

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. FRESH LIFELINES FOR YOUTH INC.	Taxpayer identification number (TIN) 52-2234595
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 568 VALLEY WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILPITAS, CA 95035	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name
Plan Number
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **NATALIA PERFETTO**

568 VALLEY WAY - MILPITAS, CA 95035

Telephone No. **408-263-2630** Fax No.

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable:	C Name of organization FRESH LIFELINES FOR YOUTH INC.		D Employer identification number 52-2234595	
<input type="checkbox"/> Address change	Doing business as		E Telephone number 408-263-2630	
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 568 VALLEY WAY		F Gross receipts \$ 10,399,206.	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code MILPITAS, CA 95035		G Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: ARTAVIA BERRY SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Amended return	I 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		If "No," attach a list. See instructions	
<input type="checkbox"/> Application pending	J Website: FLYPROGRAM.ORG		H(c) Group exemption number	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2000		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FLY'S MISSION IS TO PARTNER WITH YOUTH TO UNLOCK THEIR POTENTIAL, DISRUPT THE PIPELINE TO PRISON, AND			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	117	
	6 Total number of volunteers (estimate if necessary)	6	99	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	9,166,418.	9,945,551.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	286,866.	275,755.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,966.	102,823.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.	
		9,527,250.	10,324,129.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,051,524.	8,335,770.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25)	689,998.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,978,875.	2,614,941.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,030,399.	10,950,711.	
19 Revenue less expenses. Subtract line 18 from line 12	-503,149.	-626,582.		
Net Assets or Fund Balances	Beginning of Current Year	End of Year		
	20 Total assets (Part X, line 16)	6,751,063.	6,811,989.	
	21 Total liabilities (Part X, line 26)	1,065,391.	1,526,153.	
	22 Net assets or fund balances. Subtract line 21 from line 20	5,685,672.	5,285,836.	

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.

TAXPAYER COPY

Sign Here	Signature of officer ARTAVIA BERRY, PRESIDENT AND CEO			Date
	Type or print name and title			
Paid	Print/Type preparer's name MATTHEW PETROSKI	Preparer's signature MATTHEW PETROSKI	Date 04/18/25	Check <input type="checkbox"/> if self-employed PTIN P00853132
Preparer	Firm's name ARMANINO ADVISORY LLC		Firm's EIN 94-6214841	
Use Only	Firm's address 2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004		Phone no. 925-790-2600	

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck 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 AND
 SUPPORTED, AND THE PIPELINE TO PRISON IS REPLACED WITH MEANINGFUL

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 \$ _____ including grants of \$ _____) (Revenue \$ _____) 275,755.)
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

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

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

4e Total program service expenses 7,829,798.

Form 990 (2023)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 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. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 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? <i>If "Yes," complete Schedule D, Part VII</i> c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11a X	
11b X	11b X	
11c X	11c X	
11d X	11d X	
11e X	11e X	
11f X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14a X	
14b X	14b X	
15 X	15 X	
16 X	16 X	
17 X	17 X	
18 X	18 X	
19 X	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
26	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	27	X
28	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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	85
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	117
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	Section 501(c)(12) organizations. Enter:	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13c	
a	Is the organization licensed to issue qualified health plans in more than one state?	14a	X
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14b	
c	Enter the amount of reserves on hand	15	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	16	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	17	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
If "Yes," complete Form 6069.			

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?			x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			x

Section B. Policies

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

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

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.	
	<input checked="" type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> 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	
	NATALIA PERFETTO - 408-263-2630	
	568 VALLEY WAY, MILPITAS, CA 95035	

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 the 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, box 6 of 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 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			
(1) ALI KNIGHT PRESIDENT & CEO (THRU 06/24)	40.00		X				239,750.	0.	39,836.
(2) CASSIDY HIGGINS CHIEF STRATEGY OFFICER	40.00		X				159,498.	0.	21,700.
(3) NATALIA PERFETTO VP OF FINANCE/OPERATIONS	40.00			X			138,583.	0.	20,792.
(4) JAMELA JOSEPH VP OF ORGANIZATIONAL EFFECTIVENESS	40.00			X			138,583.	0.	18,020.
(5) KATIE SANDOVAL CLARK CHIEF DEVELOPMENT OFFICER (THRU 7/23)	40.00		X				73,148.	0.	12,448.
(6) SHERRI SHANER CHIEF DEVELOPMENT OFFICER	40.00		X				5,769.	0.	0.
(7) JUNE WANG BOARD CHAIR	2.90	X	X				0.	0.	0.
(8) MARK DONNELLY CHAIR EMERITUS (THRU 01/24)	2.20	X	X				0.	0.	0.
(9) MELYNNE RIZVI BOARD VICE CHAIR	1.30	X	X				0.	0.	0.
(10) DONNA PETKANICS BOARD SECRETARY	1.30	X	X				0.	0.	0.
(11) DIANA BELL BOARD MEMBER	1.30	X					0.	0.	0.
(12) MEERA CHARY BOARD MEMBER	1.30	X					0.	0.	0.
(13) GORDON DAVIDSON BOARD MEMBER	1.30	X					0.	0.	0.
(14) ROBERT DEJESUS BOARD MEMBER (THRU 11/23)	1.30	X					0.	0.	0.
(15) JOAN MALCOLM BOARD MEMBER	1.30	X					0.	0.	0.
(16) ULRICO ROSALES BOARD MEMBER	1.30	X					0.	0.	0.
(17) PATRICK TONDREAU BOARD MEMBER	1.30	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 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			
(18) GENE WADE BOARD MEMBER	1.30	X					0.	0.	0.
(19) DEANN WORK BOARD MEMBER	1.30	X					0.	0.	0.
(20) THURMAN WHITE BOARD MEMBER	1.30	X					0.	0.	0.
(21) CATHERINE ZINN BOARD MEMBER	1.30	X					0.	0.	0.
1b Subtotal							755,331.	0.	112,796.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							755,331.	0.	112,796.

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

9

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 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*

5 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*

	Yes	No
3	X	
4	X	
5	X	

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	NONE	(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		

Form 990 (2023)

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c 216,240.			
	d Related organizations	1d			
	e Government grants (contributions)	1e 4,904,289.			
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 4,825,022.			
	g Noncash contributions included in lines 1a-1f	1g \$ 53,648.			
	h Total. Add lines 1a-1f		9,945,551.		
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 900099	275,755.	275,755.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		275,755.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		102,821.		102,821.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real 6a			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities 7a	2.		
	b Less: cost or other basis and sales expenses	7b	0.		
	c Gain or (loss)	7c	2.		
	d Net gain or (loss)		2.		2.
	8 a Gross income from fundraising events (not including \$ 216,240. of contributions reported on line 1c). See Part IV, line 18	8a 75,077.			
	b Less: direct expenses	8b 75,077.			
	c Net income or (loss) from fundraising events		0.		
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a	Business Code			
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	10,324,129.	275,755.	0.	102,823.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,026,645.	365,994.	518,402.	142,249.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,984,956.	4,404,750.	1,206,362.	373,844.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	753,270.	576,087.	165,759.	11,424.
10 Payroll taxes	570,899.	438,273.	99,322.	33,304.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	152,234.	83,373.	54,780.	14,081.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	479,560.	262,638.	172,564.	44,358.
12 Advertising and promotion				
13 Office expenses	211,543.	154,455.	40,189.	16,899.
14 Information technology				
15 Royalties				
16 Occupancy	312,107.	298,845.	7,447.	5,815.
17 Travel	155,508.	145,060.	9,354.	1,094.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	82,184.	42,670.	35,437.	4,077.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,330.	37,264.	8,746.	3,320.
23 Insurance	38,889.	28,329.	7,508.	3,052.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM ACTIVITIE/TRAIN	316,374.	314,091.	493.	1,790.
b STIPENDS & SCHOLARSHIPS	292,337.	289,839.	1,920.	578.
c PROGRAM SUPPLIES	163,986.	154,085.	4,457.	5,444.
d EQUIPMENT RENTAL/MAINTENANCE	72,564.	52,978.	13,783.	5,803.
e All other expenses	288,325.	181,067.	84,392.	22,866.
25 Total functional expenses. Add lines 1 through 24e	10,950,711.	7,829,798.	2,430,915.	689,998.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	1,665,986.	1	872,493.
	2 Savings and temporary cash investments	439,124.	2	216,044.
	3 Pledges and grants receivable, net	1,321,154.	3	1,825,934.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	105,583.	9	91,777.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	588,558.		
	b Less: accumulated depreciation	10b 451,354.	10c 167,660.	10c 137,204.
	11 Investments - publicly traded securities	2,728,287.	11	3,110,848.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	323,269.	15	557,689.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	6,751,063.	16	6,811,989.
Liabilities	17 Accounts payable and accrued expenses	766,218.	17	826,701.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	171,766.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	299,173.	25	527,686.
	26 Total liabilities. Add lines 17 through 25	1,065,391.	26	1,526,153.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,156,454.	27	4,251,192.
	28 Net assets with donor restrictions	1,529,218.	28	1,034,644.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,685,672.	32	5,285,836.
	33 Total liabilities and net assets/fund balances	6,751,063.	33	6,811,989.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	10,324,129.
2 Total expenses (must equal Part IX, column (A), line 25)	2	10,950,711.
3 Revenue less expenses. Subtract line 2 from line 1	3	-626,582.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,685,672.
5 Net unrealized gains (losses) on investments	5	226,746.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,285,836.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	x
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		
2b Were the organization's financial statements audited by an independent accountant?	2b	x
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		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	x
3b 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	3b	

Form **990** (2023)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

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		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,808,637.	8,410,319.	7,453,992.	9,166,418.	9,945,551.	41,784,917.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,808,637.	8,410,319.	7,453,992.	9,166,418.	9,945,551.	41,784,917.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,136,901.
6 Public support. Subtract line 5 from line 4.						39,648,016.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	6,808,637.	8,410,319.	7,453,992.	9,166,418.	9,945,551.	41,784,917.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	43,892.	36,894.	42,285.	65,848.	102,821.	291,740.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						42,076,657.
12 Gross receipts from related activities, etc. (see instructions)					12	1,786,982.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	94.23	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	98.83	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization			
<input checked="" type="checkbox"/>			
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization			
<input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
<input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
<input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
<input type="checkbox"/>			

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a 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.*

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.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors <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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 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 Distributable Amount. 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).			

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

FRESH LIFELINES FOR YOUTH INC.

Employer identification number

52-2234595

Organization type (check one):**Filers of:**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 organizationForm 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 1/3% 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).

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

Schedule B (Form 990) (2023)

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	Anonymous FAMILY FOUNDATION SAN FRANCISCO, CA 94109	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BOARD OF STATE AND COMMUNITY CORRECTIONS 2590 VENTURE OAKS WAY STE. 200 SACRAMENTO, CA 95833	\$ 1,047,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SANTA CLARA COUNTY 2310 NORTH FIRST STREET SAN JOSE, CA 95131	\$ 1,006,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	EMERSON COLLECTIVE 2555 PULGAS AVE EAST PALO ALTO, CA 94303	\$ 936,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CONTRA COSTA COUNTY PROBATION DEPARTMENT 50 DOUGLAS DR. STE. 200 MARTINEZ, CA 94553	\$ 604,577.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SOBRATO FAMILY FOUNDATION 599 CASTRO STREET SUITE 400 MOUNTAIN VIEW, CA 94041	\$ 500,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FRESH LIFELINES FOR YOUTH INC.	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 SAN MATEO PROBATION 222 PAUL SCANNELL DRIVE SAN MATEO, CA 94402	\$ 431,586.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CITY AND COUNTY OF SAN FRANCISCO CITY HALL, ROOM 430 1 DR. CARLTON B. GOODLETT PLACE SAN FRANCISCO, CA 94102-4685	\$ 331,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ALAMEDA COUNTY PROBATION 1111 JACKSON ST. 8TH FLOOR OAKLAND, CA 94607	\$ 320,094.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE TK FOUNDATION 568 VALLEY WAY MILPITAS, CA 95035	\$ 200,000.	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.)
		\$	Person <input 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 II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization

FRESH LIFELINES FOR YOUTH INC.

Employer identification number

52-2234595

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		9,086.	
c Total lobbying expenditures (add lines 1a and 1b)		9,086.	
d Other exempt purpose expenditures		10,941,625.	
e Total exempt purpose expenditures (add lines 1c and 1d)		10,950,711.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		697,536.	
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		174,384.	
h Subtract line 1g from line 1a. If zero or less, enter -0		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0		0.	
j 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount			651,520.	697,536.	1,349,056.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,023,584.
c Total lobbying expenditures			10,952.	9,086.	20,038.
d Grassroots nontaxable amount			162,880.	174,384.	337,264.
e Grassroots ceiling amount (150% of line 2d, column (e))					505,896.
f Grassroots lobbying expenditures			87.		87.

Schedule C (Form 990) 2023

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
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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 expenditures next year?		
5 Taxable amount of lobbying and political expenditures. See instructions	4	
	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 D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023Open to Public
Inspection**Name of the organization**

FRESH LIFELINES FOR YOUTH INC.

Employer identification number

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.	
a Total number of conservation easements	Held at the End of the Tax Year
2a	
2b	
2c	
2d	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	\$

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

Schedule D (Form 990) 2023

332051 09-28-23

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 in Part XIII

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?

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

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

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

Part VI Land, Buildings, and Equipment

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

	(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		43,874.	43,874.	0.
d Equipment		265,138.	145,492.	119,646.
e Other		279,546.	261,988.	17,558.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				137,204.

Schedule D (Form 990) 2023

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)		

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

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)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

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) DEPOSITS	28,809.
(2) RIGHT OF USE ASSET	528,880.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

557,689.

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) OPERATING LEASE LIABILITY	527,686.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

527,686.

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 X

Schedule D (Form 990) 2023

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	11,046,221.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	226,746.
b	Donated services and use of facilities	2b	420,269.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	647,015.
3	Subtract line 2e from line 1	3	10,399,206.
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	-75,077.
c	Add lines 4a and 4b	4c	-75,077.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,324,129.

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	11,446,057.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	420,269.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	75,077.
e	Add lines 2a through 2d	2e	495,346.
3	Subtract line 2e from line 1	3	10,950,711.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,950,711.

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, LINE 2:

FLY IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES

UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE SERVICE 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 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE.

MANAGEMENT BELIEVES FLY HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30,

2024.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -75,077.

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

75,077.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

FRESH LIFELINES FOR YOUTH INC.

52-2234595

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

2 a 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.

Total 100

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.

Revenue		(a) Event #1 ANNUAL SHOWCASE (event type)	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(total number)		
1	Gross receipts	291,317.			291,317.
2	Less: Contributions	216,240.			216,240.
3	Gross income (line 1 minus line 2)	75,077.			75,077.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	26,274.			26,274.
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	48,803.			48,803.
10	Direct expense summary. Add lines 4 through 9 in column (d)				75,077.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
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:

a The organization's facility	13a	%
b An outside facility	13b	%

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?

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 \$ 000000000000000

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.

Part IV Supplemental Information (continued)

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**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 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

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 checked="" 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?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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)?

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

Schedule J (Form 990) 2023

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.

Part III Supplemental Information

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.

PART I, LINE 7:

THE ORGANIZATION PROVIDED DISCRETIONARY BONUSES TO ITS OFFICERS AND STAFF

BASED ON PERFORMANCE DURING THE CALENDAR YEAR.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

FRESH LIFELINES FOR YOUTH INC.

Employer identification number

52-2234595

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	53,648	PUBLICLY TRADED EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (_____)				
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2023

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REFLECTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF

ITEMS CONTRIBUTED.

**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 for the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

FRESH LIFELINES FOR YOUTH INC.

Employer identification number

52-2234595

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:ADVANCE JUSTICE IN CALIFORNIA AND BEYOND. FLY ENVISIONS A COUNTRY WHEREALL KIDS GROW UP VALUED AND SUPPORTED, AND THE PIPELINE TO PRISON ISREPLACED WITH MEANINGFUL OPPORTUNITIES FOR KIDS TO LIVE HEALTHY, FREE,AND PRODUCTIVE LIVES THAT MAKE STRONGER, SAFER, AND MORE VIBRANTCOMMUNITIES FOR US ALL. WHEN FLY WAS FOUNDED IN 2000, WE WERE GUIDED BYTHE INPUT OF YOUTH IN THE JUVENILE JUSTICE SYSTEM TO CREATE PROGRAMSGROUNDED IN LEGAL EDUCATION, MENTORING, AND LEADERSHIP TRAINING. OVERTHE PAST 22 YEARS, WE HAVE CONTINUOUSLY SOUGHT THE INPUT OF YOUNGPEOPLE IMPACTED BY THE YOUTH JUSTICE SYSTEM TO GROW AND EVOLVE OURPROGRAM OFFERINGS. WE SEEK TO ELEVATE THE VOICES OF YOUNG PEOPLE TOMAKE OUR SYSTEMS MORE EQUITABLE, JUST, AND HUMANE. WE ARE ON ATRAJECTORY THAT ASPIRES TO MOVE FROM SERVICE FOR SOME TO JUSTICE FORALL.FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:OPPORTUNITIES FOR KIDS TO LIVE HEALTHY, FREE, AND PRODUCTIVE LIVES THATMAKE STRONGER, SAFER, AND MORE VIBRANT COMMUNITIES FOR US ALL. WHEN FLYWAS FOUNDED IN 2000, WE WERE GUIDED BY THE INPUT OF YOUTH IN THEJUVENILE JUSTICE SYSTEM TO CREATE PROGRAMS GROUNDED IN LEGAL EDUCATION,MENTORING, AND LEADERSHIP TRAINING. OVER THE PAST 22 YEARS, WE HAVECONTINUOUSLY SOUGHT THE INPUT OF YOUNG PEOPLE IMPACTED BY THE YOUTHJUSTICE SYSTEM TO GROW AND EVOLVE OUR PROGRAM OFFERINGS. WE SEEK TOELEVATE THE VOICES OF YOUNG PEOPLE TO MAKE OUR SYSTEMS MORE EQUITABLE,JUST, AND HUMANE. WE ARE ON A TRAJECTORY THAT ASPIRES TO MOVE FROMSERVICE FOR SOME TO JUSTICE FOR ALL.

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

LHA 332211 11-14-23

Schedule O (Form 990) 2023

Name of the organization

FRESH LIFELINES FOR YOUTH INC.

Employer identification number

52-2234595

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 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

Name of the organization

FRESH LIFELINES FOR YOUTH INC.

Employer identification number

52-2234595

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 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

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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 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

Name of the organization	FRESH LIFELINES FOR YOUTH INC.	Employer identification number 52-2234595
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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, SECTION B, 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.

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

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

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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, SECTION B, LINE 15:

COMPENSATION PROCESS FOR TOP OFFICIAL ALL SALARIES MUST BE APPROVED BY ALL

MEMBERS OF THE BOARD OF DIRECTORS DURING THE BUDGET APPROVAL PROCESS.

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 COMPLETED ANNUALLY BY THE ORGANIZATION.

COMPENSATION PROCESS FOR OFFICERS MUST BE APPROVED BY ALL MEMBERS OF THE

BOARD OF DIRECTORS DURING THE BUDGET APPROVAL PROCESS. THE BOARD OF

DIRECTORS DETERMINES THE CEO'S COMPENSATION. 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.

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

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS AND

CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE FINANCIAL

332212 11-14-23

Schedule O (Form 990) 2023

Name of the organization

FRESH LIFELINES FOR YOUTH INC.

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STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy)	07/01/2023	, and ending (mm/dd/yyyy)	06/30/2024
Corporation/Organization name		California corporation number	
FRESH LIFELINES FOR YOUTH INC.		2080111	
Additional information. See instructions.		FEIN 52-2234595	
Street address (suite or room) 568 VALLEY WAY		PMB no.	
City MILPITAS		State CA	ZIP code 95035
Foreign country name		Foreign province/state/county	
		Foreign postal code	
<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="radio"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized</p> <p>Enter date: (mm/dd/yyyy) <input type="radio"/></p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="radio"/> 990T (2) <input type="radio"/> 990PF (3) <input type="radio"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="radio"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p>			
<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="radio"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="radio"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="radio"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ <input type="text"/></p> <p>L Is the organization a limited liability company? <input type="radio"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="radio"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="radio"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS <input type="text"/></p>			

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	●	1	453,655	00	
	2	Gross dues and assessments from members and affiliates	●	2		00	
	3	Gross contributions, gifts, grants, and similar amounts received	●	3	9,945,551	00	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	●	4	10,399,206	00	
		This line must be completed. If the result is less than \$50,000, see General Information B	●				
	5	Cost of goods sold	●	5	00		
	6	Cost or other basis, and sales expenses of assets sold	●	6	00		
	7	Total costs. Add line 5 and line 6	●	7		00	
8	Total gross income. Subtract line 7 from line 4	●	8	10,399,206	00		
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	●	9	11,025,788	00	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	●	10	-626,582	00	
Payments	11	Total payments	●	11		00	
	12	Use tax. See General Information K	●	12		00	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	●	13		00	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	●	14		00	
	15	Penalties and interest. See General Information J	●	15		00	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	●	16		00	
	Sign Here	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.					
		Signature of officer	► TAXPAYER COPY	Title PRESIDENT AND CEO	Date	● Telephone	
Paid Preparer's Use Only	Preparer's signature	► MATTHEW PETROSKI	Date 04/18/25	Check if self-employed	► <input type="checkbox"/>	● PTIN P00853132	
	Firm's name (or yours, if self- employed)	► ARMANINO ADVISORY LLC				● Firm's FEIN 94-6214841	
	and address	2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004				● Telephone 925-790-2600	
May the FTB discuss this return with the preparer shown above? See instructions						● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

328951 12-26-23

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	•	1	00
	2 Interest	•	2	00
	3 Dividends	•	3	00
	4 Gross rents	•	4	00
	5 Gross royalties	•	5	00
	6 Gross amount received from sale of assets (See instructions)	•	6	00
	7 Other income	•	7	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	00
	9 Contributions, gifts, grants, and similar amounts paid	•	9	00
	10 Disbursements to or for members	•	10	00
	11 Compensation of officers, directors, and trustees	•	11	00
	12 Other salaries and wages	•	12	00
	13 Interest	•	13	00
	14 Taxes	•	14	00
	15 Rents	•	15	00
	16 Depreciation and depletion (See instructions)	•	16	00
	17 Other expenses and disbursements	•	17	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	00

Schedule L Balance Sheet **Beginning of taxable year** **End of taxable year**

Assets	(a)	(b)	(c)	(d)
1 Cash				•
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				•
12 Other assets				•
13 Total assets				
Liabilities and net worth				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund				•
22 Total liabilities and net worth				

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	•	7 Income recorded on books this year not included in this return. Attach schedule	
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	•		
4 Income not recorded on books this year. Attach schedule	•		
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•	9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5	•	10 Net income per return. Subtract line 9 from line 6	

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME — Anonymous FOUNDATION	CONTRIBUTOR'S ADDRESS SAN FRANCISCO, CA 94109	DATE OF GIFT 06/30/24	AMOUNT 1,500,000.
BOARD OF STATE AND COMMUNITY CORRECTIONS	2590 VENTURE OAKS WAY STE. 200 SACRAMENTO, CA 95833	06/30/24	1,047,552.
SANTA CLARA COUNTY	2310 NORTH FIRST STREET SAN JOSE, CA 95131	06/30/24	1,006,250.
EMERSON COLLECTIVE	2555 PULGAS AVE EAST PALO ALTO, CA 94303	06/30/24	604,577.
SOBRATO FAMILY FOUNDATION CONTRA COSTA COUNTY	599 DOWGAS STREET STE SUITE 400 MOUNTAIN VIEW, CA 94041	06/30/24	500,000.
PROBATION DEPARTMENT COUNTY OF SAN MATEO PROBATION	222 PAUL SCANNELL DRIVE SAN MATEO, CA 94402	06/30/24	431,586.
CITY AND COUNTY OF SAN FRANCISCO	CITY HALL, ROOM 430 1 DR. CARLTON B. GOODLETT PLACE SAN FRANCISCO, CA 94102-	06/30/24	331,000.
ALAMEDA COUNTY PROBATION	1111 JACKSON ST. 8TH FLOOR OAKLAND, CA 94607	06/30/24	320,094.
THE TK FOUNDATION	568 VALLEY WAY MILPITAS, CA 95035	06/30/24	200,000.
CALIFORNIA COMMUNITY REINVESTMENT GRANTS PROGRAM	1325 J STREET 18TH FLOOR SACRAMENTO, CA 95814	06/30/24	154,530.
THE FRANKLIN AND CATHERINE JOHNSON FOUNDATION CITY OF OAKLAND	2100 GENG ROAD, SUITE 200 PALO ALTO, CA 94303	06/30/24	151,286.
	150 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	06/30/24	137,575.

CITY OF SAN JOSE	200 EAST SANTA CLARA STREET 9TH FLOOR SAN JOSE, CA 95113	06/30/24	124,558.
COUNTY OF SANTA CLARA SOCIAL SERVICES AGENCY YOUTH ALIVE	2310 NORTH FIRST STREET SAN JOSE, CA 95131 3300 ELM STREET OAKLAND, CA 94609	06/30/24 06/30/24	119,527. 101,183.
SUSAN AND LEE KLARICH HOUSEHOLD 1440 FOUNDATION	15950 CERRO VISTA DRIVE LOS GATOS, CA 95032 800 BETHANY DR SCOTTS VALLEY, CA 95066	10/10/23 06/30/24	100,000. 100,000.
SAN FRANCISCO 49ERS FOUNDATION QUEST FOUNDATION	2884 BENJAMIN AVENUE SAN JOSE, CA 95124 P.O. BOX 339 DANVILLE, CA 94526-0339	06/30/24 06/30/24	100,000. 100,000.
KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT COUNTY OF SAN MATEO	KAISER PLAZA 19TH FLOOR OAKLAND, CA 94612	06/30/24	95,000.
SANTA CLARA COUNTY OFFICE OF EDUCATION	500 COUNTY CENTER 5TH FLOOR REDWOOD CITY, CA 94063	06/30/24	70,000.
JANE WOODWARD HOUSEHOLD	258 SUNOL STREET MC 213 SAN JOSE, CA 95126 1795 PARK BOULEVARD PALO ALTO, CA 94306	06/30/24 11/30/23	63,000. 60,000.
CITY OF RICHMOND	450 CIVIC CENTER PLAZA RICHMOND, CA 94804	06/30/24	59,592.
HEIDI HOPPER, JEFFREY A. DEAN HOUSEHOLD	PO BOX 10195 PALO ALTO, CA 94303	03/12/24	50,000.
LATA KRISHNAN SHAH AND AJAY SHAH HOUSEHOLD	27241 ALTAMONT RD LOS ALTOS, CA 94022	12/18/23	50,000.
LISA AND MATTHEW SONSINI HOUSEHOLD	1140 ARBOR ROAD MENLO PARK, CA 94025	12/13/23	50,000.
JOHN & TERRY LEVIN FAMILY FOUNDATION	7812 MCEWEN RD STE 100 DAYTON, OH 45459	06/30/24	50,000.
ZELLERBACH FAMILY FOUNDATION	575 MARKET ST, STE 2950 SAN FRANCISCO, CA 94105	06/30/24	50,000.
LARRY ORR AND NICOLE LEDERER HOUSEHOLD	1850 FULTON STREET PALO ALTO, CA 94303	01/05/24	40,000.
GORDON AND CAROLYN DAVIDSON HOUSEHOLD	1919 BARBARA DR PALO ALTO, CA 94303	11/30/23	35,900.
ERIC WRIGHT HOUSEHOLD	568 VALLEY WAY MILPITAS, CA 95035	12/08/23	31,000.
MARK AND MARI DONNELLY HOUSEHOLD FENWICK & WEST LLP	1433 RICHARDS AVE SAN JOSE, CA 95125 801 CALIFORNIA ST. MOUNTAIN VIEW, CA 94041	12/08/23 01/02/24	30,900. 30,120.
RICO AND ANNE ROSALES HOUSEHOLD UNION CITY	365 AUGUST CIRCLE MENLO PARK, CA 94025 34009 ALVARADONILES RD UNION CITY, CA 94587	01/18/24 06/30/24	27,000. 26,959.
DEANN AND PAUL WORK HOUSEHOLD	714 KANSAS ST. SAN FRANCISCO, CA 94107	09/05/23	26,900.
DONNA PETKANICS AND JAY GERSTENSCHLAGER HOUSEHOLD	15 SLEEPY HOLLOW CARMEL VALLEY, CA 93924	10/17/23	25,900.
GORDON AND BETTY MOORE FOUNDATION	1661 PAGE MILL RD. PALO ALTO, CA 94304	10/26/23	25,000.
MELINDA STEWART AND BRUCE WILBUR HOUSEHOLD	568 VALLEY WAY MILPITAS, CA 95035	01/02/24	25,000.

APPLIED MATERIALS FOUNDATION	3050 BOWERS AVE # 0106 SANTA CLARA, CA 95054	06/30/24	25,000.
JENNIFER AND MICHAEL SMITH HOUSEHOLD	122 STACIA ST LOS GATO, CA 95030	01/18/24	20,000.
TIDES FOUNDATION	1012 TORNEY AVE SAN FRANCISCO, CA 94129	06/30/24	20,000.
ADOBE EMPLOYEE COMMUNITY FUND	3640 HOLDREGE AVE LOS ANGELES, CA 90016	06/30/24	20,000.
JUNE WANG HOUSEHOLD	19701 MINOCQUA CT SARATOGA, CA 95070	12/13/23	15,900.
JUDD AND AMY KLEMENT HOUSEHOLD	238 VALLEY ST LOS ALTOS, CA 94022	07/06/23	15,000.
PHLYSSA KOSHLAND HOUSEHOLD	PO BOX 7310 MENLO PARK, CA 94026	11/13/23	15,000.
TERRY AND ANNE CLARK HOUSEHOLD	1910 NEWELL RD PALO ALTO, CA 94303	01/23/24	15,000.
WILSON SONSINI GOODRICH & ROSATI FOUNDATION	650 PAGE MILL RD PALO ALTO, CA 94304	03/06/24	15,000.
NATIONAL ASSOCIATION OF THEATRE OWNERS OF CALIFORNIA	1705 N ST. NW WASHINGTON, DC 20036	06/30/24	15,000.
RANDY AND CINDY POND HOUSEHOLD	48 BRIGHTWOOD CIRCLE DANVILLE, CA 94506	12/29/23	11,500.
DIANA BELL HOUSEHOLD	4231 NORTON AVENUE OKALAND, CA 94602	12/08/23	10,900.
MEYER MALKA AND BECKY KLEINER HOUSEHOLD	568 VALLEY WAY MILPITAS, CA 95035	12/21/23	10,250.
BOB MCCOLLUM HOUSEHOLD	262 SANTA RITA PALO ALTO, CA 94301	10/31/23	10,000.
DAVID AND LIEN BABULAK HOUSEHOLD	568 VALLEY WAY MILPITAS, CA 95035	09/21/23	10,000.
EDWARD CHANG HOUSEHOLD	19701 MINOCQUA CT SARATOGA, CA 95070	01/31/24	10,000.
G THOMPSON AND WENDE HUTTON HOUSEHOLD	2 SANTIAGO AVE ATHERTON, CA 94027	05/28/24	10,000.
GENE AND ERIN WADE HOUSEHOLD	6023 CONTRA COSTA RD. OAKLAND, CA 94618	02/13/24	10,000.
GEOFF AND MELINDA DONAKER HOUSEHOLD	2203 SOUTH COURT PALO ALTO, CA 94301	12/29/23	10,000.
MARTY AND MICHAEL BROWNRIGG HOUSEHOLD	1524 COLUMBUS AVE BURLINGAME, CA 94010	12/16/23	10,000.
MEERA CHARY AND ERIC SCHELL HOUSEHOLD	1800 PAGE ST #301 SAN FRANCISCO, CA 94117	12/18/23	10,000.
MICHAEL SCANDLING HOUSEHOLD	P.O. BOX 2056 SARATOGA, CA 95070	12/12/23	10,000.
ROWENA DODSON AND ROGER ROSNER HOUSEHOLD	546 VAN BUREN ST LOS ALTOS, CA 94022	12/13/23	10,000.
CADENCE DESIGN SYSTEMS, INC.	2655 SEELY AVE. SAN JOSE, CA 95134	03/07/24	10,000.
CHAN ZUCKERBERG INITIATIVE	1180 MAIN ST REDWOOD CITY, CA 94063	06/30/24	10,000.
THE ALLSTATE FOUNDATION	3100 SANDERS RD STE 201 NORTHBROOK, IL 60062	06/30/24	10,000.
PALO ALTO COMMUNITY FUND	355 ALMA ST. PALO ALTO, CA 94301	06/30/24	10,000.
STANLEY S. LANGENDORF FOUNDATION	505 HOWARD ST #1000 SAN FRACISCO, CA 94105	06/30/24	10,000.

MARGARET AND FRENCH	568 VALLEY WAY MILPITAS, CA	11/30/23	
HARRIS HOUSEHOLD	95035		9,000.
BRUCE COZADD AND HALA	TWO SOMERSET LANE AERTHERTON, CA	07/06/23	
KURDI HOUSEHOLD	94027		7,500.
JIM KOSHLAND HOUSEHOLD	73 MAPLE LEAF WAY AERTHERTON, CA	06/11/24	
	94027		7,500.
EILEEN WHITE AND THURMAN	568 VALLEY WAY MILPITAS, CA	12/06/23	
V WHITE JR HOUSEHOLD	95035		6,900.
UNITED WAY OF THE BAY	550 KEARNY STREET, SUITE 510	07/20/23	
AREA	SAN FRANCISCO, CA 94108		6,675.
STONE CHURCH OF WILLOW	1937 LINCOLN AVE SAN JOSE, CA	09/07/23	
GLEN PRESBYTERIAN	95125		6,282.
DICK AND C B WATTS	426 NORTH LOTUS ISLE DRIVE	12/08/23	
HOUSEHOLD	PORTLAND, OR 97217		6,000.
TRISHA AND RON CONNORS	568 VALLEY WAY MILPITAS, CA	10/31/23	
HOUSEHOLD	95035		5,900.
CAROL DRESSLER HOUSEHOLD	568 VALLEY WAY MILPITAS, CA	12/04/23	
	95035		5,000.
CHEN AND DIANA WANG	568 VALLEY WAY MILPITAS, CA	06/20/24	
HOUSEHOLD	95035		5,000.
DOUG AND SUZY GALEN	889 WINSLOW STREET REDWOOD	05/14/24	
HOUSEHOLD	CITY, CA 94063		5,000.
ELIZABETH DAWES HOUSEHOLD	943 CASTILLEJA CT LOS ALTOS,	12/08/23	
	CA 94024		5,000.
JOHN PARISSENTI AND LINDA	3390 VALLEY SQUARE LN SAN	01/02/24	
CHIN HOUSEHOLD	JOSE, CA 95117		5,000.
KRIS WITHROW HOUSEHOLD	14480 OAK PLACE SARATOGA, CA	12/15/23	
	95070		5,000.
MIKE AND VICKI POPE	2570 FAIRGLEN DR SAN JOSE, CA	03/21/24	
HOUSEHOLD	95125		5,000.
PETER AND HARISE STAPLE	35 DOUD DR LOS ALTOS, CA 94022	02/13/24	
HOUSEHOLD			5,000.
PHILIP SCATENA HOUSEHOLD	2339 SIERRA CT PALO ALTO, CA	09/05/23	
	94303		5,000.
PRAVIN SHAH AND IRIS	7859 ENTRADA ANGELICA SAN	10/06/23	
MATHEWSON HOUSEHOLD	DIEGO, CA 92717		5,000.
RICHARD CAPELOUTO AND	450 SEALE AVENUE PALO ALTO, CA	12/14/23	
GINA MAYA HOUSEHOLD	94301		5,000.
CLOROX	1221 BROADWAY OAKLAND, CA	06/27/24	
	94612		5,000.

TOTAL INCLUDED ON LINE 3

9,462,796.

CA 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME

THE FRANKLIN AND CATHERINE
JOHNSON FOUNDATION

CONTRIBUTOR'S ADDRESS

2000 UNIVERSITY AVE STE 601 EAST PALO ALTO,
CA 94303

PROPERTY DESCRIPTION

STOCK

DATE OF GIFT

07/21/02

FMV OF GIFT

51,286.

TOTAL AMOUNT

51,286.

TOTAL INCLUDED ON LINE 3

51,286.

51,286.

**2023 Political or Legislative Activities by
Section 23701d Organizations**

For calendar year 2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023, and ending (mm/dd/yyyy) 06/30/2024.

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

Corporation/Organization name FRESH LIFELINES FOR YOUTH INC.			California corporation number 2080111
Street address (suite, room, or PMB no.) 568 VALLEY WAY			FEIN 52-2234595
City MILPITAS	State CA	ZIP code 95035	

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 2023 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:

5 Exempt Purpose Expenditures

The total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose **5** 10,941,625 **00**

6 Lobbying Expenditures

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** 9,086 **00**

7 Grass Roots Expenditures

The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it **7** 00

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
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 301-307, and 310

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.

<p>FRESH LIFELINES FOR YOUTH INC. Name of Organization</p> <p>List all DBAs and names the organization uses or has used</p> <p>568 VALLEY WAY Address (Number and Street)</p> <p>MILPITAS, CA 95035 City or Town, State, and ZIP Code</p> <p>408-263-2630 Telephone Number E-mail Address</p>		<p>Check if:</p> <p><input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <input checked="" type="checkbox"/> Organization requests email notifications</p>
		<p>State Charity Registration Number <u>114833</u></p> <p>Corporation or Organization No. <u>2080111</u></p> <p>Federal Employer ID No. <u>52-2234595</u></p>

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
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 07/01/2023 ending 06/30/2024) list:

Total Revenue (including noncash contributions) \$	<u>10,324,129</u>	Noncash Contributions \$	<u>53,648</u>	Total Assets \$	<u>6,811,989</u>
Program Expenses \$	<u>7,829,798</u>	Total Expenses \$			<u>10,950,711</u>

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?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	SEE STATEMENT 3	X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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.

TAXPAYER COPY

ARTAVIA BERRY

PRESIDENT AND CEO

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 3

ALAMEDA COUNTY PROBATION
1111 JACKSON ST., 8TH FLOOR
OAKLAND, CA 94607

CITY OF OAKLAND
150 FRANK H. OGAWA PLAZA
OAKLAND, CA 94612

CALIFORNIA COMMUNITY REINVESTMENT GRANTS PROGRAM
1325 J STREET, 18TH FLOOR
SACRAMENTO, CA 95814

BOARD OF STATE AND COMMUNITY CORRECTIONS
2590 VENTURE OAKS WAY, STE. 200
SACRAMENTO, CA 95833

CONTRA COSTA COUNTY PROBATION DEPARTMENT
50 DOUGLAS DR. STE. 200
MARTINEZ, CA 94553

CITY OF SAN JOSE
200 EAST SANTA CLARA STREET, 9TH FLOOR
SAN JOSE, CA 95113

COUNTY OF SAN MATEO PROBATION
222 PAUL SCANNELL DRIVE
SAN MATEO, CA 94402

SANTA CLARA COUNTY
2310 NORTH FIRST STREET
SAN JOSE, CA 95131

COUNTY OF SANTA CLARA SOCIAL SERVICES AGENCY
2310 NORTH FIRST STREET
SAN JOSE, CA 95131

CITY OF RICHMOND
450 CIVIC CENTER PLAZA
RICHMOND, CA 94804

SANTA CLARA COUNTY OFFICE OF EDUCATION
258 SUNOL STREET MC 213
SAN JOSE, CA 95126

CITY AND COUNTY OF SAN FRANCISCO
1 DR. CARLTON B. GOODLETT PLACE ROOM 430
SAN FRANCISCO, CA 94102

UNION CITY
34009 ALVARADONILES RD
UNION CITY, CA 94587