

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of filerFor calendar year 2021, or fiscal year beginning **7/01**, 2021, and ending **6/30**, 20 **22**▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2021****FRESH LIFELINES FOR YOUTH, INC.**

EIN or SSN

**52-2234595**Name and title of officer or person subject to tax **ALI KNIGHT  
PRESIDENT & CEO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, 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.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>7,851,963</b>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here	▶ <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here	▶ <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here	▶ <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **GRANT BENNETT ASSOCIATES** to enter my PIN **06038** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶

Date ▶ **08/16/23****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**68564450456**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ **MICHAEL R MARUCHEAU**Date ▶ **08/16/23****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

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

**A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FRESH LIFELINES FOR YOUTH, INC.</b>		<b>D</b> Employer identification number <b>52-2234595</b>
	Doing business as		<b>E</b> Telephone number <b>408-263-2630</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>568 VALLEY WAY</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>MILPITAS CA 95035</b>		<b>G</b> Gross receipts \$ <b>7,901,239</b>
	<b>F</b> Name and address of principal officer: <b>ALI KNIGHT</b> <b>568 VALLEY WAY</b> <b>MILPITAS CA 95035</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>FLYPROGRAM.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>CA</b>	

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FLY'S MISSION IS TO PARTNER WITH YOUTH TO UNLOCK THEIR POTENTIAL, DISRUPT THE PIPELINE TO PRISON, AND ADVANCE JUSTICE IN CALIFORNIA AND BEYOND. FLY ENVISIONS A COUNTRY WHERE ALL KIDS GROW UP VALUED (CONTINUE ON SCH O)</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>134</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>205</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>8,410,319</b>	<b>7,453,992</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>510,737</b>	<b>281,897</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>63,107</b>	<b>116,074</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,984,163</b>	<b>7,851,963</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>2,100</b>	<b>4,250</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>5,821,324</b>	<b>6,399,261</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,601,389</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,458,763</b>	<b>1,862,065</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>7,282,187</b>	<b>8,265,576</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,701,976</b>	<b>-413,613</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>7,609,651</b>	<b>6,777,500</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>757,554</b>	<b>670,036</b>
		<b>6,852,097</b>	<b>6,107,464</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <b>ALI KNIGHT</b>		Date <b>PRESIDENT &amp; CEO</b>	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	<b>MICHAEL R MARUCHEAU</b>	<b>MICHAEL R MARUCHEAU</b>	<b>08/16/23</b>	<b>P01250456</b>
	Firm's name ▶ <b>GRANT BENNETT ASSOCIATES</b>	Firm's EIN ▶ <b>94-2692073</b>		
	Firm's address ▶ <b>10850 GOLD CENTER DR STE 260 RANCHO CORDOVA, CA 95670-5143</b>		Phone no. <b>916-922-5109</b>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

**Part III 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:

**FLY'S MISSION IS TO PARTNER WITH YOUTH TO UNLOCK THEIR POTENTIAL, DISRUPT THE PIPELINE TO PRISON, AND ADVANCE JUSTICE IN CALIFORNIA AND BEYOND. FLY ENVISIONS A COUNTRY WHERE ALL KIDS GROW UP VALUED (CONTINUE ON SCH O)**

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

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

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

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

**4a** (Code: ) (Expenses \$ **6,031,170** including grants of \$ **4,250** ) (Revenue \$ **281,897** )  
**SEE SCHEDULE O**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **6,031,170**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>X</b>	
<b>5</b> 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	<b>X</b>	
<b>18</b> 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	<b>X</b>	
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> 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>		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>68</b>	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>0</b>	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>134</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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.	<b>16</b>			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		<b>16</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?			<b>6</b>	<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?			<b>8b</b>	<b>X</b>
<b>9</b> 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			<b>9</b>	<b>X</b>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **CA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

**CARLOS GARCIA**  
**MILPITAS**

**568 VALLEY WAY**

**CA 95035**

**408-263-2630**

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>ALI KNIGHT</b>	40.00									
PRESIDENT & CEO	0.00			X				222,500	0	28,925
(2) <b>CHRISTA GANNON</b>	40.00									
FOUNDER	0.00					X		187,500	0	26,964
(3) <b>CARLOS GARCIA</b>	40.00									
CFO & VP	0.00			X				151,900	0	19,747
(4) <b>CASSIDY HIGGINS</b>	40.00									
VP OF CMMNTY IMPACT	0.00			X				137,375	0	17,859
(5) <b>KATHERINE SANDOVAL-CLARK</b>	40.00									
VP OF DEVELOPMENT	0.00			X				136,875	0	17,794
(6) <b>SUSIE RIVERA</b>	40.00									
VP OF YV & ED OF SCC	0.00			X				135,625	0	18,853
(7) <b>DIANA BELL</b>	1.10									
DIRECTOR	0.00	X						0	0	0
(8) <b>LISA BREEN</b>	1.10									
CHIEF OF DEV OFFICER	0.00	X		X				0	0	0
(9) <b>MEERA CHARY</b>	1.10									
DIRECTOR	0.00	X						0	0	0
(10) <b>GORDON DAVIDSON</b>	1.10									
DIRECTOR	0.00	X						0	0	0
(11) <b>ROBERT DEJESUS</b>	1.10									
DIRECTOR	0.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>MARK DONNELLY</b>	1.10									
<b>CHAIR EMERITUS</b>	0.00	X		X				0	0	0
(13) <b>STUART LEE</b>	1.10									
<b>DIRECTOR</b>	0.00	X						0	0	0
(14) <b>KRISTIN MAJOR</b>	1.10									
<b>TREASURER</b>	0.00	X		X				0	0	0
(15) <b>JOAN MALCOLM</b>	1.10									
<b>DIRECTOR</b>	0.00	X						0	0	0
(16) <b>DONNA PETKANICS</b>	1.10									
<b>BOARD CHAIR</b>	0.00	X		X				0	0	0
(17) <b>MELYNNE RIZVI</b>	1.10									
<b>SECRETARY</b>	0.00	X		X				0	0	0
(18) <b>RICO ROSALES</b>	1.10									
<b>DIRECTOR</b>	0.00	X						0	0	0
(19) <b>JUDGE PATRICK TONDREAU</b>	1.10									
<b>DIRECTOR</b>	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>971,775</b>		<b>130,142</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>971,775</b>		<b>130,142</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>X</b>	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	691,203				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,547,840				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,214,949				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,223				
	<b>h</b> Total. Add lines 1a-1f						
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b> PROGRAM SERVICE FEES			900099	281,897	281,897		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g</b> Total. Add lines 2a-2f			281,897				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			42,285			42,285
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)			73,789			73,789
	<b>8a</b> Gross income from fundraising events (not including \$ 691,203 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	48,775				
	<b>b</b> Less: direct expenses	<b>8b</b>	48,775				
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e</b> Total. Add lines 11a-11d						
<b>12</b> Total revenue. See instructions			7,851,963	281,897	0	116,074	

**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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>4,250</b>	<b>4,250</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>776,000</b>	<b>623,700</b>		<b>152,300</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>175,000</b>			<b>175,000</b>
<b>7</b> Other salaries and wages	<b>4,359,383</b>	<b>3,110,206</b>	<b>472,170</b>	<b>777,007</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>389,825</b>	<b>330,156</b>	<b>24,556</b>	<b>35,113</b>
<b>9</b> Other employee benefits	<b>252,127</b>	<b>213,535</b>	<b>15,855</b>	<b>22,737</b>
<b>10</b> Payroll taxes	<b>446,926</b>	<b>343,756</b>	<b>25,857</b>	<b>77,313</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>57,355</b>	<b>3,869</b>	<b>302</b>	<b>53,184</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>551,784</b>	<b>318,366</b>	<b>48,302</b>	<b>185,116</b>
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>178,947</b>	<b>136,968</b>	<b>10,843</b>	<b>31,136</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>148,586</b>	<b>147,725</b>	<b>2,787</b>	<b>-1,926</b>
<b>17</b> Travel	<b>72,566</b>	<b>69,680</b>	<b>1,287</b>	<b>1,599</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>46,442</b>	<b>20,735</b>	<b>8,707</b>	<b>17,000</b>
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>14,138</b>	<b>10,735</b>	<b>837</b>	<b>2,566</b>
<b>23</b> Insurance	<b>30,755</b>	<b>23,572</b>	<b>1,870</b>	<b>5,313</b>
<b>24</b> 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.)				
<b>a</b> <b>PROGRAM ACTIVITIES &amp; TRNG</b>	<b>228,017</b>	<b>224,401</b>	<b>96</b>	<b>3,520</b>
<b>b</b> <b>MISCELLANEOUS</b>	<b>185,147</b>	<b>135,562</b>	<b>6,542</b>	<b>43,043</b>
<b>c</b> <b>PROGRAM SUPPLIES</b>	<b>131,111</b>	<b>122,830</b>	<b>6,523</b>	<b>1,758</b>
<b>d</b> <b>STIPENDS</b>	<b>117,573</b>	<b>115,158</b>	<b>611</b>	<b>1,804</b>
<b>e</b> All other expenses	<b>99,644</b>	<b>75,966</b>	<b>5,872</b>	<b>17,806</b>
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	<b>8,265,576</b>	<b>6,031,170</b>	<b>633,017</b>	<b>1,601,389</b>
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>3,532,409</b>	<b>1</b>	<b>2,563,669</b>
	<b>2</b> Savings and temporary cash investments .....	<b>380,857</b>	<b>2</b>	<b>384,634</b>
	<b>3</b> Pledges and grants receivable, net .....	<b>798,933</b>	<b>3</b>	<b>1,086,305</b>
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	<b>54,304</b>	<b>9</b>	<b>75,457</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>488,565</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>382,011</b>		
	<b>11</b> Investments—publicly traded securities .....	<b>67,592</b>	<b>10c</b>	<b>106,554</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 .....	<b>2,756,747</b>	<b>11</b>	<b>2,542,072</b>
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	<b>18,809</b>	<b>15</b>	<b>18,809</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>7,609,651</b>	<b>16</b>	<b>6,777,500</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>757,554</b>	<b>17</b>	<b>670,036</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	<b>757,554</b>	<b>26</b>	<b>670,036</b>
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions .....		<b>4,527,310</b>	<b>27</b>	<b>4,505,167</b>
<b>28</b> Net assets with donor restrictions .....		<b>2,324,787</b>	<b>28</b>	<b>1,602,297</b>
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> .....		<b>6,852,097</b>	<b>32</b>	<b>6,107,464</b>
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....		<b>7,609,651</b>	<b>33</b>	<b>6,777,500</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>7,851,963</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>8,265,576</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-413,613</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>6,852,097</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-331,020</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>6,107,464</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>GENE WADE</b>	1.10									
DIRECTOR	0.00	X						0	0	0
(21) <b>JUNE WANG</b>	1.10									
VICE CHAIR	0.00	X		X				0	0	0
(22) <b>DEANN WORK</b>	1.10									
DIRECTOR	0.00	X						0	0	0
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**SCHEDULE A**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

**FRESH LIFELINES FOR YOUTH, INC.**

Employer identification number

**52-2234595****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2021

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,757,419	5,427,719	6,808,637	8,410,319	7,453,992	32,858,086
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4,757,419	5,427,719	6,808,637	8,410,319	7,453,992	32,858,086
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						32,858,086

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	4,757,419	5,427,719	6,808,637	8,410,319	7,453,992	32,858,086
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	79,748	75,458	69,147	36,894	42,285	303,532
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						33,161,618
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,992,317

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.08 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	98.96 %
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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).

	Yes	No
<b>1</b>		

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

- 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?
- 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

**2** Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**3** Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2021 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

  

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 .....			
b From 2017 .....			
c From 2018 .....			
d From 2019 .....			
e From 2020 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 .....			
b Excess from 2018 .....			
c Excess from 2019 .....			
d Excess from 2020 .....			
e Excess from 2021 .....			

**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)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization

Employer identification number

**FRESH LIFELINES FOR YOUTH, INC.****52-2234595**

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- 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 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.

- ☐
- 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, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- 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
- exclusively*
- 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
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**FRESH LIFELINES FOR YOUTH, INC.**

Employer identification number

**52-2234595****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		\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ISHIYAMA FOUNDATION 465 CALIFORNIA STREET SAN FRANCISCO CA 94104-1847	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SOBRATO FAMILY FOUNDATION 599 CASTRO STREET, SUITE 400 MOUNTAIN VIEW CA 94041	\$ 225,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD., STE 510 NEWPORT BEACH CA 92660	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE CENTER/SIERRA HEALTH FOUNDATION 1321 GARDEN HIGHWAY SACRAMENTO CA 95833	\$ 526,078	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**FRESH LIFELINES FOR YOUTH, INC.**

Employer identification number

**52-2234595****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
7	COUNTY OF SANTA CLARA 2314 NORTH FIRST STREET SAN JOSE CA 95131	\$ 1,344,677	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ALAMEDA COUNTY 1111 JACKSON STREET OAKLAND CA 94604	\$ 165,986	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	COUNTY OF SAN MATEO 222 PAUL SCANNELL DRIVE SAN MATEO CA 94402	\$ 483,862	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BOARD OF STATE COMM & CORRECTIONS 2590 VENTURE OAKS WAY, SUITE 200 SACRAMENTO CA 95883	\$ 704,668	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CA COMMUNITY REINVESTMENT GRANTS PROGRAM (CA GO-BIZ) 1325 J STREET, SUITE 1800 SACRAMENTO CA 95818	\$ 174,968	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C**  
**(Form 990)****Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**For Organizations Exempt From Income Tax Under section 501(c) and section 527**▶ **Complete if the organization is described below.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.****If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**FRESH LIFELINES FOR YOUTH, INC.**

Employer identification number

**52-2234595****Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.****1** Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."**2** Political campaign activity expenditures. See instructions ▶ \$**3** Volunteer hours for political campaign activities. See instructions**Part I-B Complete if the organization is exempt under section 501(c)(3).****1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No**4a** Was a correction made? ☐ Yes ☐ No**b** If "Yes," describe in Part IV.**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).****1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$**4** Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2021

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7,314
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			7,314
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE C, PART IV, ADDITIONAL INFORMATION**

MEETING/CALLING GOVERNMENT OFFICIALS TO SHARE TRENDS, NEEDS, AND OFFERINGS OF BOTH THE NONPROFIT COMMUNITY AND FLY AS AN ORGANIZATION. AS A CBO, WHO'S PRIMARY CLIENTS ARE JUVENILE JUSTICE INVOLVED, FLY HAS BEEN ABLE TO UPDATE THESE ENTITIES ON THE EMERGING TRENDS IN POLICY AND PRACTICE EFFECTING THE JUVENILE JUSTICE FIELD.



**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

Employer identification number

**FRESH LIFELINES FOR YOUTH, INC.****52-2234595****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	<b>2d</b>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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.

b 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:

(i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ .....

(ii) Assets included in Form 990, Part X ..... ▶ \$ .....

2 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:

a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ .....

b Assets included in Form 990, Part X ..... ▶ \$ .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- ☐ a Public exhibition  
☐ b Scholarly research  
☐ c Preservation for future generations  
☐ d Loan or exchange program  
☐ e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %  
 b Permanent endowment  %  
 c Term endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations  
 (ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		488,565	382,011	106,554
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				106,554

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,876,787
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-331,020
b	Donated services and use of facilities	2b	355,844
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	24,824
3	Subtract line 2e from line 1	3	7,851,963
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,851,963

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,621,420
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	355,844
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	355,844
3	Subtract line 2e from line 1	3	8,265,576
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,265,576

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

FLY IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISIONS FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. FLY IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. MANAGEMENT BELIEVES FLY HAS NO UNCERTAIN TAX PROSITONS AS OF JUNE 30, 2022.



**SCHEDULE G  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

**2021**Open to Public  
Inspection

Employer identification number

**52-2234595****FRESH LIFELINES FOR YOUTH, INC.****Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> ▶						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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
		<u>ANNUAL SHOWCASE</u> (event type)	(event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	739,978			739,978
	2 Less: Contributions	691,203			691,203
	3 Gross income (line 1 minus line 2)	48,775			48,775
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	48,775			48,775
	10 Direct expense summary. Add lines 4 through 9 in column (d)				48,775
11 Net income summary. Subtract line 10 from line 3, column (d)					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a** 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 ▶ \$ .....
- c** 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:

- a** 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 ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**Open to Public  
Inspection**FRESH LIFELINES FOR YOUTH, INC.**

Employer identification number

**52-2234595****Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALI KNIGHT 1 PRESIDENT & CEO	(i)	192,500	30,000	0	3,753	25,172	251,425	0
	(ii)	0	0	0	0	0	0	0
CHRISTA GANNON 2 FOUNDER	(i)	177,500	10,000	0	8,095	18,869	214,464	0
	(ii)	0	0	0	0	0	0	0
CARLOS GARCIA 3 CFO & VP	(i)	142,100	9,800	0	12,328	7,419	171,647	0
	(ii)	0	0	0	0	0	0	0
CASSIDY HIGGINS 4 VP OF COMMUNITY IMPACT	(i)	126,875	10,500	0	12,363	5,496	155,234	0
	(ii)	0	0	0	0	0	0	0
KATHERINE SANDOVAL-CLARK 5 VP OF DEVELOPMENT	(i)	126,875	10,000	0	15,531	2,263	154,669	0
	(ii)	0	0	0	0	0	0	0
SUSIE RIVERA 6 VP OF YV & ED OF SCC	(i)	126,875	8,750	0	1,104	17,749	154,478	0
	(ii)	0	0	0	0	0	0	0
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

**FRESH LIFELINES FOR YOUTH, INC.**

Employer identification number

**52-2234595****FORM 990 - ADDITIONAL INFORMATION****PART 1 SUMMARY:**

AND SUPPORTED, AND THE PIPELINE TO PRISON IS REPLACED WITH MEANINGFUL OPPORTUNITIES FOR KIDS TO LIVE HEALTHY, FREE, AND PRODUCTIVE LIVES THAT MAKE STRONGER, SAFER, AND MORE VIBRANT COMMUNITIES FOR US ALL. WHEN FLY WAS FOUNDED IN 2000, WE WERE GUIDED BY THE INPUT OF YOUTH IN THE JUVENILE JUSTICE SYSTEM TO CREATE PROGRAMS GROUNDED IN LEGAL EDUCATION, MENTORING, AND LEADERSHIP TRAINING. OVER THE PAST 22 YEARS, WE HAVE CONTINUOUSLY SOUGHT THE INPUT OF YOUNG PEOPLE IMPACTED BY THE YOUTH JUSTICE SYSTEM TO GROW AND EVOLVE OUR PROGRAM OFFERINGS. WE SEEK TO ELEVATE THE VOICES OF YOUNG PEOPLE TO MAKE OUR SYSTEMS MORE EQUITABLE, JUST, AND HUMANE. WE ARE ON A TRAJECTORY THAT ASPIRES TO MOVE FROM SERVICE FOR SOME TO JUSTICE FOR ALL.

**FORM 990, PART III - ADDITIONAL INFORMATION****LINE 1:**

AND SUPPORTED, AND THE PIPELINE TO PRISON IS REPLACED WITH MEANINGFUL OPPORTUNITIES FOR KIDS TO LIVE HEALTHY, FREE, AND PRODUCTIVE LIVES THAT MAKE STRONGER, SAFER, AND MORE VIBRANT COMMUNITIES FOR US ALL. WHEN FLY WAS FOUNDED IN 2000, WE WERE GUIDED BY THE INPUT OF YOUTH IN THE JUVENILE JUSTICE SYSTEM TO CREATE PROGRAMS GROUNDED IN LEGAL EDUCATION, MENTORING, AND LEADERSHIP TRAINING. OVER THE PAST 22 YEARS, WE HAVE CONTINUOUSLY SOUGHT THE INPUT OF YOUNG PEOPLE IMPACTED BY THE YOUTH JUSTICE SYSTEM TO GROW AND EVOLVE OUR PROGRAM OFFERINGS. WE SEEK TO ELEVATE THE VOICES OF YOUNG PEOPLE TO MAKE OUR SYSTEMS MORE EQUITABLE, JUST, AND HUMANE. WE ARE

Name of the organization

Employer identification number

FRESH LIFELINES FOR YOUTH, INC.

52-2234595

ON A TRAJECTORY THAT ASPIRES TO MOVE FROM SERVICE FOR SOME TO JUSTICE FOR ALL.

## FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

## FLY LAW PROGRAM

IN THE FLY LAW PROGRAM, OUR STAFF AND CAREFULLY RECRUITED, HIGHLY TRAINED VOLUNTEERS TEACH A FUN, INTERACTIVE 8- TO 12-WEEK COURSE USING OUR NATIONALLY RECOGNIZED LEGAL EDUCATION CURRICULUM, WHICH COVERS RELEVANT TOPICS SUCH AS POLICE ENCOUNTERS, ACCOMPLICE LIABILITY, THREE STRIKES, THEFT, VANDALISM, DRUGS, GANGS, AND POLICE ARRESTS. THE LAW CURRICULUM IS INTERESTING AND ENGAGING TO THE YOUTH, AND IS ALSO AN EXCELLENT VEHICLE FOR US TO TEACH CRITICAL LIFE SKILLS LIKE ANGER MANAGEMENT, PROBLEM SOLVING, CONFLICT RESOLUTION, AND RESISTING NEGATIVE PEER PRESSURE. EVERYTHING IS TAUGHT IN A NONJUDGMENTAL MANNER WITH NO STIGMA IS ATTACHED, WHICH MAKES THE YOUTH MORE WILLING TO LEARN. MID-WAY THROUGH THE SEMESTER, YOUTH TAKE A FIELD TRIP TO A LOCAL UNIVERSITY LAW SCHOOL WHERE THEY TOUR THE CAMPUS AND ACT OUT A MOCK TRIAL IN THE MOOT COURTROOM. THE LAW PROGRAM CLASSES ARE TAUGHT IN SCHOOLS, COMMUNITY CENTERS, JUVENILE HALLS, AND JUVENILE CAMPS AND RANCHES.

## FLY LEADERSHIP TRAINING PROGRAM

THE LEADERSHIP TRAINING PROGRAM TARGETS YOUTH WHO ARE EXPERIENCING CHALLENGES OR BARRIERS THAT COULD LEAD TO INVOLVEMENT IN THE JUSTICE SYSTEM INVOLVEMENT. FLY SUPPORTS THEM IN BUILDING THE SKILLS AND ATTITUDES THEY NEED TO LIVE A CRIME-FREE, SELF-SUFFICIENT LIFE. THE PROGRAM KICKS OFF WITH A THREE-DAY WILDERNESS RETREAT THAT ENABLES YOUTH TO BREAK AWAY FROM NEGATIVE INFLUENCES AND STRESSES IN ORDER TO BEGIN BONDING WITH FLY STAFF

Name of the organization

Employer identification number

FRESH LIFELINES FOR YOUTH, INC.

52-2234595

AND PEERS AND DEVELOPING TRUST AND TEAMWORK SKILLS. YOUTH THEN MEET BI-MONTHLY TO SUPPORT EACH OTHER IN GROUP SETTINGS AND TO DESIGN SERVICE LEARNING PROJECTS IN WHICH THEY GIVE BACK TO THE COMMUNITY. EACH LEADERSHIP YOUTH RECEIVES INTENSIVE COACHING FROM A FLY CASE MANAGER TO IDENTIFY AND ADDRESS THEIR GREATEST BARRIERS TO LIVING A HEALTHY, PRODUCTIVE LIFE.

#### COURT APPOINTED FRIEND AND ADVOCATE MENTOR PROGRAM

FLY'S CAFA MENTOR PROGRAM PAIRS CARING, TRAINED ADULT VOLUNTEERS WITH YOUTH ON PROBATION FOR A YEAR-LONG MENTORING RELATIONSHIP. BEFORE THEY ARE MATCHED WITH A YOUTH, CAFA MENTORS COMPLETE 26 HOURS OF INITIAL TRAINING AND ORIENTATION AND COMMIT TO FOLLOW-UP TRAININGS ONCE EVERY THREE MONTHS. ONCE MATCHED, MENTORS BUILD POSITIVE RELATIONSHIPS WITH YOUTH THROUGH WEEKLY 1-ON-1 MEETINGS AND ACTIVITIES, HELPING THEM TO DEVELOP NEW AMBITIONS, SET AND ACHIEVE GOALS, AND LEARN TO HAVE FUN IN A POSITIVE, SOBER WAY. IN ADDITION TO BEING FRIENDS AND ROLE MODELS TO YOUTH, FLY CAFA MENTORS ARE SPECIALLY APPOINTED BY A JUVENILE COURT JUDGE SO THAT THEY CAN ADVOCATE FOR THEIR MENTEE BY ATTENDING JUVENILE COURT PROCEEDINGS, SUBMITTING COURT REPORTS, AND ADDRESSING THE COURT ON BEHALF OF THE YOUTH. EACH MENTOR/MENTEE MATCH HAS A FLY CASE MANAGER FOR SUPPORT AND ALSO ATTENDS MONTHLY GROUP ACTIVITIES ORGANIZED BY FLY.

#### FLY MIDDLE SCHOOL PROGRAM

THE FLY MIDDLE SCHOOL PROGRAM HELPS INTERRUPT THE SCHOOL-TO-PRISON PIPELINE IN WHICH KIDS WITH ISSUES AT SCHOOL ARE DISCIPLINED AND PUSHED INTO THE JUVENILE JUSTICE SYSTEM INSTEAD OF BEING OFFERED THE SERVICES THEY NEED. OUR PROGRAM SUPPORTS SEVENTH AND EIGHTH GRADERS WHO ARE REFERRED BY SCHOOL OFFICIALS IN SANTA CLARA COUNTY TO STAY ENGAGED IN SCHOOL AND OUT OF THE

Name of the organization

Employer identification number

FRESH LIFELINES FOR YOUTH, INC.

52-2234595

SYSTEM. THE PROGRAM OFFERS AN AGE-APPROPRIATE VERSION OF FLY'S LAW PROGRAM ALONG WITH ONE-ON-ONE SUPPORT FROM A FLY CASE MANAGER FOR YOUTH AND POSITIVE SOCIAL ACTIVITIES AND CIVIC ENGAGEMENT OPPORTUNITIES PROVIDED THROUGH FLY.

#### FLY REENTRY PROGRAM

YOUTH SEEKING TO REENTER THE COMMUNITY AFTER INCARCERATION TYPICALLY FACE A HOST OF BARRIERS TO A SUCCESSFUL TRANSITION. REENTRY ASSISTANCE IS A CRITICAL SERVICE THAT'S BEEN PROVEN TO HELP YOUTH MOVE FORWARD IN A POSITIVE DIRECTION AND AVOID GOING BACK INTO THE SYSTEM. THE FLY REENTRY PROGRAM SERVES YOUTH IN LONGER TERM INCARCERATION IN SANTA CLARA AND SAN MATEO COUNTIES. IT RUNS FOR APPROXIMATELY 6-9 MONTHS (POSSIBLE EXTENSION UP TO A YEAR IF NEEDED) AND CONSISTS OF FOUR PHASES: PRE-RELEASE, TRANSITION, TRY-OUT, AND TRANSFER OF CARE. DURING THIS TIME, THE ASSIGNED CASE MANAGER WILL DEVELOP A TRUSTING RELATIONSHIP WITH THE YOUTH, PROVIDE SUPPORT AND CONNECTION, MONITOR AND STRENGTHEN SUPPORT NETWORK AND YOUTH'S SKILLS, AND END PROGRAM SERVICES WITH A SUPPORT NETWORK SAFELY IN PLACE.

#### STAY FLY

THE STAY FLY PROGRAM IS A REENTRY PROGRAM THAT DEVELOPS SOCIAL-EMOTIONAL LEARNING (SEL) SKILLS AND KNOWLEDGE OF THE LAW IN TRANSITION AGE YOUTH (TAY). THESE YOUNG PEOPLE, AGES 18-21 (SANTA CLARA COUNTY) OR 18-25 (ALAMEDA COUNTY AND SAN MATEO COUNTY), RECEIVE SUPPORT BEGINNING IN CUSTODY, AND CONTINUE TO BE SUPPORTED BY FLY STAFF AS THEY TRANSITION BACK INTO THE COMMUNITY. STAY FLY'S LAW RELATED EDUCATION BUILDS AGENCY AND SELF-ADVOCACY THROUGH LEGAL EDUCATION WORKSHOPS LED BY TRAINED FLY FACILITATORS WHO PROVIDE VALUABLE INFORMATION ABOUT THE JUSTICE SYSTEM AND

Name of the organization

Employer identification number

FRESH LIFELINES FOR YOUTH, INC.

52-2234595

HOW IT AFFECTS THEIR LIVES. WITH THIS UNDERSTANDING, YOUTH FIND WAYS TO NAVIGATE THE SYSTEM WHILE BUILDING THEIR ABILITY TO MAKE BETTER CHOICES. YOUTH ALSO MEET TO SUPPORT EACH OTHER IN GROUP SETTINGS AND PARTICIPATE IN ACTIVITIES THAT ARE FUN AND ENGAGING WHILE HELPING THEM FIND WAYS TO IMPROVE THE COMMUNITIES THAT MATTER MOST TO THEM. EACH YOUNG PERSON ALSO HAS THE OPPORTUNITY TO HAVE INDIVIDUALIZED CASE MANAGEMENT, WHICH IS INTENSIVE, ONE-ON-ONE SUPPORT TO HELP YOUTH BUILD A MUCH LARGER SUPPORT NETWORK THROUGHOUT THE COMMUNITY.

#### YOUTH ADVISORY COUNCIL

THE YOUTH ADVISORY COUNCILS (YAC) ARE COLLABORATIVE EFFORT BETWEEN THE SANTA CLARA COUNTY AND ALAMEDA COUNTY PROBATION DEPARTMENTS AND FRESH LIFELINES FOR YOUTH TO INTRODUCE POSITIVE SYSTEM CHANGE THROUGH THE INCLUSION OF YOUTH VOICE. EACH YAC PROVIDES YOUTH WHO FORMERLY PARTICIPATED IN JUVENILE JUSTICE SERVICES WITH A UNIQUE OPPORTUNITY TO PROVIDE INPUT ON CURRENT SYSTEM PROCESSES, POLICIES, AND PRACTICES. YOUNG PEOPLE WHO SERVE ON THE COUNCIL ARE SWORN IN AS YOUTH JUSTICE CONSULTANTS BY A PRESIDING JUVENILE COURT JUDGE. ADDITIONALLY, YAC ALLOWS YOUTH THE OPPORTUNITY TO USE THEIR STORIES AND EXPERIENCES TO INSPIRE HOPE AND ENCOURAGE CHANGE IN THE LIVES OF YOUTH WHO ARE CURRENTLY INVOLVED IN THE JUVENILE JUSTICE SYSTEM. YAC ALSO HAS THE OBJECTIVE OF ENHANCING THE PROFESSIONAL DEVELOPMENT AND LEADERSHIP SKILLS OF ITS MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE FORM 990 IS REVIEWED BY SELECTED MEMBERS OF INTERNAL  
MANAGEMENT AS WELL AS THE AUDIT COMMITTEE OF THE GOVERNING BOARD.

Name of the organization

Employer identification number

FRESH LIFELINES FOR YOUTH, INC.

52-2234595

## FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE CONFLICT OF INTEREST POLICY COVERS ALL OFFICERS, DIRECTORS, PRINCIPAL OFFICERS AND MEMBERS OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS AND EMPLOYEES (COLLECTIVELY "RESPONSIBLE PERSONS"). UNDER THE POLICY, RESPONSIBLE PERSONS ARE REQUIRED TO DISCLOSE THE EXISTENCE AND NATURE OF ANY MATERIAL FINANCIAL INTEREST AND BE GIVEN AN OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE CHAIRPERSON OF THE GOVENING BOARD OR COMMITTEE SHALL APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR A DESIGNATED COMMITTEE SHALL DETERMINE BY A VOTE OF DISINTERESTED DIRECTORS ON WHETHER THE RELATED TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF THE ORGANIZATION, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. THE RESPONSIBLE PERSON IS REQUIRED TO LEAVE THE MEETING DURING THE DISCUSSION OF THE VOTE ON THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. IN ADDITION, EACH RESPONSIBLE PERSON IS REQUIRED TO ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THEIR ACKNOWLEDGEMENT OF RECEIPT OF A COPY OF THE POLICY, THEIR UNDERSTANDING OF THE POLICY AND THEIR AGREEMENT TO COMPLY WITH THE POLICY, AND PROVIDES AN OPPORTUNITY TO DECLARE ANY POTENTIAL CONFLICT OF INTEREST.

## FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

ALL SALARIES MUST BE APPROVED BY ALL MEMBERS OF THE BOARD OF DIRECTORS. YEARLY COMPENSATION AND BENEFITS STUDIES ARE PROVIDED BY NON PROFIT COMPENSATION ASSOCIATES FAIR PAY STUDY. COMPENSATION IS DETERMINED USING A COMBINATION OF THE FAIR PAY STUDY AND AN ANNUAL PERFORMANCE EVALUATION.

Name of the organization

FRESH LIFELINES FOR YOUTH, INC.

Employer identification number

52-2234595

THIS IS DONE ANNUALLY BY THE ORGANIZATION AND WAS LAST DONE IN MAY 2019.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL SALARIES MUST BE APPROVED BY ALL MEMBERS OF THE BOARD OF DIRECTORS.

YEARLY COMPENSATION AND BENEFITS STUDIES ARE PROVIDED BY NON PROFIT

COMPENSATION ASSOCIATES FAIR PAY STUDY. COMPENSATION IS DETERMINED USING A

COMBINATION OF THE FAIR PAY STUDY AND AN ANNUAL PERFORMANCE EVALUATION.

THIS IS DONE ANNUALLY BY THE ORGANIZATION AND WAS LAST DONE IN MAY 2019.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S

WEBSITE.

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>							
	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>	
TAXABLE INTEREST	\$ <u>148</u>		14				
TOTAL	\$ <u><u>148</u></u>						

**Taxable Dividends from Securities**

<u>Description</u>							
	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>	
TAXABLE DIVIDENDS	\$ <u>42,137</u>		14				
TOTAL	\$ <u><u>42,137</u></u>						



Federal Statements

Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 551,784	\$ 318,366	\$ 48,302	\$ 185,116
TOTAL	\$ 551,784	\$ 318,366	\$ 48,302	\$ 185,116

Form 990. Part IX. Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
EQUIPMENT RENTAL & MAINT.	\$ 99,644	\$ 75,966	\$ 5,872	\$ 17,806
TOTAL	\$ 99,644	\$ 75,966	\$ 5,872	\$ 17,806

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
FOUNDATIONS	\$ 3,547,840
CORPORATIONS	2,447,778
MISC. INCOME/DONATION	83,115
INDIVIDUALS	158
ANNUAL SHOWCASE EVENT	683,898
CASH CONTRIBUTION	
TOTAL	691,203
	\$ 7,453,992

Schedule A, Part II, Line 8(e)

Description	Amount
TAXABLE INTEREST	\$ 148
TAXABLE DIVIDENDS	42,137
TOTAL	\$ 42,285

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM SERVICE FEES	\$ 281,897
ANNUAL SHOWCASE EVENT	48,775
TOTAL	\$ 330,672

IB6038 Fresh Lifelines for Youth,Inc.  
52-2234595  
FYE: 6/30/2022

Federal Statements

Annual Showcase Event  
Other Direct Fundraising or Gaming Expenses

Description	Amount
EXPENSES	\$ 48,775
TOTAL	\$ 48,775

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
www.oag.ca.gov/charities

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code

11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

### FRESH LIFELINES FOR YOUTH, INC.

Name of Organization

List all DBAs and names the organization uses or has used

**568 VALLEY WAY**

Address (Number and Street)

**MILPITAS**

**CA 95035**

City or Town, State, and ZIP Code

**408-263-2630**

Telephone Number

**CARLOS@FLYPROGRAM.ORG**

E-mail Address

Check if:

☐ Change of address

☐ Amended report

State Charity Registration Number **114833**

Corporation or Organization No. **2080111**

Federal Employer ID No. **52-2234595**

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

### PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/21 ending 06/30/22) list:

Total Revenue \$ 7,851,963 (including noncash contributions) Noncash Contributions \$ 1,223 Total Assets \$ 6,777,500  
Program Expenses \$ 6,031,170 Total Expenses \$ 8,265,576

### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		<b>X</b>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<b>X</b>
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		<b>X</b>
5. During this reporting period, did the organization receive any governmental funding?	<b>X</b>	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		<b>X</b>
7. Does the organization conduct a vehicle donation program?		<b>X</b>
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		<b>X</b>

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

ALI KNIGHT PRESIDENT & CEO  
Signature of Authorized Agent Printed Name Title Date

**Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding****Description**

CITY OF SAN JOSE-BEST

200 EAST SANTA CLARA STREET, 9TH FLOOR

SAN JOSÉ, CA 95113

JIMMY CHAN (408)795-1618

CITY OF SAN JOSE-SAFE SUMMER

200 EAST SANTA CLARA STREET, 9TH FLOOR

SAN JOSÉ, CA 95113

JIMMY CHAN (408)795-1618

COUNTY OF SANTA CLARA-RE-DIRECT PROGRAM

2314 NORTH FIRST STREET

SAN JOSE, CA 95131

SARA CODY (408)435-2078

COUNTY OF SANTA CLARA-RE-ENTRY PRO CSR

2314 NORTH FIRST STREET

SAN JOSE, CA 95131

SARA CODY (408) 435-2078

COUNTY OF SANTA CLARA-CAFA MENTOR PROGRAM

2314 NORTH FIRST STREET

SAN JOSE, CA 95131

SARA CODY (408)435-2078

COUNTY OF SANTA CLARA-MAAC

2314 NORTH FIRST STREET

SAN JOSE, CA 95131

SARA CODY (408)435-2078

COUNTY OF SANTA CLARA-PREVENTION AND INTERVENTION

2314 NORTH FIRST STREET

SAN JOSE, CA 95131

SARA CODY (408)435-2078

COUNTY OF SANTA CLARA-YOUTH ADVISORY COUNCIL (YAC)

2314 NORTH FIRST STREET

SAN JOSE, CA 95131

DELORES MORALES (408)278-5919

COUNTY OF SANTA CLARA-GENERAL FUND

70 WEST HEDDING STREET

SAN JOSE, CA 95110

MARIA MARINOS

COUNTY OF SANTA CLARA-SOCIAL SERVICES

333 WEST JULIAN STREET

SAN JOSE, CA 95110

SHEILA PERALTA 408)755-7754

REDWOOD CITY-HHS-HUMAN FINANCIAL SERVICES

2600 MIDDLEFIELD ROAD

REDWOOD CITY, CA 94063

TERI CHIN (650)780-7510

**Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding (continued)****Description**

SANTA CLARA OFFICE OF EDUCATION  
1290 RIDDER PARK DR.  
SAN JOSE, CA 95131-2304  
TIANA HAYDEN (408)453-6968

SAN MATEO COUNTY PROBATION - YOBG  
222 PAUL SCANNELL DRIVE  
SAN MATEO, CA 94402  
DARLENE HANSON (650)312-5227

SAN MATEO COUNTY PROBATION - JJCPA  
222 PAUL SCANNELL DRIVE  
SAN MATEO, CA 94402  
DARLENE HANSON (650)312-5227

SAN MATEO COUNTY PROBATION - JPCF  
222 PAUL SCANNELL DRIVE  
SAN MATEO, CA 94402  
DARLENE HANSON (650)312-5227

CITY OF OAKLAND - OAKLAND FUND FOR CHILDREN AND YOUTH  
ONE FRANK H. OGAWA PLAZA  
OAKLAND, CA 94612  
JANICE EDWARDS (510)238-7496

CITY OF OAKLAND - CDBG  
ONE FRANK H. OGAWA PLAZA  
OAKLAND, CA 94612  
DEBRA CHESTER (510)238-7972

CITY OF EAST PALO ALTO - MES C  
2415 UNIVERSITY AVENUE, 2ND FLOOR  
EAST PALO ALTO, CA 94303  
KARLA PRINCE (650)853-3132

BOARD OF STATE COMMUNITY AND CORRECTIONS  
2590 VENTURE OAKS WAY, STE. 200  
SACRAMENTO, CA 95883  
ANGELA ARDISANA (916)323-8580

ALAMEDA COUNTY PROBATION DEPARTMENT - JJCPA  
1111 JACKSON STREET  
OAKLAND, CA 94604-2059  
SADAF SIDDIQ (510)268-(2)7669

ALAMEDA COUNTY PROBATION DEPARTMENT - DPN #1  
1111 JACKSON STREET  
OAKLAND, CA 94604-2059  
MARIANA DAILEY (510)268-(2)7667

UNION CITY - DPN SUBCONTRACT #2  
34009 ALVARADO-NILES RD  
UNION CITY, CA 94587  
PEDRO NARANJO (510)675-5407

**Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding (continued)****Description**

ALAMEDA COUNTY OFFICE OF EDUCATION  
313 W. WINTON AVE., RM 241  
HAYWARD, CA 94544  
VALENTINO RECONOSE (510) 670-7739

MILPITAS UNIFIED SCHOOL DISTRICT  
1331 EAST CALAVERAS BOULEVARD  
MILPITAS, CA 95035  
LINH LE

CITY OF SAN JOSE- YRG  
200 EAST SANTA CLARA STREET, 9TH FLOOR  
SAN JOSÉ, CA 95113  
JIMMY CHAN (408) 795-1618

COUNTY OF SANTA CLARA - MEASURE A  
70 WEST HEDDING STREET  
SAN JOSE, CA 95110  
MARIA MARINOS

COUNTY OF SANTA CLARA - DEJ  
2314 NORTH FIRST STREET  
SAN JOSE, CA 95131  
BERNADETTE GONZALEZ (408) 435-2078

BOARD OF STATE COMMUNITY AND CORRECTIONS - TITLE 2  
2590 VENTURE OAKS WAY, SUITE 200  
SACRAMENTO, CA 95833  
DEANNA RIDGWAY (916) 322-8088

CALIFORNIA COMMUNITY REINVESTMENT GRANTS PROGRAM  
CALIFORNIA GOVERNOR'S OFFICE OF BUSINESS & ECONOMIC DEV (GO-BIZ)  
CARA ROTHENBAUM (916) 719-1906

OFFICE OF CULTURAL COMPETENCY COUNTY OF SANTA CLARA  
OFFICE OF THE COUNTY EXECUTIVE  
2460 N. 1ST, SUITE 220  
SAN JOSÉ, CA 95131  
ROSE LITVIN (669) 287-5374

SANTA CLARA OFFICE OF LGBTQ AFFAIRS, DIVISION OF EQUITY AND  
SOCIAL JUSTICE  
2460 N 1ST ST, SUITE 220  
SAN JOSÉ, CA 95131  
SERA FERNANDO (408) 678-1469

SAN MATEO COUNTY OFFICE OF EDUCATION  
101 TWIN DOLPHIN DRIVE  
REDWOOD CITY, CA 94065  
VANESSA CASTRO (650) 802.5430

CONTRA COSTA COUNTY PROBATION DEPARTMENT  
50 DOUGLAS DR. STE. 201  
MARTINEZ, CA 94553

## California Statements

### **Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding (continued)**

#### Description

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CHRIS DE DIOS (925) 313-4120



034

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR

**2021****California e-file Return Authorization for  
Exempt Organizations**

FORM

**8453-EO**

Exempt Organization name

**FRESH LIFELINES FOR YOUTH, INC.**

Identifying number

**52-2234595****Part I Electronic Return Information** (whole dollars only)

<b>1</b>	Total gross receipts (Form 199, line 4)	<b>1</b>	<b>7,901,239</b>
<b>2</b>	Total gross income (Form 199, line 8)	<b>2</b>	<b>7,900,738</b>
<b>3</b>	Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>8,314,351</b>

**Part II Settle Your Account Electronically for Taxable Year 2021**

<b>4</b>	<input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
----------	--	------------------	--

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b>	Routing number	
<b>6</b>	Account number	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign  
Here**

Signature of officer

**08/16/23**

Date

**PRESIDENT & CEO**

Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO  
Must  
Sign**ERO's  
signature**MICHAEL R MARUCHEAU**

Date

**08/16/23**Check if  
also paid  
preparer☒Check  
if self-  
employed☐

ERO's PTIN

**P01250456**Firm's name (or yours  
if self-employed)  
and address**GRANT BENNETT ASSOCIATES  
10850 GOLD CENTER DR STE 260  
RANCHO CORDOVA CA**

Firm's FEIN

**94-2692073**

ZIP code

**95670-5143**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid  
Preparer  
Must  
Sign**Paid  
preparer's  
signature

Date

Check  
if self-  
employed☐

Paid preparer's PTIN

Firm's name (or yours  
if self-employed)  
and address

Firm's FEIN

ZIP code

TAXABLE YEAR

2021

# California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022.

Corporation/Organization name <b>FRESH LIFELINES FOR YOUTH, INC.</b>		California corporation number <b>2080111</b>
Additional information. See instructions.		FEIN <b>52-2234595</b>
Street address (suite or room) <b>568 VALLEY WAY</b>		PMB no.
City <b>MILPITAS</b>	State <b>CA</b>	Zip code <b>95035</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<b>A</b> First return	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>B</b> Amended return	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>C</b> IRC Section 4947(a)(1) trust	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>K</b> Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D</b> Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)		<b>L</b> Is the organization a limited liability company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other		<b>M</b> Did the organization file Form 100 or Form 109 to report taxable income?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series		<b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>G</b> Is this a group filing? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>O</b> Is federal Form 1023/1024 pending? Date filed with IRS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H</b> Is this organization in a group exemption? If "Yes," what is the parent's name?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	<b>447,247</b>	<b>00</b>
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>		<b>00</b>
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received	<b>3</b>	<b>7,453,992</b>	<b>00</b>
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	<b>4</b>	<b>7,901,239</b>	<b>00</b>
	<b>5</b> Cost of goods sold	<b>5</b>		<b>00</b>
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>	<b>501</b>	<b>00</b>
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	<b>501</b>	<b>00</b>
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	<b>7,900,738</b>	<b>00</b>
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	<b>8,314,351</b>	<b>00</b>
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	<b>-413,613</b>	<b>00</b>
<b>Filing Fee</b>	<b>11</b> Total payments	<b>11</b>		<b>00</b>
	<b>12</b> Use tax. See General Information K	<b>12</b>		<b>00</b>
	<b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<b>13</b>		<b>00</b>
	<b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<b>14</b>		<b>00</b>
	<b>15</b> Penalties and interest. See General Information J	<b>15</b>		<b>00</b>
	<b>16</b> Balance due. Add line 12, and line 15. Then subtract line 11 from the result	<b>16</b>		<b>00</b>
<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
<b>Paid Preparer's Use Only</b>	Signature of officer <b>MICHAEL R MARUCHEAU</b>	Title <b>PRESIDENT &amp; CEO</b>	Date <b>08/16/2023</b>	Telephone <b>408-263-2630</b>
	Preparer's signature		Check if self-employed <input type="checkbox"/>	PTIN <b>P01250456</b>
	Firm's name (or yours, if self-employed) and address <b>GRANT BENNETT ASSOCIATES 10850 GOLD CENTER DR STE 260 RANCHO CORDOVA, CA 95670-5143</b>			Firm's FEIN <b>94-2692073</b>
				Telephone <b>916-922-5109</b>
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**FRESH LIFELINES FOR YOUTH, INC.**  
**52-2234595**

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	281,897	00
	2	Interest	•	2	148	00
	3	Dividends	•	3	42,137	00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6	74,290	00
	7	Other income. Attach schedule	•	7	48,775	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	447,247	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	4,250	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	776,000	00
	12	Other salaries and wages	•	12	4,534,383	00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15	148,586	00
	16	Depreciation and depletion (See instructions)	•	16	14,138	00
	17	Other expenses and disbursements. Attach schedule	•	17	2,836,994	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	8,314,351	00

**Schedule L Balance Sheet**

		Beginning of taxable year		End of taxable year	
<b>Assets</b>		(a)	(b)	(c)	(d)
1	Cash		3,913,266	•	2,948,303
2	Net accounts receivable		798,933	•	1,086,305
3	Net notes receivable			•	
4	Inventories			•	
5	Federal and state government obligations <b>STMT 6</b>		2,756,747	•	2,542,072
6	Investments in other bonds			•	
7	Investments in stock			•	
8	Mortgage loans			•	
9	Other investments. Attach schedule			•	
10	<b>a</b> Depreciable assets	474,262		488,565	
	<b>b</b> Less accumulated depreciation	406,670	67,592	382,011	106,554
11	Land			•	
12	Other assets. Attach schedule <b>STMT 7</b>		73,113	•	94,266
13	<b>Total assets</b>		7,609,651		6,777,500
<b>Liabilities and net worth</b>					
14	Accounts payable		757,554	•	670,036
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities. Attach schedule			•	
19	Capital stock or principal fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund		6,852,097	•	6,107,464
22	<b>Total liabilities and net worth</b>		7,609,651		6,777,500

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	-744,633	7	Income recorded on books this year not included in this return. Attach schedule <b>SEE STMT 9</b>	•	24,824
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	<b>Total.</b> Add line 7 and line 8		24,824
4	Income not recorded on books this year. Attach schedule	•		10	<b>Net income per return.</b> Subtract line 9 from line 6		-413,613
5	Expenses recorded on books this year not deducted in this return. Attach schedule <b>STMT 8</b>	•	355,844				
6	<b>Total.</b> Add line 1 through line 5		-388,789				

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description		How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
SALES OF SECURITIES						\$ 2,451	\$ 501	\$	501
PURCHASE						71,839			
CAPITAL GAIN DISTRIBUTIONS									
TOTAL						\$ 74,290	\$ 501	\$ 0	\$ 501

**California Statements****Statement 2 - Form 199, Part II, Line 7 - Other Income**

<u>Description</u>	<u>Amount</u>
ANNUAL SHOWCASE EVENT	\$ <u>48,775</u>
TOTAL	\$ <u><u>48,775</u></u>

FYE: 6/30/2022

# California Statements

**Statement 3 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts**

PSA	Class	Name	Address			City	State	Zip
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date

1 EDUCATIONAL STIPENDS

4.250

**Statement 4 - Form 199, Part II, Line 11 - Officer Compensation**

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
ALI KNIGHT	MILPITAS	568 VALLEY WAY CA	95035	PRESIDENT & CEO	40.00	232,500	
CARLOS GARCIA	MILPITAS	568 VALLEY WAY CA	95035	CFO & VP	40.00	145,200	
SUSIE RIVERA	MILPITAS	568 VALLEY WAY CA	95035	VP OF YV & ED OF SCC	40.00	137,500	
KATHERINE SANDOVAL-CLARK	MILPITAS	568 VALLEY WAY CA	95035	VP OF DEVELOPMENT	40.00	129,050	
CASSIDY HIGGINS	MILPITAS	568 VALLEY WAY CA	95035	VP OF CMNTY IMPACT	40.00	131,750	
LISA BREEN	MILPITAS	568 VALLEY WAY CA	95035	CHIEF OF DEV OFFICER	1.10		
MARK DONNELLY	MILPITAS	568 VALLEY WAY CA	95035	CHAIR EMERITUS	1.10		
JUNE WANG	MILPITAS	568 VALLEY WAY CA	95035	VICE CHAIR	1.10		
KRISTIN MAJOR	MILPITAS	568 VALLEY WAY CA	95035	TREASURER	1.10		
GENE WADE	MILPITAS	568 VALLEY WAY CA	95035	DIRECTOR	1.10		
DIANA BELL	MILPITAS	568 VALLEY WAY CA	95035	DIRECTOR	1.10		
MEERA CHARY	MILPITAS	568 VALLEY WAY CA	95035	DIRECTOR	1.10		
GORDON DAVIDSON	MILPITAS	568 VALLEY WAY CA	95035	DIRECTOR	1.10		

California Statements

Statement 4 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name		Address		Title	Avg Hrs	Compensation Amount
City	State	Zip				
ROBERT DEJESUS	MILPITAS	568 VALLEY WAY CA 95035		DIRECTOR	1.10	
STUART LEE	MILPITAS	568 VALLEY WAY CA 95035		DIRECTOR	1.10	
JOAN MALCOLM	MILPITAS	568 VALLEY WAY CA 95035		DIRECTOR	1.10	
DONNA PETKANICS	MILPITAS	568 VALLEY WAY CA 95035		BOARD CHAIR	1.10	
RICO ROSALES	MILPITAS	568 VALLEY WAY CA 95035		DIRECTOR	1.10	
JUDGE PATRICK TONDREAU	MILPITAS	568 VALLEY WAY CA 95035		DIRECTOR	1.10	
DEANN WORK	MILPITAS	568 VALLEY WAY CA 95035		DIRECTOR	1.10	
MELYNNIE RIZVI	MILPITAS	568 VALLEY WAY CA 95035		SECRETARY	1.10	
TOTAL						776,000

**Statement 5 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
	\$
ANNUAL SHOWCASE EVENT EXPENSES	48,775
OTHER EMPLOYEE BENEFITS	252,127
PAYROLL TAXES	446,926
ACCOUNTING	57,355
PROFESSIONAL FEES	551,784
EQUIPMENT RENTAL & MAINT.	99,644
PROGRAM ACTIVITIES & TRNG	228,017
PROGRAM SUPPLIES	131,111
STIPENDS	117,573
MISCELLANEOUS	185,147
PENSION	389,825
TELEPHONE	88,126
OFFICE SUPPLIES	25,841
PRINTING AND PUBLICATION EXP	64,980
TRAVEL EXPENSE	72,566
CONFERENCES AND MEETING EXP	46,442
INSURANCE EXPENSE	30,755
TOTAL	<u>\$ 2,836,994</u>

**Statement 6 - Form 199, Schedule L, Line 5 - Federal and State Government**

Description	Beginning of Year	End of Year
INVESTMENTS	\$ 2,756,747	\$ 2,542,072
TOTAL	<u>\$ 2,756,747</u>	<u>\$ 2,542,072</u>

**Statement 7 - Form 199, Schedule L, Line 12 - Other Assets**

Description	Beginning of Year	End of Year
DEPOSITS	\$ 18,809	\$ 18,809
PREPAID EXPENSES	54,304	75,457
TOTAL	<u>\$ 73,113</u>	<u>\$ 94,266</u>

**Statement 8 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books**

Description	Amount
DONATED SERVICES	\$ 355,844
TOTAL	<u>\$ 355,844</u>



**Statement 9 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books**

Description	Amount
NET UNREALIZED GAINS	\$ -331,020
DONATED SERVICES	355,844
TOTAL	<u>\$ 24,824</u>

TAXABLE YEAR

CALIFORNIA FORM

2021

# Political or Legislative Activities by Section 23701d Organizations

3509

For calendar year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022.

Attach to Form 199. FTB 199N filers see instructions.

Corporation/Organization name <b>FRESH LIFELINES FOR YOUTH, INC.</b>		California corporation number
Street address (suite, room, or PMB no.) <b>568 VALLEY WAY</b>		FEIN <b>52-2234595</b>
City <b>MILPITAS</b>	State <b>CA</b>	ZIP code <b>95035</b>

## Part I – Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

- 1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? 1 ☐ Yes ☒ No  
If "Yes," describe the activities. Provide a summary of any published material relating to the activities.

- 2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? 2 ☐ Yes ☒ No  
If "Yes," describe the activities. Include the name of the individual or organization the organization contributed to, the amount paid, and date of contribution.

## Part II – Legislative Activities

Complete if the organization attempted to influence legislation.

- 3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? 3 ☐ Yes ☒ No  
If "Yes," See instructions.

- 4a Has the organization, during the 2021 taxable year, filed a federal Form 5768? 4a ☐ Yes ☒ No  
If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue Service and skip question 4b. This fulfills the organization's need to file an election for state purposes.  
If "No," go to question 4b and see instructions.
- 4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? 4b ☐ Yes ☒ No  
Note: The organization **cannot** make this election if it is a church, an integrated auxiliary of a church, a private foundation, or an affiliated organization.

Furnish the following financial information for the taxable year:

<b>5 Exempt Purpose Expenditures</b> The total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose. ....	5		00
<b>6 Lobbying Expenditures</b> The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation. ....	6		00
<b>7 Grass Roots Expenditures</b> The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it. ....	7		00