(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2019

Open to Public Inspection

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

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

Internal Revenue Service Jun 30 **, 20** 20 For the 2019 calendar year, or tax year beginning Jul 1 , 2019, and ending C Name of organization THE WESTERN YOUTH NETWORK, D Employer identification number Check if applicable: Address change Doing business as 56-1454674 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 155 WYN WAY (828)264-5174 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code BOONE, NC 28607 **G** Gross receipts \$1,024,893. Amended return H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer: JENNIFER WARREN, 155 WYN WAY, BOONE, NC 28607 **H(b)** Are all subordinates included? Yes No Tax-exempt status: 4947(a)(1) or 527 If "No," attach a list. (see instructions) **X** 501(c)(3) 501(c) () ◀ (insert no.) Website: ► WWW.WESTERNYOUTHNETWORK.ORG **H(c)** Group exemption number ▶ L Year of formation: 1985 M State of legal domicile: NC Part I **Summary** Briefly describe the organization's mission or most significant activities: PROVIDING PROGRAMS FOR AT-RISK 1 Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 11 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 32 6 Total number of volunteers (estimate if necessary) 6 200 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 792,412. 8 796,275 Revenue 9 Program service revenue (Part VIII, line 2g) 11,458. 8,412. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,626. 6,178. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 217,837 207,506. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,033,196 1,014,508. 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) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 517,276 550,783. Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ► 48,943. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 499,151. 386,833. Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 1,016,427. 937,616. Revenue less expenses. Subtract line 18 from line 12 19 16,769. 76,892. Assets or designation | **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 718,203. 928,785. 389,044. 21 Total liabilities (Part X, line 26) . 530,409. 22 Net assets or fund balances. Subtract line 21 from line 20 329,159. 398,376. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

_			02/05/2021					
Sign	Signature of officer		Date					
Here	JENNIFER WARREN, EXECUT	TIVE DIRECTOR						
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN			
Preparer	BILLY G. COMBS, CPA	BILLY G. COMBS, CPA	BILLY G. COMBS, CPA					
Use Only	Firm's name ► COMBS, TENNANT	Firm's EIN ► 56-2067992						
USE Office	Firm's address ▶ PO BOX 1098, BOONE, NC 28607			Phone no. (828)264-6700				
May the IRS	discuss this return with the preparer	shown above? (see instructions)						

REV 10/27/20 PRO

Part I	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?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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.
4 a	(Code:)(Expenses \$477,242.including grants of \$0.)(Revenue \$0.) COMMUNITY HEALTH: WYN'S COMMUNITY HEALTH TEAM WORKS TO CREATE A HEALTHY, MORE EQUITABLE HIGH COUNTRY ENVIRONMENT FOR YOUTH AND FAMILIES. SERVING A FIVE-COUNTY REGION WATAUGA, AVERY, ASHE, ALLEGHANY, AND WILKES COUNTIES. COMMUNITY HEALTH STAFF PARTNER WITH A WIDE VARIETY OF LOCAL LEADERS, AGENCIES, AND COMMUNITY MEMBERS TO IDENTIFY AND ADDRESS NEEDS THROUGH COLLABORATION AT THE LOCAL, STATE, AND FEDERAL LEVEL.
4b	(Code:)(Expenses \$ 166,705. including grants of \$ 0.)(Revenue \$ 0.) MENTORING: WYN'S MENTORING PROGRAM HELPS YOUTH BETWEEN THE AGES OF 6 AND 17 IN AVERY AND WATAUGA COUNTIES WHO NEED A LITTLE EXTRA SUPPORT AND GUIDANCE. WE DO THIS BY CONNECTING THEM WITH AN ADULT MENTOR TO SERVE AS THEIR ROLE MODEL AND SUPPORTER.
4c	(Code:)(Expenses \$163,716. including grants of \$0.)(Revenue \$0.) AFTER SCHOOL/SUMMER PROGRAM: WYN CURRENTLY PROVIDES AFTER SCHOOL PROGRAMMING FOR WATAUGA AND ASHE COUNTIES. WYN'S HIGHLY TRAINED STAFF CREATE A SECURE AND TRAUMA-INFORMED ENVIRONMENT IN WHICH OUR YOUTH CAN LEARN AND GROW FROM 3-6PM. FURTHER, WYN OFFERS A SUMMER DAY CAMP TO GET KIDS ACTIVIE AND OUTDOORS WHILE BEING SAFE AND SUPERVISED BY OUR TEAM.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 807,663.

Part l	V 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? <i>If</i> "Yes," <i>complete Schedule C, Part I</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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	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		×
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		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	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		×
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? <i>If "Yes," complete Schedule G, Part I</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		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? If "Yes," complete 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			
L	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? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? <i>If "Yes," complete Schedule M </i>	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? <i>If "Yes," complete Schedule R, Part I </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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Fotouth a number of the Day O of Four 1999 File 2009 Fil		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 32	2		
b	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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		×
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?	5a		×
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			
	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).			
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	×	
	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			
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		
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.			
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		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	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	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	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		×
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	175		
10	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	10		
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.			

Form 990 (2019) Page **6**

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

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 11 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, 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? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × 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 X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 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 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 × 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c × 13 13 × 14 × 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a × 15b 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 arrangement 16a × 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JENNIFER WARREN, 155 WYN WAY, BOONE, NC 28607 (828)264-5174

Form 990 (2019) Page **7**

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

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

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

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

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

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

×				(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do not check more the box, unless person is be					Reportable	Reportable	Estimated amount	
	hours per week	officer and a director/trustee)						compensation from the	compensation from related	of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) HEIDI RAGAN	5.00									
BOARD MEMBER		×								
(2) BOB HOLDER BOARD MEMBER	5.00	×		×						
(3) JENNIFER WARREN	40.00									
EXECUTIVE DIRECTOR		×						53,250.		
(4) WAYNE MILLER, III BOARD MEMBER	5.00	×								
(5) WYSTERIA WHITE	5.00									
BOARD MEMBER		×								
6) BILLIE HOWELL BOARD MEMBER	5.00	×								
(7) CINDY WALLACE BOARD CHAIR	5.00	×		×						
(8) TUCKER DEAL	5.00									
SECRETARY		×		×						
(9) DAVID ROBERTSON BOARD MEMBER	5.00	×								
(10) BRENDA LOWMAN BOARD MEMBER	5.00	×								
(11) KELLI WILSON VICE CHAIR	5.00	×								
(12) GREG LOVINS	5.00									
TREASURER		×								
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
		(C)										
	(A)	(B)				ition			(D)			(F)
	Name and title	Average	`				e than o is both	D			able	Estimated amount
		hours					or/trust		compensation	compen		of other
		per week (list any	악	Я	Q	<u>چ</u>	g 프	Fc	from the organization	from re organiza		compensation from the
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	(W-2/1099-MISC)	(W-2/1099		organization and
		related	dual	tion	-	mp	st co	4				related organizations
		organizations below	ี้ <u>รี</u>	lal t		oye) mg					
		dotted line)	stee	tsu,		Φ	ens					
				ee			Highest compensated employee					
(15)												
110)												
(16)												
(10)			-									
(17)												
(17)												
(4.0)												
(18)			-									
(4.0)												
(19)												
(00)												
(20)			-									
(a, t)												
(21)												
(22)												
-												
(23)												
(24)												
(25)												
1b	Subtotal								53,250.			
С	Total from continuation sheets to Part	VII, Sectio	n A									
d	Total (add lines 1b and 1c)							<u> </u>	53,250.			
2	Total number of individuals (including but	t not limited	d to th	ose	e list	ted	above	e) w	ho received more	e than \$1	00,000	of
	reportable compensation from the organi	ization ►										
												Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	iste	e, k	cey e	mpl	oyee, or highes	st compe	ensated	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3 ×
4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npei	nsatio	n a	nd other compe	nsation fr	om the	
	organization and related organizations											
	individual											4 ×
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	un un	related organizat	tion or inc	dividual	
	for services rendered to the organization	? If "Yes," c	compl	lete	Sch	nedu	ıle J f	or s	such person .			5 ×
Secti	on B. Independent Contractors											
1	Complete this table for your five high	nest comp	ensate	ed	inde	epei	ndent	СО	ntractors that r	eceived	more 1	than \$100,000 of
	compensation from the organization. Rep	ort compen	satio	n fo	r the	ca	lenda	r ye	ar ending with or	within th	e organ	nization's tax year.
	(A)								(B)			(C)
	Name and business add	Iress							Description of serv	rices	(Compensation
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot	limit	ed to	th	ose listed abov	e) who		
_	received more than \$100,000 of compens									,		

Part VIII Statement of Revenue Check if Schedule O contain

- and	*****	Check if Schedule O contains a respon	nse or note to ar	ny line in this Pa	art VIII		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a					
rani	b	Membership dues 1b					
, mo	С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
s, G mik	е	Government grants (contributions) 1e	600,694.				
ion: r Sii	f	All other contributions, gifts, grants,	101 510				
buti the		and similar amounts not included above	191,718.				
ıtril 10	g	Noncash contributions included in lines 1a–1f 1g	¢				
Col	h	Total. Add lines 1a–1f	▶	792,412.			
		Totali / Ga iii loo Ta Ti	Business Code	7,72,112.			
ce	2a	SERVICE FEES	900999	8,412.	8,412.	0.	0.
Program Service Revenue	b						
gram Ser Revenue	С						
ran lev	d						
ogi R	е						
P.	f	All other program service revenue		2 41 2			
	g	Total. Add lines 2a–2f		8,412.			
	3	Investment income (including dividend other similar amounts)		6,178.	0.	0.	6,178.
	4	Income from investment of tax-exempt be		0,178.	0.	0.	0,170.
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d		🕨				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
-	_	other than inventory 7a					
Jue	b	Less: cost or other basis and sales expenses . 7b					
evenue	С	and sales expenses . 7b Gain or (loss) 7c					
Œ		Net gain or (loss)	•				
Other		Gross income from fundraising					
ð	-	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	217,891.				
		Less: direct expenses 8b	10,385.				
		Net income or (loss) from fundraising even	ents ▶	207,506.		0.	207,506.
	9a	Gross income from gaming					
	h	activities. See Part IV, line 19 . 9a Less: direct expenses 9b					
		Net income or (loss) from gaming activiti	les >				
		Gross sales of inventory, less					
	104	returns and allowances 10a	1				
	b	Less: cost of goods sold 10b)				
	С	Net income or (loss) from sales of invent	ory >				
SL			Business Code				
eor re	11a						
scellaneo Revenue	b						
Seel Sev	C	All II					
Miscellaneous Revenue	d	All other revenue					
_	<u>е</u> 12	Total. Add lines 11a–11d		1,014,508.	8,412.	0.	213,684.
	12	Total revenue, See Instructions		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ı ö.4⊥⊿.	U.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 53,250. 53,250. 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 496,756. 20,746. 449,886. 26,124. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 777. 711 29. 37. 11 Fees for services (nonemployees): Management Legal Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 15,520. 9,835. 320. 5,365. 13 30. 0. 0. Office expenses 30. Information technology 14 15 Occupancy 16 18,433. 18,429. 17 4. 0. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20,442. 15,331. 5,111. 20 0. 21 Payments to affiliates 15,081. 30,162. 15,081. 0. 22 Depreciation, depletion, and amortization . 23 19,533. 8,523. 10,368. 642. 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 456. BANK CHARGES 980. 524. 0. BACKGROUND CHECKS 3,061. 3,061. 0. 0. BOARD DEVELOPMENT 0. С 0. 0. 0. REPAIRS AND MAINTENANCE 5,634. 4,587. 1,047. 0. All other expenses 273,038. 27,780. 16,289. 228,969. 25 **Total functional expenses.** Add lines 1 through 24e 937,616. 807,663. 81,010. 48,943. 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)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	ırt X		<u> U</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	83,601.	1	358,675.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	112,206.	4	63,150.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use	11 01 0	8	
٩	9	Prepaid expenses and deferred charges	11,917.	9	675.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 889,693.			
	b	Less: accumulated depreciation 10b 546,869.	367,832.		342,824.
	11	Investments—publicly traded securities	142,647.		163,461.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	718,203.	16	928,785.
	17	Accounts payable and accrued expenses	43,810.	17	47,114.
	18	Grants payable		18	61,216.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iak		controlled entity or family member of any of these persons	245 024	22	225 606
-	23	Secured mortgages and notes payable to unrelated third parties	345,234.	23	337,626.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			04.450
	00	of Schedule D	0.	25	84,453.
	26	Total liabilities. Add lines 17 through 25	389,044.	26	530,409.
nces		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
ale	27	Net assets without donor restrictions	139,028.	27	213,376.
	28	Net assets with donor restrictions	190,131.	28	185,000.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
1ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
et/	32	Total net assets or fund balances	329,159.	32	398,376.
ž	33	Total liabilities and net assets/fund balances	718,203.	33	928,785.

Form 990 (2019) Page **12**

Part	ΧI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI				
1	Tota	al revenue (must equal Part VIII, column (A), line 12)	1	1,0	14,5	08.
2		al expenses (must equal Part IX, column (A), line 25)	2	9	37,6	16.
3	Rev	enue less expenses. Subtract line 2 from line 1	3		76,8	92.
4		assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	29,1	59.
5		unrealized gains (losses) on investments	5		-7,6	75.
6	Don	ated services and use of facilities	6			
7	Inve	stment expenses	7			
8		r period adjustments	8			
9	Othe	er changes in net assets or fund balances (explain on Schedule O)	9			
10		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32,	column (B))	10	3	98,3	376.
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		ounting method used to prepare the Form 990: Cash Accrual Other		_		
		ne organization changed its method of accounting from a prior year or checked "Other," e edule O.	xplain	in		
2a	Wer	e the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
		res," check a box below to indicate whether the financial statements for the year were con		or 📗		
		ewed on a separate basis, consolidated basis, or both:	•			
	□s	eparate basis				
b	Wer	e the organization's financial statements audited by an independent accountant?		2b	×	
	If "Y	es," check a box below to indicate whether the financial statements for the year were audi-	ted on	а		
	sepa	arate basis, consolidated basis, or both:				
	X S	eparate basis				
С	If "Y	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of		
	the a	audit, review, or compilation of its financial statements and selection of an independent accounta	nt? .	2c	×	
		e organization changed either its oversight process or selection process during the tax year, execute O.	kplain c	on		
3a		a result of a federal award, was the organization required to undergo an audit or audits as set for gle Audit Act and OMB Circular A-133?	rth in th	ne 3a		×
b		es," did the organization undergo the required audit or audits? If the organization did not und uired audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		ne 3b		
					000	(0040)

REV 10/27/20 PRO Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public

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.

Inspection

Employer identification number

	WESTERN YOUTH NETWORK,					56-1454674				
Par							ns.			
The c	organization is not a private founda		,		-	•				
1	A church, convention of church									
2	A school described in section									
3	A hospital or a cooperative hos									
4	A medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the			
_	hospital's name, city, and state		- 11							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	☐ A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).				
7	7 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.)									
8										
9	☐ An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college			
	or university or a non-land-gra university:		•	,		•	· ·			
10	An organization that normally receipts from activities related	eceives: (1) more	e than 331/3% of its su	upport fro	m contri	butions, membership	o fees, and gross			
	receipts from activities related support from gross investment	to its exempt full income and uni	related business taxal	ole incom	epuons, ie (less se	ection 511 tax) from	businesses			
	acquired by the organization a									
11	An organization organized and	•		•						
12	An organization organized and	•	•			·				
	of one or more publicly suppo									
	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									
а	the supported organization									
	supporting organization. Ye					ne directors or trust	ees of the			
b	☐ Type II. A supporting organ	-	•			supported organizati	on(s), by having			
	control or management of									
	organization(s). You must	complete Part l	V, Sections A and C							
С	Type III functionally integ its supported organization(ally integrated with,			
d	Type III non-functionally i		•				orted organization(s)			
u	that is not functionally integ	-		•			• ,			
	requirement (see instruction									
е	☐ Check this box if the organ	ization received	a written determination	on from th	ne IRS tha	at it is a Type I. Type	e II. Type III			
	functionally integrated, or T						, . ,			
f	Enter the number of supported of	organizations .								
g	Provide the following information	about the supp	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization ur governing	(v) Amount of monetary	(vi) Amount of			
			(described on lines 1–10 above (see instructions))		ment?	support (see instructions)	other support (see instructions)			
				Yes	No	· I				
(8)				1.03	110					
(A)										
(B)										
(0)										
(C)										
(D)										
(E)										
Total	1									

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 996,833. 1,048,533. 1,022,143. 4,477,841. 734,723. 675,609. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 734,723. 675,609. 996,833. 1,048,533. 1,022,143. 4,477,841. 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 4,477,841. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total 734,723. 675,609. 996,833. 1,048,533. 1,022,143. 4,477,841. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 589. 20. 3,316. 7,626. 6,178. 17,729. Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 4,495,570. 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 99.61% 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check 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			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	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						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2019 (line 8	3, column (f), d	livided by line	13, column (f))		15	%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (•			%
18	Investment income percentage from 2018					18	%
19a	33 ¹ / ₃ % support tests – 2019. If the organ						
	17 is not more than 331/3%, check this box		_			-	_
b	331/3% support tests – 2018. If the organization 19 is not more than 231/204, shock this						
00	line 18 is not more than 331/3%, check this		_		· · · · · ·		_
20	Private foundation. If the organization di	u noi check a	DOX OF TIME 14.	. 19a. OF 19D. (JUBUK TUS DOX	and see instrill	LUUIIS 📂 🗀

Supporting Organizations Part IV

(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.)

Se

Secti	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		
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		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	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		
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		
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)			
50	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
5a	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	00		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
c	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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			

10a

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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?	11a		
	A family member of a person described in (a) above?	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.	11c		
Secti	on B. Type I Supporting Organizations			
			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 tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
2	Did the expenientian expects for the banefit of any supported expenientian other than the supported	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	5.1. 5.1. 5.1. 5.1. 5.1. 5.1. 5.1. 5.1.		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			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	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
1-	·	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.	26		
3	-	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
IJ	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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	y int	tegrated Type III support	ng organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted	
	organizations, in excess of income from activity			
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.			
	Total annual distributions. Add lines 1 through 6.			
8 	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u> _	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2019

Employer identification number

THE	WESTERN YOUTH	NETWORK, IN	IC.		56-1454674		
Organiz	Organization type (check one):						
Filers o	f:	Section:					
Form 99	90 or 990-EZ	▼ 501(c)(3) (enter number) organization	on			
		4947(a)(1)	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		☐ 527 politica	al organization				
Form 99	90-PF	☐ 501(c)(3) ex	cempt private foundation				
		4947(a)(1)	nonexempt charitable trust trea	ated as a private founda	tion		
		501(c)(3) ta	xable private foundation				
	only a section 501(c)(7)ions.	-	General Rule or a Special Rul anization can check boxes for		and a Special Rule. See		
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	contributor, during	the year, total co	ction 501(c)(7), (8), or (10) filing ntributions of more than \$1,000 for the prevention of cruelty to	0 exclusively for religiou	s, charitable, scientific,		
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						

Name of organization
THE WESTERN YOUTH NETWORK, INC.

Employer identification number

56-1454674

		3			
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	KENNEDY FAMILY FOUNDATION PO BOX 3015 BOONE NC 28607	\$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		
2	BARNHILL FAMILY FOUNDATION 300 BARRINGTON DR. TARBORO NC 27886	\$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		
3	BOB & PENNY BARNHILL 300 BARRINGTON DR. TARBORO NC 27886	\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	RICK CRESENZO 11 SAINT AUGUSTINE SQUARE GREENSBORO NC 27408	\$14,838.	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	BOB MICHAUD 1267 SEVEN DEVILS RD. UNIT 2B BANNER ELK NC 28604	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	BSG EVENTS 196 PHILLIPS BRANCH RD. VILAS NC 28692	\$6,000.	Person X Payroll		

Name of organization
THE WESTERN YOUTH NETWORK, INC.

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Part I	Contributors (see instructions).	Use duplicate copies of Part	I if additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	WOMENS FUND OF THE BLUE RIDGE PO BOX 1838 BOONE NC 28607	\$15,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	BRUCE BARCLAY CAMERON FOUNDATION PO BOX 3649 WILMINGTON NC 28406	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	NANCY RIEGEL 375 TROY NORRIS RD BOONE NC 28607	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	RICHARD KITCHELL PO BOX 1070 BLOWING ROCK NC 28605	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	BOONE UNITED METHODIST CHURCH 471 NEW MARKET BLVD. BOONE NC 28607	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	HIGH COUNTRY UNITED WAY		Person X

Name of organization
THE WESTERN YOUTH NETWORK, INC

Employer identification number

56-1454674

	212101 100111 112111011111 11101				
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13	SISTERS OF MERCY NC FOUNDATION 100 MCAULEY CIR. BELMONT NC 28012 (b)		Person X Payroll		
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution		
14	COMMUNITY FOUNDATION OF WESTERN NC 4 VANDERBILT PARK DR. ASHEVILLE NC 28803	\$9,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	TOWN OF BOONE 567 WEST KING STREET BOONE NC 28607	\$6,000.	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		
16	JUVENILE CRIME PREVENTION COUNCIL 309 COLOMBO STREET SW SUITE 101 VALDESE NC 28690	\$59,687.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
(a)	(b)	\$(c)	Person		
No.	Name, address, and ZIP + 4	Total contributions	(a) Type of contribution		
		\$	Person Payroll Noncash		

(Complete Part II for noncash contributions.)

Name of organization
THE WESTERN YOUTH NETWORK, INC.

Employer identification number

56-1454674

Part II	Noncash Property (see instructions)	. Use duplicate copies of Part	II if additional space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

HE WES				56-1454674 escribed in section 501(c)(7), (8), or
	the following line entry. For organiza	tions completing Part III,	enter the tota	Complete columns (a) through (e) and all of exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for the Use duplicate copies of Part III if add		ation once. S	ee instructions.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer of		
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	 't	(d) Description of how gift is held
-		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	't	(d) Description of how gift is held
		(e) Transfer of		
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	it	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of		nship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number THE WESTERN YOUTH NETWORK, INC. 56-1454674 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

b Assets included in Form 990, Part X

Schedule D (Form 990) 2019 Page **2**

Part	Organizations Maintaining	Collections of A	Art, His	torical T	reasures,	or Oth	er Similar As	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply)		ner reco	rds, chec	k any of the	followi	ng that make si	gnificant u	se of its
а	☐ Public exhibition		d	Loan (or exchange	progra	m		
b	☐ Scholarly research		е	Other					
С	☐ Preservation for future generations	S							
4	Provide a description of the organiza	tion's collections a	and expla	ain how th	nev further t	he orga	nization's exem	not purpos	e in Part
-	XIII.				,				
5	During the year, did the organization	solicit or receive	donation	s of art.	historical tre	easures.	or other simila	r	
	assets to be sold to raise funds rathe								☐ No
Part	Escrow and Custodial Arr	angements.							
	Complete if the organization 990, Part X, line 21.	n answered "Yes"	on For	m 990, F	Part IV, line	9, or re	eported an am	ount on F	orm
1a	Is the organization an agent, trusted included on Form 990, Part X?								☐ No
b	If "Yes," explain the arrangement in F	Part XIII and comple	ete the fo	ollowing ta	able:				
							Ar	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou	•					,		∐ No
b Par	If "Yes," explain the arrangement in F t V Endowment Funds.	art Alli. Check here	e ii trie e.	хріапацої	i nas been p	provided	on Part Alli .		
rai	Complete if the organization	answered "Ves"	on For	m 00∩ E	Part IV line	10			
	Complete if the organization	(a) Current year		or year	(c) Two years		d) Three years back	(e) Four ye	ars hack
1a	Beginning of year balance	139,608.		2,541.	111,2		85,032.		5,583.
b	Contributions	29,102.		3,489.	29,9		25,863.		3,655.
C	Net investment earnings, gains, and	25,102.		3,102.	2712	,,,,,	23,003.	1	7,033.
C	losses	-1,568.		646.	6 8	330.	9,170.	-	L,004.
d	Grants or scholarships	1,300.		010.	0,0	-	2,110.	 	
e	Other expenditures for facilities and								
C	programs	15,455.		7,068.	15,4	177	8,813.	40	0,210.
f	Administrative expenses	13,133.		, , , , , , ,		- , , ,	0,013.	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
g g	End of year balance	151,687.	139	9,608.	132,5	541	111,252.	8 -	5,032.
2	Provide the estimated percentage of								7,032.
a	Board designated or quasi-endowme	•		o (iii lo 19	, σοιαιτιτ (α))	riola ac	·.		
h	Permanent endowment ►		/0						
C	Term endowment ▶ %								
•	The percentages on lines 2a, 2b, and	•	00%.						
За	Are there endowment funds not in the	•		zation tha	at are held a	nd adm	ninistered for the	2	
Ju	organization by:	io possocion on an	o organi	Lation the	at a. 0 1101a a	ina aan	minotorod for the		es No
	(i) Unrelated organizations							3a(i)	×
	- · ·							3a(ii)	×
b	If "Yes" on line 3a(ii), are the related of							3b	×
4	Describe in Part XIII the intended use								
Part									
	Complete if the organization	n answered "Yes"	on For	m 990, F	Part IV, line	11a. S	ee Form 990,	Part X, lin	ie 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost o	r other basis	(c) Ad	cumulated	(d) Book v	/alue
		(investme	ent)	(0.	ther)	dep	reciation		
1a	Land		0.		25,000.				,000.
b	Buildings			4	00,000.		162,674.	237	7,326.
С	Leasehold improvements			3	11,297.		243,032.	68	3,265.
d	Equipment			1	53,396.		141,163.	12	2,233.
е	Other								
Total.	Add lines 1a through 1e. (Column (d)	must equal Form 99	0. Part	X, column	(B), line 10d	2.)	>	342	2,824.

 $\mathsf{B}\mathsf{A}\mathsf{A}$

Part VII	Investments-	-Other Securities.			
	Complete if the	e organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
		tion of security or category ding name of security)	(b) Book value		od of valuation: of-year market value
(1) Financial	derivatives .				
	eld equity interest				
(3) Other			-		
(A)					
(B)					
(C)			-		
(D) (E)					
(F)			-		
(G)			-		
(H)					
		Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII		-Program Related.			
		e organization answered "Yes" on Fo			
	(a) Des	scription of investment	(b) Book value		od of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
	mn (b) must equal	Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.				
	Complete if the	e organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	. ,	Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilitie		000 5 . 11/ 11		5 000 D
	•	e organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	line 25.	(a) Danadination of the little			#ND
	anno tovos	(a) Description of liability			(b) Book value
(1) Federal in (2) PPP LO					84,453.
(3)	DAIN				04,433.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		Form 990, Part X, col. (B) line 25.)			84,453.
		tions. In Part XIII, provide the text of the footr ain tax positions under FASB ASC 740. Chec			

Schedule D (Form 990) 2019 Page **4**

Part				Return	l .
	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			1	1 017 010
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1,017,218.
a	Net unrealized gains (losses) on investments	2a	-7,675.		
a b	Donated services and use of facilities	2b	7,075.	-	
C	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII.)	_	10,385.	-	
e	Add lines 2a through 2d			2e	2,710.
3	Subtract line 2e from line 1			3	1,014,508.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺ			1,011,300.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,014,508.
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses pe	er Retu	
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	948,001.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	10,385.		
е	Add lines 2a through 2d			2e	10,385.
3	Subtract line 2e from line 1			3	937,616.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	025 616
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	<u> </u>	5	937,616.
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	formation	on.
Pt X	II, Line 2d: FUNDRAISING EXPENSES				
Pt X	I, Line 2d: FUNDRAISING EXPENSES				

Schedule D (For	rm 990) 2019	Page 🕻
Part XIII	Supplemental Information (continued)	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

20 19

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name o	of the organization	uo to **********************************		1001 40010110 4		Employer identific	cation number
THE	WESTERN YOUTH NETWORK,	INC.				56-1454674	
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organizatio	n raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
а	Mail solicitations		e _		on of non-goverr	_	
b	Internet and email solicitation	ns	f		on of governmen	_	
C	☐ Phone solicitations		g L	Special 1	fundraising event	3	
d	☐ In-person solicitations				l a.l. /i.a.a.l ali.a.a. a.ff		
2a	Did the organization have a writ or key employees listed in Form						
b			-			-	
	compensated at least \$5,000 by			, , , ,			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				•			
3	List all states in which the organic registration or licensing.	nization is regis	tered or lic	ensed to s	olicit contribution	ns or has been notifie	ed it is exempt from

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA	FESTIVAL OF TREES	6	(add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	(1)
'nu	4	Crass ressints	100 571	45 706	40 504	017 001
Revenue	1	Gross receipts	122,571.	45,726.	49,594.	217,891.
ď	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	122,571.	45,726.	49,594.	217,891.
	4	Cash prizes				
	_					
	5	Noncash prizes				
sesus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
irec	8	Entertainment				
	9	Other direct expenses .			10,385.	10,385.
	10	Direct expense summary. Ad				10,385. 207,506.
D۵	11 rt II	Net income summary. Subtra Gaming. Complete if th	o organization answer	olullili (a)		
Ге		\$15,000 on Form 990-E2	e organization answe Z. line 6a.	ered res on Forms	990, Fait IV, lille 19,	or reported more than
Φ				(b) Pull tabs/instant	43.00	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Seve						
ш_	1	Gross revenue				
SS	2	Cash prizes				
nse		•				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
		, and a second	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	☐ No	□ No	☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
9		Enter the state(s) in which the or	_			
		s the organization licensed to co	•			
	b I					
	-					
10	a √	Were any of the organization's g	aming licenses revoked	l, suspended, or termina	ated during the tax year	? .
	b I	f "Yes," explain:				
	-					

11	Does the organization conduct gaming activities with nonmembers?		□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
art	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
			

Page 3

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

THE WESTERN YOUTH NETWORK, INC.	56-1454674
Pt VI, Line 11b: MANAGEMENT REVIEWS THE FORM 990 IN CONJUNC	TION WITH THE REVIEW
OF THE AUDITED FINANCIAL STATEMENTS.	
Pt VI, Line 12c: BOARD MEMBERS DISCLOSE CONFLICTS OF INTERE	ST ANNUALLY.
Pt VI, Line 15a: COMPENSATION IS DERIVED FROM PERFORMANCE E	BENCHMARKS AS WELL
AS FROM MARKET DATA SUCH AS SIMILAR ORGANIZATIONS.	
Pt VI, Line 15b: COMPENSATION IS DERIVED FROM PERFORMANCE E	BENCHMARKS.
Pt IX, Line 24e:	
Description: COMMUNICATIONS	
Total: \$5,986	
Program services: \$4,648	
Management and general: \$1,338	
Fundraising: \$0	
Description: CONTRACT LABOR	
Total: \$6,392	
Program services: \$4,542	
Management and general: \$1,850	
Fundraising: \$0	
Description: DONOR DEVELOPMENT	
Total: \$574	
Program services: \$0	
Management and general: \$0	
Fundraising: \$574	
Description: DUES AND SUBSCRIPTIONS	
Total: \$18,828	
Program services: \$16,129	

Name of the organization	Employer identification number
THE WESTERN YOUTH NETWORK, INC.	56-1454674
Management and general: \$1,730	
Fundraising: \$969	
Description: EMPLOYEE BENEFITS	
Total: \$96,489	
Program services: \$85,136	
Management and general: \$3,573	
Fundraising: \$7,780	
Description: FOOD AND PROVISIONS	
Total: \$5,801	
Program services: \$5,686	
Management and general: \$115	
Fundraising: \$0	
Description: POSTAGE	
Total: \$846	
Program services: \$348	
Management and general: \$319	
Fundraising: \$179	
Description: STAFF DEVELOPMENT	
Total: \$6,396	
Program services: \$6,396	
Management and general: \$0	
Fundraising: \$0	
Description: UTILITIES	
Total: \$7,137	
Program services: \$5,353	
Management and general: \$1,784	
Fundraising: \$0	

Name of the organization	Employer identification number
THE WESTERN YOUTH NETWORK, INC.	56-1454674
Description: YOUTH ACTIVITIES	
Total: \$5,596	
Program services: \$5,596	
Management and general: \$0	
Fundraising: \$0	
Description: VOLUNTEER EXPENSES	
Total: \$1,279	
Program services: \$1,279	
Management and general: \$0	
Fundraising: \$0	
Description: PROFESSIONAL FEES	
Total: \$65,994	
Program services: \$50,337	
Management and general: \$10,557	
Fundraising: \$5,100	
Description: SUPPLIES	
Total: \$0	
Program services: \$0	
Management and general: \$0	
Fundraising: \$0	
Description: EQUIPMENT MAINTENANCE	
Total: \$2,689	
Program services: \$1,567	
Management and general: \$1,122	
Fundraising: \$0	
Description: MISCELLANEOUS	
Total: \$1,300	

Name of the organization	Employer identification number
THE WESTERN YOUTH NETWORK, INC.	56-1454674
Program services: \$0	
110gram bervices. V	
Management and general: \$1,300	
Fundraising: \$0	
Description: CONFEDENCES	
Description: CONFERENCES	
Total: \$15,653	
Program services: \$15,579	
Management and general: \$74	
Fundraising: \$0	
Description: RENT	
Total: \$6,105	
10ta1. \$0,105	
Program services: \$5,200	
Management and general: \$17	
Fundraising: \$888	
Description: SALES TAX	
Total: \$870	
Program services: \$0	
Management and general: \$870	
Fundraising: \$0	
Description: SUPPLIES	
Total: \$25,103	
Program services: \$21,173	
Management and general: \$3,131	
Fundraising: \$799	

Form **8879-E0**

IRS e-file Signature Authorization

OMB No. 1545-1878 for an Exempt Organization

For calendar year 2019, or fiscal year beginning Jullowsize 100, 2019, and ending Junlowsize 30, 20 20

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization Employer identification number 56-1454674 THE WESTERN YOUTH NETWORK, INC. Name and title of officer JENNIFER WARREN, EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **1a** Form 990 check here ► 🗵 **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here ► 3b 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . 4b **5a** Form 8868 check here ▶ □ **b Balance Due** (Form 8868, line 3c) Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ▶ Date $\triangleright 02/05/2021$ Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 6 2 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Date ▶ **ERO Must Retain This Form — See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Name Employer Identification No. THE WESTERN YOUTH NETWORK, INC. 56-1454674

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
COMMUNICATIONS	5,986.	4,648.	1,338.	0.
CONTRACT LABOR	6,392.	4,542.	1,850.	0.
DONOR DEVELOPMENT	574.	0.	0.	574.
DUES AND SUBSCRIPTIONS	18,828.	16,129.	1,730.	969.
EMPLOYEE BENEFITS	96,489.	85,136.	3,573.	7,780.
FOOD AND PROVISIONS	5,801.	5,686.	115.	0.
POSTAGE	846.	348.	319.	179.
STAFF DEVELOPMENT	6,396.	6,396.	0.	0.
UTILITIES	7,137.	5,353.	1,784.	0.
YOUTH ACTIVITIES	5,596.	5,596.	0.	0.
VOLUNTEER EXPENSES	1,279.	1,279.	0.	0.
PROFESSIONAL FEES	65,994.	50,337.	10,557.	5,100.
SUPPLIES	05,994.	0.	0.	0.
EQUIPMENT MAINTENANCE	2,689.	1,567.	1,122.	0.
	1,300.	0.	1,300.	0.
MISCELLANEOUS	15,653.	15,579.	74.	0.
CONFERENCES RENT		5,200.	17.	888.
	6,105. 870.	0.	870.	0.
SALES TAX SUPPLIES	25,103.	21,173.	3,131.	799.
Total to Form 990, Part IX, line 24e	273,038.	228,969.	27,780.	16,289.