III BOARD MEMBER | 5.00 | × | | | | | Ì | 0. | 0. | 0. |
| (5) WYSTERIA WHITE BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (6) KEITH SHOCKLEY TREASURER | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (7) BILLIE HOWELL BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (8) CINDY WALLACE BOARD CHAIR | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (9) TUCKER DEAL SECRETARY | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (10) DAVID ROBERTSON BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (11) BRENDA LOWMAN BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (12) KELLI WILSON BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (13) GREG LOVIN BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (14) | | | | | | | | | | |

| Part | Section A. Officers, Directors, Trust | ees, Key E | mploy | /ees | | | lighe | st C | ompensated E | mployees (| continu | ued) | |
|--------------|--|--|-----------------------------------|----------------------|---------------|--------------------------------|---------------------------------|--------------|--|--|--------------------|-----------------------|---|
| | (A) Name and title | (B) Average hours per week (list any | box, office | unles er and | s pe d a d | ition more rson irect | than of is both or/trust | an tee) | (D) Reportable compensation from | (E) Reportab compensation related | n from | Esti amo | (F) mated ount of ther |
| | | hours for related organizations below dotted line) | Individual trustee or director | rstitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatic (W-2/1099-N | | fro orgai and | ensation in the nization related izations |
| (15) | | | | | | | <u> </u> | | | | | <u></u> | |
| (16) | | | | | ļ <u>-</u> | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | - | | | | | | | | ··· | |
| (20) | | | | | | | | | - | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | - | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | * |
| 1b c d | Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c) | VII, Sectio | | | | | | A A A | 52,039. | | 0. | | 0. |
| 2 | Total number of individuals (including bur reportable compensation from the organization) | t not limited | | | | | | | | l ore than \$1 | | D of | 0. |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | ficer, direc Schedule J | tor, o | or tr uch | rust ind | ee, ividi | key e | emp | oloyee, or high | est compe | nsate | d 3 | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater th | an \$ | 150, | ,000 | ? / | f "Ye | s," | complete Sch | ensation fredule J fo | om the | e h | × |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | or accrue co | ompe | nsa | tion | fro | m any | / un | related organiz | cation or inc | | al 5 | × |
| Section | on B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | compensat port compe | ed inc nsatio | dep on f | end or tl | ent ne c | contralence | act lar y | ors that receive ear ending wit | ed more tha h or within | n \$100 the org | 0,000 of ganizatio | on's tax |
| | (A) Name and business add | Iress | | | | | | | (B) Description of s | ervices | | (C) Compens | ation |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | |
| | | | | ********* | | | · | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | ors (includination from | ng bu the or | ut n gan | ot izat | limit ion | ted to ▶ | o th | ose listed abo | ove) who | | | Switch Co. |

| 1 | Para VIII | ~· · | _ | |
|---|-----------|------|---|--|
| | | | | |
| | | | | |

| | *********** | Check if Schedule O contains a | a response or note to | any line in this | Part VIII | | |
|--|-------------|--|-----------------------|----------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | Addings of George Sala Baseline Salas Salas Salas | | |
| S of | b | Membership dues | 1b | | | | |
| A. T. | С | Fundraising events | 1c | | Schline | | |
| वं दं | ď | Related organizations | 1d | | | . St. F. W. 1989 1989 | 14551430416 |
| ış, | е | Government grants (contributions) | 1e 627,097. | | F6 11 9 14 14 14 14 14 14 14 14 14 14 14 14 14 | (2011 (See Mark) | |
| 를 를 | f | All other contributions, gifts, grants, | | | | | |
| 혈통 | | and similar amounts not included above | 1f 169,178. | | 100 F 500 F 30 | | |
| <u> </u> | g | Noncash contributions included in lines 1a- | | | | 35.200.00.00 | a. 特别是从前2000年来 |
| | h | Total. Add lines 1a-1f | ▶ | 796,275. | | | |
| Program Service Revenue | | | Business Code | | | | |
| še | 2a | SERVICE FEES | 900999 | 11,458. | 11,458. | 0. | 0. |
| ě, | þ | | | | | | |
| ζ. | С | | | | | | |
| Ser | d | *************************************** | | | | | |
| am | е | *************************************** | | | | | |
| ogi | f | All other program service revenue | | | | | |
| à | g | Total. Add lines 2a-2f | | 11,458. | | | |
| | 3 | Investment income (including | | | | | |
| | | and other similar amounts) | | 7,626. | 0. | 0. | 7,626. |
| | 4 | Income from investment of tax-exem | npt bond proceeds 🕨 | | | | |
| | 5 | Royalties | <u></u> > | | | - | |
| | | (i) Real | (ii) Personal | | | | n sérialentir (s. e. |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | С | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of (i) Securities | es (ii) Other | | | Marion 1 | 112111111111111111111111111111111111111 |
| | | assets other than inventory | | | | | |
| | ь | Less: cost or other basis | | | | | |
| | | and sales expenses . | | | | | |
| | С | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | . <u> </u> | | | | |
| venue | 8a | Gross income from fundraising events (not including \$ | | | | | |
| Other Re | | of contributions reported on line 10 |). | | | | |
| ë | | See Part IV, line 18 | a 233,416. | | | | |
| ã | b | Less: direct expenses | b 15,579. | | | | |
| | | Net income or (loss) from fundrai | | 217,837. | er siegerigene F | 0. | 217,837. |
| | 9a | Gross income from gaming activit See Part IV, line 19 | | | | | |
| | þ | Less: direct expenses | . b | | | | |
| | | Net income or (loss) from gaming | | | | | |
| | 10a | Gross sales of inventory, le | ess | 7. y- 4. y | | | |
| | | returns and allowances | а | | | | |
| • | b | Less: cost of goods sold | . b | | | | |
| | С | Net income or (loss) from sales o | f inventory 🕨 | | | | |
| | | Miscellaneous Revenue | Business Code | | To the second second second | akke alagilar magawatan s | |
| | 11a | | | | | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | All other revenue | , | | | | |
| | е | Total. Add lines 11a-11d | 🗩 | | | | |
| | 12 | Total revenue. See instructions | 🕨 | 1,033,196. | 11,458. | 0. | 225,463. |

| Part | IX Statement of Functional Expenses of 501(c)(3) and 501(c)(4) organizations must com- | nolete all columns A | Il other organization | s must complete co | Jump (A) |
|------------------|---|----------------------------|------------------------------|-------------------------------------|--------------------------|
| Section | Check if Schedule O contains a respons | | | | |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 52,039. | 52,039. | 0. | 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) | | | | |
| 7 8 | Other salaries and wages | 459,961. | 417,185. | 5,821. | 36,955. |
| 9 10 11 | Other employee benefits | 5,276. | 1,477. | 3,799. | 0. |
| a b c d | Management | | | | |
| e f g | Professional fundraising services. See Part IV, line 17 Investment management fees | | | | |
| 12 13 | (A) amount, list line 11g expenses on Schedule 0.) | 80,002. | 76,798. | 682. | 2,522. |
| 14 15 | Information technology | | | | |
| 16 17 18 | Occupancy | 27,500. | 27,078. | 395. | 27. |
| 19 20 21 | Conferences, conventions, and meetings Interest Payments to affiliates | 25,721. 20,763. | 25,721. 9,702. | 0. 11,061. | 0. 0. |
| 22 23 | Depreciation, depletion, and amortization . Insurance | 30,431. 15,010. | 15,216. 8,781. | 15,215. 6,229. | 0. 0. |
| 24 | Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | : . | | | |
| a b | BANK CHARGES BACKGROUND CHECKS | 380. 4,040. | 0. 4,013. | 331. 27. | 49. 0. |
| c d e | BOARD DEVELOPMENT REPAIRS AND MAINTENANCE All other expenses | 28. 12,500. 282,776. | 0. 3,268. 197,037. | 28. 7,117. 70,398. | 0. 2,115. 15,341. |
| 25 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720) in the following SOP 98-2 (ASC 958-72 | 1,016,427. | 838,315. | 121,103. | 57,009. |

Part X Balance Sheet

| | | Check if Schedule O contains a response o | i noto to | any mentunera | | | <u> </u> | |
|---------------|-----|---|--|---|--------------------------|-------------|--------------------|--|
| | r | - | | | (A) Beginning of year | | (B) End of year | |
| | 1 | Cash—non-interest-bearing | | | 53,756. | 1 | 83,601. | |
| | 2 | Savings and temporary cash investments | | | | 2 | | |
| | 3 | | dges and grants receivable, net | | | | | |
| | 4 | Accounts receivable, net | | | 74,541. | 4 | 112,206. | |
| | 5 | Loans and other receivables from current and trustees, key employees, and highest complete Part II of Schedule L | | 5 | | | | |
| is | 6 | 4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volumorganizations (see instructions). Complete Part II of Sche | d other receivables from other disqualified persons (as defined under section), persons described in section 4958(c)(3)(B), and contributing employers and organizations of section 501(c)(9) voluntary employees' beneficiary tions (see instructions). Complete Part II of Schedule L. | | | | | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | | |
| 4 | 8 | Inventories for sale or use | | | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | | | 30,882. | 9 | 11,917. | |
| | 10a | Land, buildings, and equipment: cost or | | | | | 有等的人 医神经病 经多 | |
| | | other basis. Complete Part VI of Schedule D | 10a | 884,539. | | | | |
| | b | Less: accumulated depreciation | 10b | 516,707. | 398,263. | 10c | 367,832. | |
| | 11 | | | | 143,301. | 11 | 142,647. | |
| | 12 | Investments—other securities. See Part IV, line | | | - | 12 | | |
| | 13 | Investments—program-related. See Part IV, line | | | | 13 | | |
| | 14 | Intangible assets | | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 700,743. | 16 | 718,203. | |
| | 17 | Accounts payable and accrued expenses | | | 38,524. | 17 | 43,810. | |
| | 18 | Grants payable | | 18 | | | | |
| | 19 | Deferred revenue | | 19 20 | | | | |
| | 20 | | xempt bond liabilities | | | | | |
| | 21 | Escrow or custodial account liability. Complete | | | 21 | | | |
| es | 22 | | and other payables to current and former officers, directors, es, key employees, highest compensated employees, and | | | | | |
| Liabilities | | disqualified persons. Complete Part II of Schedi | | | | 22 | | |
| _ | 23 | Secured mortgages and notes payable to unrela | | • | 352,580. | 23 | 345,234. | |
| | 24 | Unsecured notes and loans payable to unrelate | • | | 0. | 24 | 0. | |
| | 25 | Other liabilities (including federal income tax, parties, and other liabilities not included on line | | | | | | |
| | | of Schedule D | | | | 25 | 0. | |
| | 26 | Total liabilities. Add lines 17 through 25 | | · · · <u>· · · · · · · · · · · · · · · · </u> | 391,104. | 26 | 389,044. | |
| Fund Balances | | Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and | | here ► 🔀 and | | | | |
| ä | 27 | Unrestricted net assets | | | 90,326. | 27 | 139,028. | |
| Bal | 28 | Temporarily restricted net assets | | | 219,313. | 28 | 190,131. | |
| 덜 | 29 | Permanently restricted net assets | | 29 | | | | |
| or Fu | | Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34. | 58), chec | k here ► ☐ and | | | | |
| ts | 30 | Capital stock or trust principal, or current funds | | | Ť. | 30 | | |
| SSe | 31 | Paid-in or capital surplus, or land, building, or e | | | | 31 | | |
| Ä | 32 | Retained earnings, endowment, accumulated in | icome, oi | other funds . | | 32 | | |
| Net Assets or | 33 | Total net assets or fund balances | | | 309,639. | 33 | 329,159. | |
| _ | 34 | Total liabilities and net assets/fund balances . | | | 700,743. | 34 | 718,203. | |

Form **990** (2018)

| Door | 1 | n |
|------|---|---|
| Page | | _ |

| Part | | | | | |
|---|--|---------|---------------------------------------|--------------|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | <u>33,1</u> | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,0 | 16,4 | 27. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 16,7 | 69. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3 | 09,6 | 39. |
| 5 | Net unrealized gains (losses) on investments | 5 | | -4,6 | 33 <u>.</u> |
| 6 | Donated services and use of facilities , | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 3 | 21,7 | 75. |
| 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: Cash Accrual Other | | 3444 | 51,440 | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain | in 🥛 | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | | × |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | piled (| or 🖓 🔆 | 254 | di ja |
| | reviewed on a separate basis, consolidated basis, or both: | • | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 1.376%) 22761 | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2b | × | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ed on | a is | 3 63 | |
| | separate basis, consolidated basis, or both: | | 100 | 1.1.1 | |
| | ⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis | | 1 | 100 | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o | versia | ht | | |
| _ | of the audit, review, or compilation of its financial statements and selection of an independent account | | | × | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | · · · · · · · · · · · · · · · · · · · | | |
| | Schedule O. | ., | ** | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth | in | | The state of the s |
| •u | the Single Audit Act and OMB Circular A-133? | | . 3a | | × |
| ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | erao th | | | |
| ~ | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | | | |
| *************************************** | | | | m 990 | (2018 |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE WESTERN YOUTH NETWORK, INC. 56-1454674 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).) 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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported organization (vi) Amount of listed in your governing support (see other support (see (described on lines 1-10) instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

| | | | · | |
|--|--|--|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Form **990**

Department of the Treasury internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

der section 501(c), 527, or 4947(a)(1) of the internal Revenue Gode (except private foundation

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

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

Open to Public Inspection

| - | | | ndar year, or tax year beginning ${	t Jul 1}$, 2018, and ending | Jun | | ,20 19 | | | | | |
|--|-----------------------|--------------|--|-------------------|--------------------|---|--|--|--|--|--|
| В | Check if | applicable: | C Name of organization THE WESTERN YOUTH NETWORK, INC. | D | Employe | er identification number | | | | | |
| | Address | change | Doing business as | | 56-1454674 | | | | | | |
| | Name ch | nange | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | E | E Telephone number | | | | | | |
| | Initial ret | turn | 155 WYN WAY | | (828) | 264-5174 | | | | | |
| | Final retu | m/terminated | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | |
| | Amende | d return | BOONE, NC 28607 | G | Gross re | ceipts \$ 1,048,775. | | | | | |
| Application pending F Name and address of principal officer: | | | | | | | | | | | |
| | | | JENNIFER WARREN, 155 WYN WAY, BOONE, NC 28607 | H(b) Are all sub | ordinates | s încluded? Yes No | | | | | |
| 1 | Tax-exe | mpt status: | | If "No," | attach a | list. (see instructions) | | | | | |
| J | Website | | WW.WESTERNYOUTHNETWORK.ORG | H(c) Group ex | emption | number 🕨 | | | | | |
| K | Form of | | Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of formation | n: 1985 | M State | of legal domicile: NC | | | | | |
| | art I | Summ | | | | | | | | | |
| No. | 1 | | escribe the organization's mission or most significant activities: PROVI | DING PROG | RAMS | FOR AT-RISK | | | | | |
| 0 | | YOUTH | | | | | | | | | |
| Governance | 1 | | | | | | | | | | |
| ern | 2 | Check th | is box ▶☐ if the organization discontinued its operations or disposed of | more than 2 | 5% of | its net assets. | | | | | |
| Š | 3 | | of voting members of the governing body (Part VI, line 1a) | | 3 | 10 | | | | | |
| | 4 | | of independent voting members of the governing body (Part VI, line 1b) | | 4 | 10 | | | | | |
| es | 5 | | mber of individuals employed in calendar year 2018 (Part V, line 2a) | | 5 | | | | | | |
| <u> </u> | 6 | | mber of volunteers (estimate if necessary) | | 6 | 300 | | | | | |
| Activities & | 7a | | related business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | | | | |
| • | b | | lated business taxable income from Form 990-T, line 38 | | 7b | 0. | | | | | |
| | | TTOL GINO | according to the second | Prior Year | | Current Year | | | | | |
| | 8 | Contribu | tions and grants (Part VIII, line 1h) | 829, | 615. | 796,275. | | | | | |
| re | 9 | | service revenue (Part VIII, line 2g) | | 756. | 11,458. | | | | | |
| Revenue | 10 | _ | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | 316. | 7,626. | | | | | |
| æ | 11 | | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 158, | | 217,837. | | | | | |
| | 12 | | renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,000, | | 1,033,196. | | | | | |
| | 13 | | and similar amounts paid (Part IX, column (A), lines 1–3) | 2,000, | | | | | | | |
| | 14 | | paid to or for members (Part IX, column (A), line 4) | | | | | | | | |
| | 45 | Salaries | other compensation, employee benefits (Part IX, column (A), lines 5–10) | 482, | 353. | 517,276. | | | | | |
| Expenses | 16a | | onal fundraising fees (Part IX, column (A), line 11e) | | | | | | | | |
| nec | , oa b | | ndraising expenses (Part IX, column (D), line 25) ► 57,009. | | 5000 | | | | | | |
| Ĕ | 17 | Other ex | openses (Part IX, column (A), lines 11a-11d, 11f-24e) | 394. | 572. | 499,151. | | | | | |
| | 18 | | penses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 925. | 1,016,427. | | | | | |
| | 19 | | e less expenses. Subtract line 18 from line 12 | | 224. | 16,769. | | | | | |
| _ | | nevenue | s less expenses. Output det line to its in time (2 | eginning of Curre | | | | | | | |
| sets or | 20 | Total on | sets (Part X, line 16) | 700. | 743. | 718,203. | | | | | |
| SSB | 20 | | bilities (Part X, line 26) | | 104. | 389,044. | | | | | |
| Net Ass | 22 | | ets or fund balances. Subtract line 21 from line 20 | | 639. | 329,159. | | | | | |
| | - 22 Enill | | ature Block | , | | 0007.0001 | | | | | |
| | CUNT | | jury, I declare that I have examined this return, including accompanying schedules and stater | nents, and to the | best of | my knowledge and belief, it is | | | | | |
| tr | naer per ue, corre | ect, and com | olete. Declaration of preparer (other than officer) is based on all information of which preparer | has any knowled | ige. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| _ | | -Ta | | | /22/: | 2020 | | | | | |
| S | ign | Sic | nature of officeからとなる。シゼム | Date | | | | | | | |
| | ere | F | ENNIFER WARREN; EXECUTIVE DIRECTOR | | | | | | | | |
| E 1 | U) U | | be or print name and title 100 | | | | | | | | |
| _ | | 1 / / . | Type preparer's name Preparer's signature Da | te | | PTIN | | | | | |
| | aid | DTTT | LY G. COMBS, CPA | | Check self-en | Displayed P00083548 | | | | | |
| | repar | er | | Firm's | | 56-2067992 | | | | | |
| U | se Oı | | name ► COMBS, TENNANT & CARPENTER, P.C. | | | 328)264-6700 | | | | | |
| R / | lov the | IPS discu | address ► PO BOX 1098, BOONE, NC 28607 ss this return with the preparer shown above? (see instructions) | 1 1 110111 | <u> </u> | X Yes No | | | | | |
| IV. | ay lite | มาจ นเซนน | as the rotal matter proparer should above to the medianaly | | <u> </u> | | | | | | |

| | 00 (2018) | Page |
|------|---|---|
| Part | | |
| 1 | Check if Schedule O contains a response or note to any line in this Part III | <u> </u> |
| • | PROVIDING PROGRAMS FOR AT-RISK | |
| | YOUTH | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ? | the |
| | | · ☐Yes ⊠No |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any prog | |
| • | services? , | |
| | If "Yes," describe these changes on Schedule O. | · Yes 🗵 No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program serv | ices as monaurod h |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported. | allocations to other |
| | the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 215,293. including grants of \$ 0.) (Revenue \$ | 0.) |
| | MENTORING- WITH THE HELP OF COMMUNITY-BASED VOLUNTEERS, WYN ENSURES THA | T |
| | YOUTH AGES 6-17 HAVE A ROLE MODEL AND ADVOCATE TO HELP THEM THROUGH | |
| | ALL STAGES OF GROWING UP. MENTORS SERVE A UNIQUE ROLE IN THE LIFE OF | |
| | A CHILD THAT IS DIFFERENT FROM THAT OF A PARENT, TEACHER, OR FRIEND. | |
| | YOUNG PEOPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMENTS IN T | HEIR ACADEMIC |
| | PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. | |
| | *************************************** | |
| | | |
| | | |
| | | *************************************** |
| | | |
| 4b | (Code:) (Expenses \$ 110, 491. including grants of \$ 0.) (Revenue \$ | 0.) |
| | YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH IN | |
| | AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION | |
| | | **************** |
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | ************ |
| | | |
| | V | |
| | | |
| | | ************ |
| 40 | Codo: VE | |
| 40 | (Code:) (Expenses \$ 512,531, including grants of \$ 0.) (Revenue \$ | 0.) |
| | PREVENTION OF UNDERAGE DRINKING | ***************** |
| | | |
| | *************************************** | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | ******* |
| | | |
| | | *********** |
| | | |
| | | |

) (Revenue \$

4d Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$

| Pari | M Checklist of Required Schedules | | | Page 3 |
|-----------|--|-----------|-----|----------|
| racin. | Checklist of Required Schedules | | T | Г |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | Yes | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | × | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | X | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | | × |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | × |
| 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 | | × |
| 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 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | × |
| 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 | | × |
| 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 | × | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | × | |
| b | 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 | ì | × |
| С | 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 | | × |
| đ | 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 | | × |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | × | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | × |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | × | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | × |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | × |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| 15 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 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. | 14b | | × |
| 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. | 15 | - | × |
| 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) | 16 17 | | × |
| 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 | × | × |
| 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 | | × |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? IE: Wespills proplete Schedule I, Parts I and II | 21 | | × |

| Part | Checklist of Required Schedules (continued) | | | |
|------|---|--------------------|--------------|----|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | × |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | × |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ļ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | × |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | × |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | × |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | × |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | × |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | × |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | × |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | | × |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | × |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | × |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | × | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ta 18 | | Yes | No |
| b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | 40 7/26 7/40454 | からな。 前が進力 | 集章 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Form 99 | 0 (2018) | | 1 | Page 5 | | | | | | |
|------------|--|-----------|------------|--|--|--|--|--|--|--|
| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | | |
| _ | Takes the number of combines unparted on Form W.O. Transmitted of West and Tourist | 4.505.000 | Yes | No | | | | | | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 1.32 | | | | | | | |
| ı. | Statements, filed for the calendar year ending with or within the year covered by this return [2a] | 2.83 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | × | 1000 | | | | | | |
| 20 | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | See? | × | | | | | | |
| 3a b | | | | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | 3b | | | | | | | | |
| 4a | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | × | | | | | | |
| ь | If "Yes," enter the name of the foreign country: | Floring | Substay(s) | ************************************** | | | | | | |
| • | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | 4,902.05 | × | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | × | | | | | | |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | | |
| - | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | × | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | | | | |
| - | gifts were not tax deductible? | 6b | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 269 | | Since. | | | | | | |
| а | 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 | 20 | × | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | | | |
| | required to file Form 8282? | 7с | | × | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | S. S. J | | 1 | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | × | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | × | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | , | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | NA Jawai Lin | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | Stat | | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | 1 | sang da | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | 25. | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | 1.941 | | | | | | | |
| b | | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | | | | | | | |
| a | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | | | | |
| þ | against amounts due or received from them.) | | 440 | | | | | | | |
| 12a | 10.14 | 12a | 177.7 | 27.4 | | | | | | |
| b | The same of the sa | 2000 | 1.5 | 1000 | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 7 | 7.5 | | | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | i i | | | | | | | |
| u | Note. See the instructions for additional information the organization must report on Schedule O. | 1 77 LV | 4573 | 1 | | | | | | |
| b | many control of the c | 1,100.5 | | | | | | | | |
| ~ | the organization is licensed to issue qualified health plans | | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | L | × | | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | <u> </u> | | | | | | | |
| | 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? | 16 | | | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | 1.72.00 | 1826 | | | | | | | |

| Part | | and | for a | "No" |
|----------|--|---------------------------------------|-------------|--------------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | See ins | struct | ions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | . 🔀 |
| Secti | on A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year . $1a$ | 1 多数数 | | |
| | If there are material differences in voting rights among members of the governing body, or | 日本選挙 | | |
| | if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| L | Probable and the state of the s | 9/5 | 199 | |
| b 2 | Enter the number of voting members included in line 1a, above, who are independent . 1b 10 | | | |
| | 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? | 2 | PHR. | × |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| 4 | supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 3 | | × |
| 5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? | 4 | | X |
| 6 | Did the organization have members or stockholders? | 5 | | × |
| 7a | Did the organization have members of stockholders, or other persons who had the power to elect or appoint | 6 | | × |
| ra | one or more members of the governing body? | 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 10 | | <u>×</u> |
| ~ | stockholders, or persons other than the governing body? | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 201904 | artogol- | X |
| _ | the year by the following: | | | |
| а | The governing body? | 8a | × | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | × | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| C = 4: | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | × |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | iue Ci | | · |
| 10a | Did the organization have local chapters, branches, or affiliates? | | Yes | No |
| b | | 10a | | _×_ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | × | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | × | |
| þ | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | × | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | × | |
| 13 | Did the organization have a written whistleblower policy? | 13 | × | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | × | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | × | |
| b | Other officers or key employees of the organization | 15b | × | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 100 | | |
| 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? | 16a | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 1 | | × |
| ~ | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| Secti | organization's exempt status with respect to such arrangements? | 16b | | |
| 17 | ist the states with which a copy of this Form 990 is required to be filed | | · | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- | · · · · · · · · · · · · · · · · · · · | | Ω47-1 |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year. | erest p | oolicy | , and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and representation and telephone number of the person who possesses the organization's books and representation and telephone number of the person who possesses the organization's books and representation and telephone number of the person who possesses the organization's books and representation and telephone number of the person who possesses the organization's books and representation and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and the person of the pe | cords | > | |

| | ~~~ | 100 | _ |
|------|-----|------|------|
| Form | 990 | 1201 | l XI |

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

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

| ☐ Check this box if neither the organization | nor any relate | d org | aniz | atio | n c | ompe | nsa | ted any curren | t officer, director | r, or trustee. |
|--|--|-------|-----------------------|---|--------------|--|------------|--|--|--|
| (A) Name and Title | (B) Average hours per week (list any | box, | unies | Pos neck ss pe d a d | rson | e than o is both or/trust | an iee) | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of |
| | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) HEIDI RAGAN BOARD MEMBER | 5.00 | × | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | - Anna Comment of the Control of the | | 0. | 0. | 0. |
| (2) BOB HOLDER VICE CHAIR | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (3) JENNIFER WARREN EXECUTIVE DIRECTOR | 40.00 | × | | | | | | 52,039. | 0. | 0. |
| (4) WAYNE MILLER, III BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (5) WYSTERIA WHITE BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (6) KEITH SHOCKLEY TREASURER | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (7) BILLIE HOWELL BOARD MEMBER | 5.00 | × | | | ļ | ļ | | 0. | 0. | 0. |
| (8) CINDY WALLACE BOARD CHAIR | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (9) TUCKER DEAL SECRETARY | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (10) DAVID ROBERTSON BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (11) BRENDA LOWMAN BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (12) KELLI WILSON BOARD MEMBER | 5.00 | × | | | _ | | | 0. | 0. | 0. |
| (13) GREG LOVIN BOARD MEMBER | 5.00 | × | | | | | ļ | 0. | 0. | 0. |
| (14) | | 1 | | | | | | | | |

| Part | VII. Section A. Officers, Directors, Trust (A) Name and title | (B) Average hours per week (list any | (C) Position (do not check more than box, unless person is bo officer and a director/tru | | | | | ne an ee) | (D) Reportable compensation from | (E) Reportable compensation fi related | rom | (F) Estimated | | |
|--------------|--|--------------------------------------|--|----------|--------------|---------------------------------|--------|--|---|---|------------------------|---|-------|---|
| | hours for related organizations below dotted line) | | institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | | fror organ and r | ensation in the nization related izations | | |
| (15) | | | | | <u> </u> | | | | , | | | | | · · · · · · · · · · · · · · · · · · · |
| (16) | | | | | | | | | | | | | | *************************************** |
| (17) | | | 1 | | | | | | | | | | | |
| (18) | ······································ | | | | | | | | | | | | | |
| (19) | | | | | <u> </u> | - | | | | | | | | |
| (20) | | <u> </u> | | <u> </u> | | | | ļ | | | | | | |
| | | | | | | - | | ļ | | | | | | ,·· |
| (22) | | | | - | | - | ļ | | | | _ | h- | | ·· · |
| (23) | | | | | - | | | | | | | | | |
| | | | | | | | ļ | | | | _ | | | |
| (24) | | | | | | ļ | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b c d | Sub-total | t VII, Sectio | | | | | | A A A | 52,039. | | 0. | | | 0. |
| 2 | Total number of individuals (including bureportable compensation from the organ | ıt not limite | | | | | | | <u> </u> | ore than \$10 | | of | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | fficer, direc | | | | | | em; | ployee, or high | nest compen | sated | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | |)? | | s," | | | | 4 | | × |
| 5 | Did any person listed on line 1a receive for services rendered to the organization | | | | | | | | | zation or indi | vidual | 5 | 1.55 | × |
| Section 1 | on B. Independent Contractors Complete this table for your five highest | companea | ted in | den | anr | lant | cont | ract | tore that receiv | ed more than | \$100 | വവ പ | | |
| | compensation from the organization. Re year. | | | | | | | | | | | | | 1X |
| | (A) Name and business ad | dress | | | | | | | (B) Description of | services | С | (C) compens | ation | |
| | | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | | |
| | Total number of independent contract | ors finclud | na h | rit 7 | 70† | limi | tad + | | hose listed of | aval wha | 1.21 | | | |
| | Total number of independent contractors (including but not limited to the received more than \$100,000 of compensation from the organization ▶ | | | | | | | | | , , | de Maria Historia | | 43 11 | |

| Pali | 90 (2018 VIII | Statement of Revenue | | | ····· | | Page \$ |
|--|-----------------------------|--|------------------------------|------------------------------------|--|---|--|
| | | Check if Schedule O contains a | response or note to | any line in this (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Membership dues | | 796,275. | | | |
| Program Service Revenue | 2a b c d | SERVICE FEES | Business Code 900999 | 11,458. | 11,458. | 0. | 0. |
| Program | e f g | All other program service revenue Total. Add lines 2a-2f Investment income (including d | | 11,458. | | | |
| Other Revenue | 4 5 | and other similar amounts) | pt bond proceeds ▶ | 7,626. | 0. | 0. | 7,626. |
| | 6a b c d 7a | Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of (i) Securities | s (ii) Other | | | | |
| | b c d | assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) | | | | | |
| | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | a 233,416. | | | | |
| | С | Less: direct expenses Net income or (loss) from fundrais Gross income from gaming activiti See Part IV, line 19 | es. a | 217,837. | | 0. | 217,837. |
| | | Less: direct expenses Net income or (loss) from gaming Gross sales of inventory, le returns and allowances | activities 🕨 | | | | |
| | b c | Less: cost of goods sold Net income or (loss) from sales of Miscellaneous Revenue | b finventory ▶ Business Code | | | | |
| | 11a b | | | | | | |

0.

11,458.

▶ 1,033,196.

All other revenue

12

Total. Add lines 11a-11d . . .

Total revenue. See instructions

Part IX Statement of Functional Expenses

| Section | 501(c)(3) and 5 | i01(c)(4) organization | s must complete all | columns. All oth | ner organizations must d | complete column (| A). |
|---------|-----------------|------------------------|---------------------|------------------|--------------------------|-------------------|-----|

| | n 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons | | | | · · · · · · · · · · · · · · · · · · · |
|---------|---|------------------------|---|---|---------------------------------------|
| 8b, 9b, | include amounts reported on lines 6b, 7b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | *** | | |
| | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | -0.0 | |
| | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 5 | Benefits paid to or for members | 52,039. | 52,039. | 0. | 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) | 32,7003 | 0270051 | | |
| 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 459,961. | 417,185. | 5,821. | 36,955. |
| | Other employee benefits | | - | | |
| | Payroll taxes | 5,276. | 1,477. | 3,799. | 0. |
| | Fees for services (non-employees): | | | | |
| | Management | | | | |
| | Legal | | | | |
| | Accounting | | | | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| g | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| | Advertising and promotion | 80,002. | 76,798. | 682. | 2,522. |
| | Office expenses | 00,002. | 10,150. | .002. | 2,322. |
| | Information technology | | - 1/1 · · · · · · · · · · · · · · · · · · | | <u> </u> |
| | Royalties | | | | |
| | Occupancy | | ······································ | | |
| | Travel | 27,500. | 27,078. | 395. | 27. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | 21,70.01 | | 27. |
| 19 | Conferences, conventions, and meetings . | 25,721. | 25,721. | 0. | 0. |
| | Interest | 20,763. | 9,702. | 11,061. | 0. |
| 21 | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization . | 30,431. | 15,216. | 15,215. | 0. |
| 23 | Insurance | 15,010. | 8,781. | 6,229. | 0. |
| | 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.) | | | | |
| | BANK CHARGES | 380. | 0. | 331. | 49. |
| | BACKGROUND CHECKS | 4,040. | 4,013. | 27. | 0. |
| | BOARD DEVELOPMENT | 28. | 0. | 28. | 0. |
| | REPAIRS AND MAINTENANCE | 12,500. | 3,268. | 7,117. | 2,115. |
| | All other expenses Total functional expenses. Add lines 1 through 24e | 282,776. 1,016,427. | 197,037. | 70,398. | 15,341. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 1,016,427. | 838,315. | 121,103. | 57,009. |
| | Tollowing 001 30-2 (NOO 300-120) , . , . | REV 05/20/19 PRO | | | Form 990 (2018) |

Part X Balance Sheet

| | art X | Balance Sheet Check if Schedule O contains a response or | note to any | line in this Pa | rt X | | |
|-----------------------------|-------|---|-----------------|---------------------------------------|--------------------------|----------|------------------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 53,756. | 1 | 83,601. |
| | 2 | Savings and temporary cash investments | | 2 | | | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | 74,541. | 4 | 112,206. | |
| ts. | 5 | Loans and other receivables from current and trustees, key employees, and highest co- Complete Part II of Schedule L | | 5 | | | |
| | 6 | Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche | | 6 | | | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| Ä | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 30,882. | 9 | 11,917. |
| | 10a | Land, buildings, and equipment: cost or | | | SANAPLO LO SANO | 233 | |
| | | other basis. Complete Part VI of Schedule D | 10a | 884,539. | | | |
| | b | Less: accumulated depreciation | 10b | 516,707. | 398,263. | 10c | 367,832. |
| | 11 | Investments—publicly traded securities | | | 143,301. | 11 | 142,647. |
| | 12 | Investments—other securities. See Part IV, line | 11 | | | 12 | |
| | 13 | Investments-program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | 700,743. | 16 | 718,203. | | |
| | 17 | Accounts payable and accrued expenses | | | 38,524. | 17 | 43,810. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability. Complete | | 21 | | | |
| Liabilities | 22 | Loans and other payables to current and for trustees, key employees, highest comper disqualified persons. Complete Part II of Schedu | | 22 | | | |
| Ĕ | 23 | Secured mortgages and notes payable to unrela | ated third par | ties | 352,580. | 23 | 345,234. |
| | 24 | Unsecured notes and loans payable to unrelated | d third parties | s | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, parties, and other liabilities not included on lines | | | | | |
| | 1 | of Schedule D | | | | 25 | 0. |
| | 26 | | | | 391,104. | 26 | 389,044. |
| sea | | Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and | | e▶ 🏿 and | | | |
| <u>a</u> | 27 | Unrestricted net assets | | | 90,326. | 27 | 139,028. |
| 8 | 28 | Temporarily restricted net assets | | | 219,313. | 28 | 190,131. |
| Net Assets or Fund Balances | 29 | Permanently restricted net assets | | | | 29 | |
| | | Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34. | 58), check he | re▶ [] and | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| 3SE | 31 | Paid-in or capital surplus, or land, building, or e | quipment fur | ıd | | 31 | |
| Ä | 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| Š | 33 | Total net assets or fund balances | 309,639. | 33 | 329,159. | | |
| | 34 | Total liabilities and net assets/fund balances . | <u> </u> | · · · · · · · · · · · · · · · · · · · | 700,743. | 34 | 718,203. Form 990 (2018) |

| Form 99 | 0 (2018) | | | Pa | ige 12 |
|---------|--|------------|--------------------|------|---------------|
| Part | XI Reconciliation of Net Assets | ********** | | | - |
| | Check if Schedule O contains a response or note to any line in this Part XI | , . | | . , | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 33,1 | 96. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,0 | 16,4 | 27. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 16,7 | 769. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3 | 09,6 | 339. |
| 5 | Net unrealized gains (losses) on investments | 5 | | -4,6 | 533. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 21,7 | 775. |
| | 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: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex | plain i | in | res | NO |
| 2a | | | | | |
| b | Separate basis Consolidated basis Both consolidated and separate basis 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 audit separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | ed on | a | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the compilation of the second committee. | | × | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. | kplain i | n . | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133? | forth i | in . 3 a | | × |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

| THE | WESTERN YOUTH NETWORK, | INC. | | | | 56-14546/4 | |
|------|--|--|---|--|--|--|---|
| Part | Reason for Public Chari | t y Status (All o | | | | | s. |
| | ganization is not a private foundat | | | | | | |
| | A church, convention of church | | | | | | |
| 2 | A school described in section 1 | 70(b)(1)(A)(ii). (A | ttach Schedule E (Fo | rm 990 o | r 990-EZ) | .) | |
| 3 | A hospital or a cooperative hosp | oital service orga | nization described in | section 1 | 170(b)(1) | (A)(iii). | |
| 4 | A medical research organization | operated in cor | njunction with a hospit | tal descri | bed in se | ction 170(b)(1)(A)(ii | i). Enter the |
| | hospital's name, city, and state | : | | | | | |
| | An organization operated for the section 170(b)(1)(A)(iv). (Comp | lete Part II.) | | | | | I unit described in |
| 6 | A federal, state, or local govern | ment or governm | nental unit described i | n sectio i | 170(b)(1 | 1)(A)(v). | |
| | An organization that normally r described in section 170(b)(1)(| A)(vi). (Complete | Part II.) | | a governi | mental unit or from | the general public |
| 8 | A community trust described in | section 170(b)(| 1)(A)(vi). (Complete P | art II.) | | | |
| | An agricultural research organize or university or a non-land-granuniversity: | it college of agric | culture (see instruction | ıs). Enter | the name | e, city, and state of t | the college or |
| | An organization that normally re receipts from activities related support from gross investment acquired by the organization af | to its exempt fun income and unre ter June 30, 197 | ctions—subject to ce elated business taxab 5. See section 509(a) | rtain exce le income (2). (Corr | eptions, a e (less se iplete Pai | and (2) no more than ction 511 tax) from t t III.) | 33'/370 OHRS |
| 11 | An organization organized and | operated exclusi | ively to test for public | safety. S | ee secu | on 509(a)(4). | |
| 12 | ☐ An organization organized and | operated exclusi- | vely for the benefit of, | to perfo | rm the fu | nctions of, or to carr | y out the purposes |
| | of one or more publicly suppo Check the box in lines 12a thro | ugh 12d that des | cribes the type of sup | porting o | rganizatio | n and complete line: | s 12e, 12f, and 12g |
| а | Type I. A supporting organ the supported organization supporting organization. You | (s) the power to r | regularly appoint or el | ect a maj | s suppor ority of th | ted organization(s), the directors or truste | typically by giving ees of the |
| | Type II. A supporting organ | | | | with ite e | innorted organizatio | on(s) by having |
| b | control or management of to organization(s). You must | the supporting or complete Part IV | ganization vested in t | he same | persons | that control or mana | age the supported |
| С | Type III functionally integ its supported organization(| rated. A support s) (see instruction | ing organization operans). You must compl | ete Part | IV, Section | ons A, D, and E. | |
| d | that is not functionally integrequirement (see instruction | grated. The organ ns). You must c e | nization generally mus omplete Part IV, Sec | it satisfy tions A a | a distribu ınd D, an | tion requirement and de Part V. | d an attentiveness |
| е | Check this box if the organ functionally integrated, or | ization received Type III non-func | a written determination tionally integrated sup | n from the | ne IRS tha organizati | at it is a Type I, Type on. | II, Type III |
| f | Enter the number of supported of | organizations . | | | | | |
| ç | Provide the following information | n about the supp | orted organization(s). | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the o | rganization ir governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | * | | Annuary. | | | | |
| (E) | | | | | | _ | |
| | | | | | | | |

| | | | | . ":== 0 | | | Page Z |
|-------------|---|-------------------|----------------------------------|--|--|---------------------------------------|---------------|
| Par | | ations Descr | ibed in Sect | ions 170(b)(1 |)(A)(iv) and | 170(b)(1)(A)(v | ri) |
| | (Complete only if you checked the | ne box on line | e 5, 7, or 8 of | Part I or if th | e organizatio | n failed to qu | alify under |
| Sect | Part III. If the organization fails to ion A. Public Support | J quality unite | er the tests is | sted below, p | lease comple | ete Part III.) | |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (a) 2016 | (d) 0047 | T (1) 0040 | T |
| 1 | Gifts, grants, contributions, and | (a) 2014 | (6) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| • | membership fees received. (Do not | | | | | - | |
| | include any "unusual grants.") | 659,797. | 734,723. | 675,609. | 006 022 | 3 040 533 | 4 11 7 10 5 |
| 2 | Tax revenues levied for the | | 134,723. | 073,003. | 990,033. | 1,048,533. | 4,115,495. |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | THE STATE OF THE S | | |
| 3 | The value of services or facilities | | | | | <u> </u> | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 659,797. | 734,723. | 675,609. | 996,833. | 1,048,533. | 4,115,495. |
| 5 | The portion of total contributions by | trails, which was | kilogesta (1800) | 4554505753444 | e Augustine kinesi | www.comesa.com | 1,210,150. |
| | each person (other than a | | Notice that | | a examination | | |
| | governmental unit or publicly | | Paragraphic | | 0.00 | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | 31,000 SV 151,050 | |
| | shown on line 11, column (f) | 1649117411 | 3.77.57.510.00 | alyl godera des | CARCON CONTRACT | | |
| 6 Soot | Public support. Subtract line 5 from line 4 | | | A STATE OF THE STA | reality of the second | | 4,115,495. |
| | on B. Total Support | () 20(4 | | | | · · · · · · · · · · · · · · · · · · · | |
| 7 | ndar year (or fiscal year beginning in) Amounts from line 4 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | | 659,797. | 734,723. | 675,609. | 996,833. | 1,048,533. | 4,115,495. |
| 8 | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | ļ | - |
| | similar sources | 55. | E00 | 20 | 2 22 6 | | |
| 9 | Net income from unrelated business | ٠,٠ | 589. | 20. | 3,316. | 7,626. | 11,606. |
| | 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 | A Section 1997 | 12 | | | | 4,127,101. |
| 12 | Gross receipts from related activities, etc. | . (see instructio | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for the | ne organization | 's first, secon | d, third, fourth | , or fifth tax ye | ear as a section | n 501(c)(3) |
| | organization, check this box and stop he | re | | | | | . |
| | on C. Computation of Public Suppor | t Percentage | 9 | | | | |
| 14 | Public support percentage for 2018 (line 6 | 3, column (f) di | vided by line 1 | 1, column (f)) | | 14 | 99.72% |
| 15 | Public support percentage from 2017 Sch | nedule A, Part I | I, line 14 . | | | 15 | 99.86 % |
| 16a | 331/3% support test—2018. If the organi | zation did not | check the box | on line 13, an | id line 14 is 33 | 31/3% or more, | check this |
| b | box and stop here. The organization qual | nnes as a publi | ciy supported | organization | | | > 🗵 |
| b | 331/3% support test—2017. If the organization | zation did not i | cneck a box o | n line 13 or 16 | a, and line 15 | is 33½% or m | ore, check |
| 17a | this box and stop here. The organization | yuaines as a p | Judiciy suppoi | rteo organizatii | on | | ▶ □ |
| ma | 10%-facts-and-circumstances test – 20 | יוש. וו the orga | inization did ni | ot check a box | con line 13, 16 | 6a, or 16b, and | d line 14 is |
| | 10% or more, and if the organization me Part VI how the organization meets the | facts-and-circi | anu-circumsta imstances" te | inces" test, ch | eck this box a | nd stop here. | Explain in |
| | organization | | anotanoes te | oc The Organiz | ation qualines | as a publicly | supported |
| b | 10%-facts-and-circumstances test—20 | 117 If the area | noization ala - | ot oboels = 5 | 15 | | · · • 📂 📙 |
| - | 15 is 10% or more, and if the organiza | tion meets the | riizauon uiu n a "facte-and-c | ot check a box | con line 13, 1 | 6a, 16b, or 17 | a, and line |
| | Explain in Part VI how the organization m | neets the "fact | s-and-circums | itances" test 1 | test, check t She organization | nis dox and s | stop nere. |
| | supported organization | | | | | | b — |
| 18 | Private foundation, If the organization did | d not check a t | oox on line 13. | 16a, 16b, 17a, | or 17h, check | this how and | |
| | instructions | | | | , , , o, o, o, | . LING DOX GRO! | ▶ □ |
| | | | | | | | |

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.)

| Secti | on A. Public Support | | | | | , | |
|-------|---|------------------|--|------------------------|---|---|---|
| | dar 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 | 3.4 | | | \ | 1-7-5-5 | (1) 1000 |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | |] | | S. C. | | |
| | organization's tax-exempt purpose | | | | | Patholesister | |
| 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 | | | | Printer | - | |
| | or expended on its behalf | | | | | - | |
| 5 | The value of services or facilities | | | | İ | | ······ |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | · |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | *************************************** | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | 141414 | | Sara Article | |
| | line 6.) | | | turing to the second | | | |
| | on B. Total Support | , | | | · | 1 | |
| | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | - | | | | |
| 10a | Gross income from interest, dividends, | | THE PERSON NAMED IN COLUMN TO THE PE | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources. | | | | <u> </u> | | |
| b | Unrelated business taxable income (less | | | | | PATTITIONS | |
| | section 511 taxes) from businesses acquired after June 30, 1975 | | | | | *** | |
| _ | • | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether | | - | | | - various | |
| | or not the business is regularly carried on | | | | | | |
| 10 | - · | | - | | | | |
| 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, | | | | | | |
| 10 | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | Lhe organization | n's first, secon | u. d. third. fourth | ı, or fifth tax v | ear as a section | n 501(c)(3) |
| •• | organization, check this box and stop he | _ | | | • | , | * |
| Secti | on C. Computation of Public Suppo | | | | | | |
| 15 | Public support percentage for 2018 (line | | WW. WITH THE TAXABLE PROPERTY OF THE PARTY O | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2017 Sc | · | • | | | } | % |
| | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2018 | | | by line 13, colu | ımn (f)) | 17 | % |
| 18 | Investment income percentage from 201 | 7 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 331/3% support tests-2018. If the organ | nization did not | t check the box | k on line 14, a | nd line 15 is n | | |
| | 17 is not more than 331/3%, check this box | | | | | | |
| b | 33¹ദ% support tests—2017. If the organi | | | | | | |
| | line 18 is not more than 331/3%, check this | box and stop I | nere. The organ | ization qualifies | s as a publicly s | supported organi | ization 🕨 🔲 |
| 20 | Private foundation. If the organization d | lid not check a | box on line 14 | , 19a, or 19b, | check this box | and see instruc | ctions 🕨 🗌 |

| | · | | |
|--|---|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

Open to Public

Inspection

▶ 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.

| <u> </u> | For the | 2018 cale | ndar year, or tax year beginning Jul 1, 2018, and ending | g Ju | n 30 | ,2019 | | | | | | |
|-------------------------|--------------|--|--|-------------------|----------------|--|--|--|--|--|--|--|
| В | Check if a | applicable: | C Name of organization THE WESTERN YOUTH NETWORK, INC. | | D Employ | er identification number | | | | | | |
| | Address o | ress change Doing business as 56-1454674 e change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | | | | |
| | Name cha | | | | | | | | | | | |
| | Initial retu | าเบ | 155 WYN WAY (828) 264-5174 | | | | | | | | | |
| | Final return | return/terminated City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | | |
| | Amended | Amended return BOONE, NC 28607 G Gross receipts \$ 1,048,7 | | | | | | | | | | |
| | Applicatio | on pending | F Name and address of principal officer: | H(a) to this a gr | | subordinates? Yes No | | | | | | |
| _ | | | JENNIFER WARREN, 155 WYN WAY, BOONE, NC 28607 | - | | s included? Yes No | | | | | | |
| 1 | Tax-exem | npt status: | ∑ 501(c)(3) | | | list. (see instructions) | | | | | | |
| | Website: | | WW.WESTERNYOUTHNETWORK.ORG | - | exemption | | | | | | | |
| | | | X Corporation ☐ Trust ☐ Association ☐ Other ► | | | of legal domicite: NC | | | | | | |
| | aid. | Summ | | 170. | J In State | or regar dornione. IVC | | | | | | |
| 910 67 | | | scribe the organization's mission or most significant activities: PROV | EDING DD | 000000 | TOD AR DICK | | | | | | |
| Ф | | YOUTH | PROVI | IDING PR | JGRAMS | FOR AT-RISK | | | | | | |
| Activities & Governance | - | 10011 | | | | ************ | | | | | | |
| Ë | 2 | Chook th | is box ▶ ☐ if the organization discontinued its operations or disposed o | · | nce/ -4 | ************************************** | | | | | | |
| Š | | | | | 1 1 | | | | | | | |
| ڻ ت | | | of voting members of the governing body (Part VI, line 1a) | | 3 | 10 | | | | | | |
| 38 | | | | | | 10 | | | | | | |
| ŧ | | | nber of individuals employed in calendar year 2018 (Part V, line 2a) | | 5 | | | | | | | |
| Ę | | | nber of volunteers (estimate if necessary) | | 6 | 300 | | | | | | |
| ⋖ | | | elated business revenue from Part VIII, column (C), line 12 | | 7a | <u> </u> | | | | | | |
| _ | b | Net unre | ated business taxable income from Form 990-T, line 38 | | 7b | 0. | | | | | | |
| | | | | Prior Ye | | Current Year | | | | | | |
| 9 | 1 | | tions and grants (Part VIII, line 1h) | | 615. | 796,275. | | | | | | |
| Revenue | ł | | service revenue (Part VIII, line 2g) | | 3,756. | 11,458. | | | | | | |
| Ş | I | | nt income (Part VIII, column (A), lines 3, 4, and 7d) | | 3,316. | 7,626. | | | | | | |
| _ | | | renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 158 | 3,462. | 217,837. | | | | | | |
| | | | enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) |),149. | 1,033,196. | | | | | | | |
| | 1 | | nd similar amounts paid (Part IX, column (A), lines 1-3) | | | | | | | | | |
| | 1 | | paid to or for members (Part IX, column (A), line 4) | | | | | | | | | |
| S) | 15 | Salaries, | other compensation, employee benefits (Part IX, column (A), lines 5-10) | 482 | 2,353. | 517,276. | | | | | | |
| Expenses | | | onal fundraising fees (Part IX, column (A), line 11e) | | | | | | | | | |
| , kpe | b | Total fun | draising expenses (Part IX, column (D), line 25) ▶ 57,009. | <u> </u> | | | | | | | | |
| Ш | 17 | Other ex | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | 394 | 1,572. | 499,151. | | | | | | |
| | 18 | Total exp | penses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 876 | 925. | 1,016,427. | | | | | | |
| | 19 | Revenue | less expenses. Subtract line 18 from line 12 | 123 | 3,224. | 16,769. | | | | | | |
| 5 % | | | | Beginning of Cu | rrent Year | End of Year | | | | | | |
| sets or | 20 | Total ass | ets (Part X, line 16) | 700 | 743. | 718,203. | | | | | | |
| Net Ass Fund Ba | 21 | Total liab | oilities (Part X, line 26) | 391 | ,104. | 389,044. | | | | | | |
| ¥. | 22 | Net asse | ts or fund balances. Subtract line 21 from line 20 | | 9,639. | 329,159. | | | | | | |
| E | artill | Signa | ture Block | | | | | | | | | |
| Ur | der penal | ties of perju | ry, I declare that I have examined this return, including accompanying schedules and state | ments, and to t | he best of n | ny knowledge and belief, it is | | | | | | |
| tru | e, correct | , and comp | lete. Declaration of preparer (other than officer) is based on all information of which preparer | has any knowi | edge. | | | | | | | |
| | | \ | JES SPEC TEBLIC ACCOURTERATO | 0 | 1/22/2 | 020 | | | | | | |
| Sig | gn | Sign | ature of officef: @=@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@ | Da | te | | | | | | | |
| He | re | JE | NNIFER WARREN; EXECUTIVE DIRECTOR | | | | | | | | | |
| | | | e or print name and title ாழ்த் | | | · | | | | | | |
| | | Print/Ty | pe preparer's name 10 22007 Preparer's signature Da | ite | Charle f | PTIN | | | | | | |
| Pa | | mrrr. | Y G. COMBS, CPA | | Check self-emp | if Dicyed P00083548 | | | | | | |
| | epare | | | Fire | • | | | | | | | |
| US | se Onl | Firm's name ► COMBS, TENNANT & CARPENTER, P.C. Firm's EIN ► 56-7 Firm's address ► PO BOX 1098, BOONE, NC 28607 Phone no. (828) | | | | | | | | | | |
| Ma | v the !¤ | | s this return with the preparer shown above? (see instructions) | | ne no. (o | | | | | | | |
| . 716 | ., w. sv. st | | - Land Color of the property of the color of | | | | | | | | | |

| | 00 (2018) Page 2 |
|------|--|
| Part | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | PROVIDING PROGRAMS FOR AT-RISK |
| | YOUTH |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? |
| | 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 \$ 215,293. including grants of \$ 0.) (Revenue \$ 0.) |
| | MENTORING- WITH THE HELP OF COMMUNITY-BASED VOLUNTEERS, WYN ENSURES THAT |
| | YOUTH AGES 6-17 HAVE A ROLE MODEL AND ADVOCATE TO HELP THEM THROUGH |
| | ALL STAGES OF GROWING UP. MENTORS SERVE A UNIQUE ROLE IN THE LIFE OF |
| | A CHILD THAT IS DIFFERENT FROM THAT OF A PARENT, TEACHER, OR FRIEND. |
| | YOUNG PEOPLE INVOLVED IN WYN'S MENTORING PROGRAM SHOW IMPROVEMENTS IN THEIR ACADEMIC PERFORMANCE, SCHOOL ATTENDANCE, AND BEHAVIORS. |
| | Rank dimaniyar, dongoa imadaminyar, misi barin. Aynor |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 110, 491. including grants of \$ 0.) (Revenue \$ 0.) |
| | YOUTH SUBSTANCE ABUSE PROGRAM - EDUCATIONAL PROGRAMS FOR YOUTH IN |
| | AREAS OF SUBSTANCE ABUSE, TEEN PREGNANCY, AND SUICIDE PREVENTION |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 40 | (Code:) (Expenses \$ 512,531, including grants of \$ 0,) (Revenue \$ 0,) |
| | PREVENTION OF UNDERAGE DRINKING |
| | |
| | |
| | ••••••••••••••••••••••••••••••••••••••• |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 40 | Total program service expenses > 838 315 |

| Part | | · | | Page 3 |
|-----------|---|-----|-----|--------------|
| | - Chooking of Proquinos Objectuies | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | × | 110 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | × | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | × |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | × |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | × |
| 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 | | |
| 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 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | - | × |
| 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 | | × |
| 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 | × | |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | × | |
| ь | 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 | | × |
| 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 | - | × |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | × |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | × | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | × |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | × | |
| þ | 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 | | × |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 | | × |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 14a | | _ <u>×</u> _ |
| Ü | 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 | | × |
| 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 | | |
| 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 | | × |
| 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 | | × |
| 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 | × | |
| 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 | | × |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | × |
| | 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? It is the source of the second of the second or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? It is the second of the second or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? It is the second or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? It is the second or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? It is the second or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? It is the second or other assistance to any domestic organization or domestic government or part IX, column (A), line 1? It is the second or other assistance or | 21 | | × |

| Part | Checklist of Required Schedules (continued) | | | |
|----------|---|---------------|-------|----|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | × |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | × |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | | |
| d | to defease any tax-exempt bonds? | 24c 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | × |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | × |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | × |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | × |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | × |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | × |
| 29 | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | × |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | × |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| 36 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. | 35b 36 | | × |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | × |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | × | |
| Part | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | - | Yes | No |
| 1a | 10 1 10 1 10 1 10 10 10 10 10 10 10 10 1 | 3453 | X0/45 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Pari | 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 | - OFFICE | No. | 44.7 | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | | | | |
| b | The state of the s | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 01,7993 | × | 1298 | | | |
| 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)? | 4a | İ | × | | | |
| b | If "Yes," enter the name of the foreign country: ▶ | <u>Gu bisc</u> | r grigisii) | 200 | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | 1332116 | 多 | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | 974.3.22 | × | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | × | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | 1 | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | × | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | |
| | gifts were not tax deductible? | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 16,650 | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | | | |
| | and services provided to the payor? | 7a | | × | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | |
| | required to file Form 8282? | 7c | | × | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | Zeren | | 439 | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | 1 141 2 144 | × | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | × | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | |
| h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 13.14 | 33.34 E | VH. (1 | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | . 17, 4-19 | July. | KG (30 | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | F | | | |
| 10 | Section 501(c)(7) organizations. Enter: | (100円) | | JAT (A) | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | 255.866 125.666 | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | K.K. | | | |
| а | Gross income from members or shareholders | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | JONE E | | | |
| | against amounts due or received from them.) | | | 建筑 | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | - | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | ar est f | Sayon, | 1.7 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 7/4/201 | | | | | |
| а | 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. | | in t | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 12.65 | | | | | |
| | the organization is licensed to issue qualified health plans | | | | | | |
| C | Enter the amount of reserves on hand | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | × | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | · [| | | | | |
| | excess parachute payment(s) during the year? | 15 | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | 18 CA | e jayan | ووافهم | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | | | | |
| | If "Yes " complete Form 4720. Schedule 0. | (1980) | 37 23 | 2 - 1 - 1 | | | |

Part VI

| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O | ee ins | tructi | ons. |
|---|--|----------|---------------|-------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | ٠, | × |
| Section | on A. Governing Body and Management | | | |
| | ę . | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 10 | | | |
| | If there are material differences in voting rights among members of the governing body, or 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 . 10 | | 44.3 | |
| 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? | 2 | 1994) | × |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3 | | × |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | × |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | × |
| 6 | Did the organization have members or stockholders? | 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? | 7a | | × |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | × |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| _ | The governing body? | 8a | | |
| a b | Each committee with authority to act on behalf of the governing body? | 8b | <u>×</u> _ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 0.5 | | |
| J | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | × |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Co | ode.) | L |
| *************************************** | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | - | × |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | × | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | × | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | × | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | × | |
| 13 | Did the organization have a written whistleblower policy? | 13 | × | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | × | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | × | |
| b | Other officers or key employees of the organization | 15b | × | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | <i>i</i> | | |
| 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? | 16a | | × |
| b | 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? | 16b | | |
| Secti | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) | • | | ,, |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year. | • | • | , and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and red JENNIFER WARREN, 155 WYN WAY, BOONE, NC 28607 (828) 264-5174 | cords | ▶ | |

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 | Г |
|--|---|
| | |

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

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

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

| Check this box if neither the organization 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) | box, office Individual | unies | Posi neck is pe | more rson | e than of the state of the stat | an tee) | (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) HEIDI RAGAN BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (2) BOB HOLDER VICE CHAIR | 5.00 | × | | × | | | - | 0. | 0. | 0. |
| (3) JENNIFER WARREN EXECUTIVE DIRECTOR | 40.00 | × | | | | | | 52,039. | 0. | 0. |
| (4) WAYNE MILLER, III BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (5) WYSTERIA WHITE BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (6) KEITH SHOCKLEY TREASURER | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (7) BILLIE HOWELL BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (8) CINDY WALLACE BOARD CHAIR | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (9) TUCKER DEAL SECRETARY | 5.00 | × | | × | | | | 0. | 0. | 0. |
| (10) DAVID ROBERTSON BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (11) BRENDA LOWMAN BOARD MEMBER | 5.00 | × | | | | | | 0. | 0. | 0. |
| (12) KELLI WILSON BOARD MEMBER (13) GREG LOVIN | 5.00 | × | | | | | | 0. | 0. | 0. |
| BOARD MEMBER (14) | 3.00 | × | | | | | | 0. | 0. | 0. |
| X-7 | | | | | | | | | | |

| Part \ | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|---------|---|--|-----------------------------------|-----------------------|--------------|--------------|---------------------------------|--------------|--|--|----------------------------------|------------------------|--|---------|
| | (A) Name and title | (B) Average hours per week (list any | er officer and a director/trus | | | | is both or/trust | an ee) | (D) Reportable compensation from | (E) Reportable compensation fre | (F) Estimated om amount of other | | | |
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | C) | fron organ and r | ensatior n the sization related izations | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | - | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | , | | |
| (20) | | | | <u> </u> | | | | | | | | | | |
| (21) | | | | | | | | | | | | | | ,, |
| (22) | | ļ | | | | | | | To the state of th | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | - | | | | | | - | | | | | | |
| 1b c | Sub-total | t VII, Sectio | on A | • | | .l.,_ | · · | → → → | 52,039. 52,039. | | 0. | | | 0. |
| 2 2 | Total (add lines 1b and 1c) Total number of individuals (including bureportable compensation from the organ | ıt not limite | | | | | | | | | | of | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | | | | | | | em | ployee, or hig | hest compen | sated | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | e sum of regreater the | porta | able 150 | cor 00,00 | npe 0? | nsati | s," | complete Sc | pensation from the pensation fro | n the such | 4 | | × |
| 5 | Did any person listed on line 1a receive for services rendered to the organization | | | | | | | | | | | 5 | layes | × |
| Section | on B. Independent Contractors | | | | | | | | | | | | 1 | |
| 1 | Complete this table for your five highest compensation from the organization. Re year. | | | | | | | | | | | | | 3X |
| | (A) Name and business ac | dress | | | | | | | (B) Description of | services | C | (C) ompens | | |
| | | | | | | | | | *************************************** | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contract received more than \$100,000 of compen | | | | | | | ;o t | those listed at | pove) who | | | | |

| Para | VIII | Statement of Reve | | | | | | | Page 9 |
|--|------------------------------|--|------------------|---------|--|--|--|---|--|
| | | Check if Schedule O | oontains | a res | ponse or note to | any line in this (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts st | 1a | Federated campaigns | · | 1a | | BANGER A | | | |
| Grants | b | Membership dues . | | 1b | | | 京村 安美学师 | | 计算数据数据数据 |
| s, G | С | Fundraising events . | | 1c | | Liver a filter (C. S. S.S.) Australia Association | | | lo Policia de la Composición de la composición del composición de la composición de la composición de la composición del composición del composición de la composición de la composición de la composición de la composición de la composición del composición del composición del composición del composición del composición del composición del composición del composición del composición del com |
| Sift lar | d | Related organizations | | 1d | | | | | e e de la companya de la companya de la companya de la companya de la companya de la companya de la companya d |
| imi | е | Government grants (con | tributions) | 1e | 627,097. | 学生物 经政 | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, gi and similar amounts not inc | | 1f | 169,178. | | er in de din Lista en la compaña en la c Lista en la compaña en la | | |
| n de de | g | Noncash contributions includ | led in lines 1a- | -1f: \$ | | | | | |
| | h | Total. Add lines 1a-1 | f | | 🕨 | 796,275. | | ne significant | |
| Program Service Revenue | | | | | Business Code | | | | |
| yer | 2a | SERVICE FEES | | | 900999 | 11,458. | 11,458. | 0. | 0. |
| e Re | b | | | | | | | | |
| ζi | С | | | | | | | | |
| Se | d | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | | | |
| ram | е | | | | | | | | |
| rog | f | All other program sen | | | | | 4 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a | | PRIS CONTRACTOR CONTRACTOR |
| | 3 | Total. Add lines 2a-2 Investment income | | | | 11,458. | | | |
| | 3 | | | | ienas, interest, | 7,626. | , | | |
| | , | | | | | | | 7 / 1 | |
| | 4 | Income from investment of tax-exe | | mnt h | | 7,020. | 0. | 0. | 7,626. |
| | = | | | • | ond proceeds▶ | ,,020. | 0. | 0, | 7,626. |
| | 5 | | | | ond proceeds ► | ,,020. | U. | 0. | 7,626. |
| | | Royalties | | | ond proceeds▶ | 7,020. | | 0. | 7,626. |
| | 6a | Royalties | | | ond proceeds ► | ,,020. | 0. | 0. | 7,626. |
| | 6a b | Royalties | | | ond proceeds ► | 7,7020. | | 0. | 7,626. |
| | 6a | Royalties | (i) Rea | | ond proceeds ► | 7,020. | | 0. | 7,626. |
| | 6a b c | Royalties | (i) Rea | 1 | ond proceeds ▶▶ (ii) Personal | 7,020. | | 0. | 7,626. |
| | 6a b c | Royalties | (i) Rea | 1 | ond proceeds | 7,020. | | | 7,626. |
| | 6a b c | Gross rents Less: rental expenses Rental income or (loss) Net rental income or Gross amount from sales of assets other than inventory | (i) Rea | 1 | ond proceeds | | | | 7,626. |
| | 6a b c d 7a | Gross rents Less: rental expenses Rental income or (loss) Net rental income or Gross amount from sales of | (i) Rea | 1 | ond proceeds | | | | 7,626. |
| | 6a b c d 7a | Royalties | (i) Rea | 1 | ond proceeds | 7,020. | | | 7,626. |
| | 6a b c d 7a | Royalties | (i) Rea | 1 | ond proceeds | 7,020. | | | 7,626. |
| y Revenue | 6a b c d 7a b | Gross rents Less: rental expenses Rental income or (loss) Net rental income or Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) Net gain or (loss) Gross income from for events (not including \$ of contributions reports | (i) Rea | ies | ond proceeds (ii) Personal (iii) Other | | | | 7,626. |
| Other Revenue | 6a b c d 7a b | Gross rents Less: rental expenses Rental income or (loss) Net rental income or Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) Net gain or (loss) Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18 | (i) Rea | il | ond proceeds (ii) Personal (ii) Personal (iii) Other | | | | 7,626. |

| Contributions, and Other Sim | e f | Government grants (contributions) 1e | 627,097. | | | | |
|---------------------------------|--------|---|------------------|----------------|----------------------|----------------|--|
| utic | ' | All other contributions, gifts, grants, and similar amounts not included above 1f | 169,178. | \$ 5.5 Sept. 1 | 4 (48-5) | | |
| 풀중 | q | Noncash contributions included in lines 1a–1f; \$ | 109,170. | | | | |
| Sal | h | Total. Add lines 1a–1f | | 796,275. | | | |
| <u>a</u> | | | Business Code | | | | |
| Program Service Revenue | 2a | SERVICE FEES | 900999 | 11,458. | 11,458. | 0. | 0. |
| æ | b | | | | | | |
| <u>ic</u> | С | | | | | | |
| Ser. | d | | | | | · · · | |
| Ē | е | *************************************** | | | | | |
| gra | f | All other program service revenue. | | | | | |
| Pr | g | Total. Add lines 2a-2f | > | 11,458. | PLATER ENGLISH | | |
| | 3 | Investment income (including divid | dends, interest, | | | | |
| | | and other similar amounts) | > | 7,626. | 0. | 0. | 7,626. |
| | 4 | Income from investment of tax-exempt b | ond proceeds > | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | r mai Value dec. |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | C | Rental income or (loss) | | | n î kay ji jêrkerse | | |
| | þ | | | | | | |
| | 7a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | _ | assets other than inventory | | | | | |
| | ь | Less: cost or other basis | | | | | |
| | _ | and sales expenses . | | | | | |
| | C | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | | | | |
| eg S | 8a | Gross income from fundraising | | | | | |
| en | - 02 | events (not including \$ | | | | | |
| Other Revenue | | of contributions reported on line 1c). | | | | 建新维护 。这 | |
| F | | See Part IV, line 18 | 233,416. | | | | |
| ŧ | b | | 15,579. | | | | |
| U | C | Net income or (loss) from fundraising | | 217,837. | THE CONTRACTOR STATE | 0. | 217,837. |
| | 9a | Gross income from gaming activities. | | 254 | | | |
| | | See Part IV, line 19 | а | | | | |
| | b | Less: direct expenses | b | | | | |
| | С | Net income or (loss) from gaming ac | | | | | |
| | 10a | Gross sales of inventory, less | | | VARIUM S | | |
| | | returns and allowances | а | | | at at a factor | |
| | b | | b[| | | | |
| | С | Net income or (loss) from sales of in- | | | | 7 | |
| | | Miscellaneous Revenue | Business Code | | | | The second secon |
| | 11a | *************************************** | | | | | |
| | b | ************************************** | | | | | |
| | C | All all as salvania | | | | | |
| | d | All other revenue | L | ļ | Takke ji taya sa | tti | 14 . 35 v.m. 14 . 2 |
| | 12 | Total. Add lines 11a–11d Total revenue. See instructions . | | 1 022 106 | 11 450 | 0. | 225,463. |
| | 12 | i otal feveride. See instructions . | | 1,033,196. | 11,458. | · · · · · · | Form 990 (2018) |
| | | | REV 05 | /20/19 PRO | | | Form 330 (2018) |

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 respon- | se or note to any lir | ne in this Part IX . | | |
|----|--|--|--|---|--|
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | - 10 | | |
| 3 | individuals. See Part IV, line 22 Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 52,039. | 52,039. | 0. | 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) | | | | |
| 7 | Other salaries and wages | 459,961. | 417 105 | E 001 | 26.055 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 433,301. | 417,185. | 5,821. | 36,955. |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 5,276. | 1,477. | 3 300 | |
| 11 | Fees for services (non-employees): | 3,210. | 1,4//. | 3,799. | 0. |
| i. | Management | | | | |
| b | Legal | | | | , , , , , , , , , , , , , , , , , , , |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If fine 11g amount exceeds 10% of line 25, column | - | | | |
| J | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 80,002. | 76,798. | 682. | 2,522. |
| 13 | Office expenses | | | 0021 | 2/022. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 27,500. | 27,078. | 395. | 27. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 25,721. | 25,721. | 0. | 0. |
| 20 | Interest | 20,763. | 9,702. | 11,061. | 0. |
| 21 | Payments to affiliates | | ************************************** | | |
| 22 | Depreciation, depletion, and amortization . | 30,431. | 15,216. | 15,215. | 0. |
| 23 | Insurance | 15,010. | 8,781. | 6,229. | 0. |
| 24 | Other expenses. Itemize expenses not covered | | | | W |
| | above (List miscellaneous expenses in line 24e. If | | | nager see a need | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | and the state of t |
| а | BANK CHARGES | 380. | 0. | 331. | 49. |
| b | BACKGROUND CHECKS | 4,040. | _4,013. | 27. | 0. |
| C | BOARD DEVELOPMENT | 28. | 0. | 28. | 0. |
| d | REPAIRS AND MAINTENANCE | 12,500. | 3,268. | 7,117. | 2,115. |
| е | All other expenses | 282,776. | 197,037. | 70,398. | 15,341. |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,016,427. | 838,315. | 121,103. | 57,009. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if | | | | |
| | following SOP 98-2 (ASC 958-720) | 1 | | | |

| art) | | | | |
|--|--|--------------------------|----------|--------------------|
| | Check if Schedule O contains a response or note to any line in this Par | | , | <u> </u> |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash—non-interest-bearing | 53,756. | 1 | 83,601. |
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | 74,541. | 4 | 112,206. |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| 7 | Notes and loans receivable, net | | 7 | |
| 8 | Inventories for sale or use | | 8 | |
| 9 | Prepaid expenses and deferred charges | 30,882. | 9 | 11,917. |
| 10 | | | | |
| | other basis. Complete Part VI of Schedule D 10a 884, 539. | | | |
| | Less: accumulated depreciation 10b 516,707. | | 10c | 367,832 |
| 11 | Investments—publicly traded securities | 143,301. | 11 | 142,647 |
| 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 700,743. | 15 | 718,203 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 16 | |
| 17 | Accounts payable and accrued expenses | 38,524. | 17 | 43,810 |
| 18 | Grants payable | | 18 19 | |
| 19 | Deferred revenue | | 20 | |
| 20 | Tax-exempt bond liabilities | | 21 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | <u> </u> | 4: 4: |
| 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and | | | |
| 22 | disqualified persons. Complete Part II of Schedule L | i ka malika | 22 | |
| <u> </u> | · · · · · · · · · · · · · · · · · · · | 352,580. | 23 | 345,234 |
| _ 23 | Secured mortgages and notes payable to unrelated third parties | 332,300. | 24 | 0 |
| 24 | Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third | | 27 | |
| 25 | parties, and other liabilities not included on lines 17–24). Complete Part X | | | |
| | of Schedule D | | 25 | 0 |
| 26 | | 391,104. | 26 | 389,044 |
| - 20 | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and | | == | |
| 25 25 | complete lines 27 through 29, and lines 33 and 34. | | | |
| 일 27 | | 90,326. | 27 | 139,028 |
| 28 | | 219,313. | 28 | 190,131 |
| 29 | | | 29 | |
| Net Assets or Fund balances 33 33 33 33 33 33 33 33 33 33 33 33 33 | Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🔲 and | | | |
| 5 | complete lines 30 through 34. | | | |
| <u>छ</u> । 30 | Capital stock or trust principal, or current funds | | 30 | |
| 3. | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ₹ 3 | | | 32 | |
| ∌ 3 | | 309,639. | 33 | 329,159 |
| 34 | and the second s | 700,743. | 34 | 718,203 |

| Par | Reconciliation of Net Assets | | | | |
|-----|--|---|--|------------------------------------|---------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | <u> </u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,0 | 33,1 | .96. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 127. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 16,7 | 769. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3 | 09,6 | 539. |
| 5 | Net unrealized gains (losses) on investments | 5 | | -4,6 | 5 <u>33</u> . |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 3. | 21,7 | 75. |
| | Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | _ · · · | _ | _ [_] |
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other | | | Yes | No |
| • | Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exp | | - 3000 | | |
| | Schedule O. | ilain ir | 1 (250) | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . | | | Child | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | | | . septimi | × |
| | reviewed on a separate basis, consolidated basis, or both: | iled of | r i i i i | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 1 (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | | 100 |
| ь | Were the organization's financial statements audited by an independent accountant? | | 2b | 0.030 | (22), yr i |
| - | If "Yes," check a box below to indicate whether the financial statements for the year were audited | . مما | | × | (4 4 d) 1 |
| | separate basis, consolidated basis, or both: | u on a | | - 1 年 例 - 日本 初 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 3.8 | A I | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | oreigh | . | 111 | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accour | stant? | 2c | × | ı |
| | If the organization changed either its oversight process or selection process during the tax year, exp | olain ir | , | $\stackrel{\sim}{\longrightarrow}$ | |
| | Schedule O. | ,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ' 1 | | · . |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set for | orth ir | , 1 | | |
| | the Single Audit Act and OMB Circular A-133? | 4 4 | 3a | | × |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | go the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | dits. | 3b | İ | |
| | | | Form | 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 charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(E)

Employer identification number

THE WESTERN YOUTH NETWORK, INC. 56-1454674 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 331/a/6 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (iii) EIN (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 document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

| Part | | | | | | | |
|-------|---|-----------------------------------|---------------------------------|--------------------------------------|---|--------------------|--|
| | (Complete only if you checked the | | | | | | alify under |
| | Part III. If the organization fails to | quality unde | er the tests lis | ited below, pl | lease comple | ete Part III.) | |
| | on A. Public Support | | #1.00.c | () 22.2 | 4 12 22 4 19 | T | |
| | dar 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 | | 704 700 | CT . CO. | 006 000 | | |
| _ | include any "unusual grants.") | 659,797. | 734,723. | 675,609. | 996,833. | 1,048,533. | 4,115,495. |
| 2 | Tax revenues levied for the organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 659,797. | 734,723. | 675,609. | 996,833. | 1,048,533. | 4,115,495. |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | January Company | | 107 COVER LABOUR I | |
| | governmental unit or publicly | | | | | 1 1591 240 Grade i | |
| | supported organization) included on | | | 100 | | | |
| | line 1 that exceeds 2% of the amount | | YOUTER ALES | | Avenue Billion | | |
| _ | shown on line 11, column (f) | | 4.65 (5.65 (7.67)) | 1001254865.3553 | | roycep is the | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 4,115,495. |
| | on B. Total Support | (-) 0044 | #-> 004F | (3.0040 | 1,0047 | 1 (10040 | I |
| | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | | 659,797. | 734,723. | 675,609. | 996,833. | 1,048,533. | 4,115,495. |
| 8 | Gross income from interest, dividends, | | | 2 | | | |
| | payments received on securities loans, rents, royalties, and income from | | | | | | |
| | similar sources | 55. | 589. | 20. | 2 216 | 7 606 | 11 606 |
| 9 | Net income from unrelated business | 33. | 363. | 20. | 3,316. | 7,626. | 11,606. |
| 9 | activities, whether or not the business | | | | E : I : I : I : I : I : I : I : I : I : | | *************************************** |
| | is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or | | | | <u> </u> | | |
| , 0 | loss from the sale of capital assets | | | | | | Arrandoment Arrand |
| | (Explain in Part VI.) | | | | | | Andreas of the Control of the Contro |
| 11 | Total support. Add lines 7 through 10 | | | | | Maria Agrica | 4,127,101. |
| 12 | Gross receipts from related activities, etc | | ons) | | <u> </u> | 12 | (3,121,101. |
| 13 | First five years. If the Form 990 is for the | ne organization | n's first, secon | d, third, fourth | i, or fifth tax y | ear as a section | on 501(c)(3) |
| | organization, check this box and stop he | re | | | | | 🏲 🗇 |
| Secti | on C. Computation of Public Suppo | rt Percentag | е | | | | |
| 14 | Public support percentage for 2018 (line | 6, column (f) d | ivided by line 1 | 11, column (f)) | | 14 | 99.72% |
| 15 | Public support percentage from 2017 Sci | | | | | 15 | 99.86% |
| 16a | 331/3% support test-2018. If the organ | ization did not | check the box | x on line 13, ar | nd line 14 is 3 | 31/3% or more, | check this |
| | box and stop here. The organization qua | | | | | | |
| b | 331/3% support test—2017. If the organithis box and stop here. The organization | ization did not aualifies as a | check a box on publicly support | on line 13 or 16 orted organizati | Sa, and line 15 ion | is 331/3% or m | nore, check |
| 17a | 10%-facts-and-circumstances test-2 | | | | | | |
| | 10% or more, and if the organization me | | | | | | |
| | Part VI how the organization meets the | facts-and-circ | umstances" te | est. The organi | zation qualifie | s as a publicly | supported |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test-2 | | | | | | |
| ~ | 15 is 10% or more, and if the organiza | | | | | | |
| | Explain in Part VI how the organization r | | | | | | |
| | supported organization | | | | | | |
| 18 | Private foundation. If the organization d | id not check a | box on line 13 | , 16a, 16b, 17a | a, or 17b, chec | k this box and | see |

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.)

| Secti | on A. Public Support | | | | ompioto i dit | , | |
|-------|--|---------------------|--------------------|---|---------------------|--|-------------|
| Calen | dar 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 | | 3-, | | (0) 2011 | (6) 2010 | (i) Total |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | - Anna Anna Anna Anna Anna Anna Anna Ann | |
| | 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 | | | | | ļ | |
| 7 | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | <u> </u> | <u> </u> | |
| • | furnished by a governmental unit to the | | | · | - | - Company | |
| | organization without charge | | | | | | |
| _ | | | | | ļ | | |
| 6 | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 | - | | | <u> </u> | | |
| ra | received from disqualified persons . | | | | • | | |
| | , , | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | ĺ | | | | | |
| | • | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | | | | | | | |
| Secti | line 6.) | <u> Parkaban ng</u> | | # # 14F | els de els de Ville | | |
| | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (-) 0040 | /-n 0047 | (30040 | /A == |
| 9 | Amounts from line 6 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| _ | Gross income from interest, dividends, | | | | | | |
| :ua | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources. | | | | | | |
| b | Unrelated business taxable income (less | | | <u></u> | | | |
| b | section 511 taxes) from businesses | | | | | 1 | |
| | acquired after June 30, 1975 | | | | | | |
| _ | · | ļ | | | | | |
| | | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 40 | | | - | | | | |
| 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, | | | | | | |
| :0 | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | l No organizatio | n'a firat accan | d third fourth | l av Etha Aarrin | | 504/-1/01 |
| 3-17 | organization, check this box and stop he | | | | | ear as a section | |
| Secti | on C. Computation of Public Suppor | | | · · · · · | • • • • | * * * * * | |
| 15 | Public support percentage for 2018 (line | | | 13 column (f) | | 146 | |
| 16 | Public support percentage from 2017 Sci | hedule A Part | III line 15 | is, coluitat (i <i>j)</i> | | 15 16 | <u>%</u> |
| | on D. Computation of Investment In | come Perce | ntage | | | 10 | <u>%</u> |
| 17 | Investment income percentage for 2018 (| | | wline 13 col | ımn (fi) | 17 | 0/ |
| 18 | Investment income percentage for 2013 | | | | | 18 | <u>%</u> |
| 19a | 33½% support tests—2018. If the organ | ization did not | t check the hov | on line 14 a | nd line 15 ic ~ | | % and line |
| | 17 is not more than 331/2%, check this box | and stop here | . The organization | on qualifies as | a nublicty supp | orted organizatio | |
| b | 33 ¹ / ₃ % support tests—2017. If the organiz | | | | | | |
| D | line 18 is not more than 331/3%, check this | box and ston i | nere. The organi | ization qualifies | s as a publicly s | upported organi | zation 🕨 🦳 |
| 20 | Private foundation. If the organization d | | | | | | |
| | rearranters is the organization of | ~ UIIVON Q | work with the 147, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ションシャ にほう レリス | with 300 HISBUD | uono 🚩 📗 |

Part IV Supporting Organizations

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

| Section | on A. All Supporting Organizations | | | |
|---------|---|-----|---------------------------------------|--|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | e de la composition della comp |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | DEED) |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | :WA | 1860 S |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | 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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | 5 3:17 | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | - 200 | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | -(%) | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | 1.44 | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | 10a | 74. 74. | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings) | 105 | | : 12 |

| Part | Supporting Organizations (continued) | | | Page 5 |
|--------|---|------------|-------------------|---------------------------------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | 1000 |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | | |
| b | A family member of a person described in (a) above? | 11a 11b | | - |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 110 | | - |
| Secti | on B. Type I Supporting Organizations | | L | <u> </u> |
| | Parties and the second | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | 100 GA | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | 1873 |
| | controlled the organization's activities. If the organization had more than one supported organization. | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | |
| _ | - , | 1 | | ***** |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | 克到 | | 15.9 |
| | 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 | al Svi | etti e |
| Secti | on C. Type II Supporting Organizations | | | L |
| | | | 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). | | THE | PEE |
| Secti | on D. All Type III Supporting Organizations | | | L |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | er oak | |
| | 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 | 4 | | 15-64 991. 1800.3 |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 30E | | 87/67 |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 1 | J. (1845-11) | intervie |
| | 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 | l was serviced as | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 核素 | | |
| | 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 | | isti la |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | <u> </u> | | L |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | nstru | ction | s). |
| а | ☐ The organization satisfied the Activities Test. Complete line 2 below. | | | • |
| b | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| с 2 | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below. | see in: | | · · · · · · · · · · · · · · · · · · · |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | Yes | No |
| ۵ | 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 (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? 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 | endina | t Plant |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | BARK. |
| а | 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? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | EEK | laitívi |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | Ь |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | | | | | | | |
|--|-------|-----------------------------|--|--|--|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | | | |
| Section A-Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | | | |
| 1 Net short-term capital gain | 1 | | | | | | |
| 2 Recoveries of prior-year distributions | 2 | | | | | | |
| 3 Other gross income (see instructions) | 3 | | | | | | |
| 4 Add lines 1 through 3. | 4 | | | | | | |
| 5 Depreciation and depletion | 5 | | | | | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | | | | | |
| 7 Other expenses (see instructions) | 7 | | | | | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | | | |
| Section B-Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | | |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | er seer see de la commence de la commence de la commence de la commence de la commence de la commence de la co La commence de la co | | | | |
| a Average monthly value of securities | 1a | | | | | | |
| b Average monthly cash balances | 1b | | | | | | |
| c Fair market value of other non-exempt-use assets | 10 | | | | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | | | | | |
| e Discount claimed for blockage or other | 100 | | | | | | |
| factors (explain in detail in Part VI): | 1862 | | | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | | |
| 3 Subtract line 2 from line 1d. | 3 | | | | | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | PARTITION | | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | | |
| 6 Multiply line 5 by .035. | 6 | | | | | | |
| 7 Recoveries of prior-year distributions | 7 | | | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | | |
| Section C-Distributable Amount | | | Current Year | | | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | | |
| 2 Enter 85% of line 1. | 2 | | | | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | | | |
| 4 Enter greater of line 2 or line 3. | 4 | | | | | | |
| 5 Income tax imposed in prior year | 5 | | | | | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | | | | | |
| 7 Check here if the current year is the organization's first as a non-functional instructions). | ly in | tegrated Type III supportin | g organization (see | | | | |

Schedule A (Form 990 or 990-EZ) 2018

| Part | | | | |
|----------|---|--|--|--|
| Secti | V Type III Non-Functionally Integrated 509(a)(3 on D—Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | mpt purposes of suppo | rted | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | , |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | · · · · · · · · · · · · · · · · · · · |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which (provide details in Part VI). See instructions. | ponsive | _ | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | in a confine south | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | ikana singga sakela singga | |
| а | From 2013 | in and the control of | 44444 | ANGERICA SERVICE |
| b | From 2014 | | | |
| С | From 2015 | Protonia de Artical de Car | | |
| d | From 2016 | | | |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i_ | Carryover from 2013 not applied (see instructions) | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from | | | |
| | Section D, line 7: | | | |
| a | Applied to underdistributions of prior years | | | |
| <u> </u> | Applied to 2018 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | <u> Maria di Arte di Art</u> |
| 7 | Excess distributions carryover to 2019. Add lines 3j and 4c. | The second secon | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| С | Excess from 2016 | | | |
| d | Excess from 2017 | | | |
| е | Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

| 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.) |
|---|---|
| | |
| 200000000000 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4 | |
| | |
| | |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | |
| | |
| | |
| | |
| ********* | |
| | |
| | |
| 6 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| *************************************** | |
| | |
| | |
| ********* | |

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasure

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

| Name of | f the organization | | | Employer identification number |
|----------|---|--|--|--|
| THE | WESTERN YOUTH | NETWORK, I | NC. | 56-1454674 |
| Organi | zation type (check o | one): | | 20 1134014 |
| | _ | | | |
| Filers o | of: | Section: | | |
| Form 9 | 90 or 990-EZ | ⊠ 501(c)(| 3) (enter number) organization | |
| | | ☐ 4947(a)(1) | nonexempt charitable trust not treated as | a private foundation |
| | | 527 politic | cal organization | |
| Form 9 | 90-PF | 501(c)(3) e | exempt private foundation | |
| | | 4947(a)(1) | nonexempt charitable trust treated as a p | rivate foundation |
| | | 501(c)(3) t | axable private foundation | |
| | | | | |
| Check i | if your organization is | s covered by the | General Rule or a Special Rule. | |
| | | • | ganization can check boxes for both the 0 | Seneral Rule and a Special Rule See |
| instruct | | (-7, (-7, -, (, -), -, | garness can enjoy conce for Bear and c | ionoral ridio and a openial ridie. See |
| _ | | | | |
| Genera | al Rule | | | |
| X | For an organization or more (in money contributor's total | or property) from | , 990-EZ, or 990-PF that received, during n any one contributor. Complete Parts I ar | the year, contributions totaling \$5,000 and II. See instructions for determining a |
| Specia | l Rules | | | |
| _ | | | | |
| | regulations under s 13, 16a, or 16b, an | sections 509(a)(1) nd that received f | ection 501(c)(3) filing Form 990 or 990-EZ i) and 170(b)(1)(A)(vi), that checked Schedi from any one contributor, during the year, n (i) Form 990, Part VIII, line 1h; or (ii) Form | ule A (Form 990 or 990-EZ), Part II, line total contributions of the greater of (1) |
| | contributor, during literary, or education | i the year, total co onal purposes, or | ection 501(c)(7), (8), or (10) filing Form 990 contributions of more than \$1,000 exclusive or for the prevention of cruelty to children contributor name and address), II, and III. | ely for religious, charitable, scientific, |
| | contributor, during contributions totale during the year for General Rule appl | the year, contribed and the second of the second an exclusively re ties to this organ | ection 501(c)(7), (8), or (10) filing Form 990 outions exclusively for religious, charitable, 000. If this box is checked, enter here the eligious, charitable, etc., purpose. Don't coization because it received nonexclusively year | , etc., purposes, but no such total contributions that were received amplete any of the parts unless the |
| | n: An organization th | nat isn't covered | by the General Rule and/or the Special Ru | |

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE WESTERN YOUTH NETWORK, INC.

Employer identification number

56-1454674

| Part I | Contributors (see instructions). Use duplicate cop | ies of Part I if additional space is | needed. |
|------------|--|--------------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ROBERT MICHAUD 1267 SEVEN DEVILS RD. #2B SEVEN DEVILS NC 28604 | \$ 10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | RICK CRESENZO 11 SAINT AUGUSTINE SQUARE GREENSBORO NC 27408 | \$ 17,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | BRUCE BARCLAY CAMERON FOUNDATION PO BOX 3649 WILMINGTON NC 28406 | \$ 10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | EARL LOVEJOY LIVING TRUST PO BOX 1268 BOONE NC 28607 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | ROBERT BARHILL, JR. 300 BARRINGTON DR. TARBORO NC 27886 | \$ | Person 🔀 Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| .6 | BILLIE HOWELL PO BOX 1233 BOONE NC 28607 | \$ 6,000. | Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.) |

THE WESTERN YOUTH NETWORK, INC.

Employer identification number

56-1454674

| Part I | Contributors (see instructions). Use duplicate copies of | f Part I if additional space is i | needed. |
|------------|--|-----------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | HIGH COUNTRY CHARITABLE FOUNDATION PO BOX 2376 BANNER ELK NC 28604 | \$ 15,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | WOMEN'S FUND OF THE BLUE RIDGE PO BOX 1838 BOONE NC 28607 | \$ 10,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | HIGH COUNTRY UNITED WAY 1675 BLOWING ROCK ROAD BOONE NC 28607 | \$7,767. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | JUVENILE CRIME PREVENTION COUNCIL 309 COLOMBO STREET SW SUITE 101 VALDESE NC 28690 | \$ 70,225. | Person 🖾 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | GLAXO SMITH KLINE RIBBON OF HOPE PO BOX 13398 RESEARCH TRIANGLE PARK NC 27709 | \$25,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12 | WILSON FAMILY IN ACTION 2841 DAISY LN WILSON NC 27896 | \$10,000. | Person X Payroli Noncash (Complete Part II for noncash contributions.) |