PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01-080125

Return of Organization Exempt From Income Tax

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

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

A F	or the 2	2020 calendar year, or tax year beginning J	UL 1, 2020 and	ending J	<u>UN 30, 2021</u>	
B Ci	neck if plicable:	C Name of organization			D Employer identifi	cation number
	Address change	NETWORK FOR YOUNG ADULT	SUCCESS			
	Name change Initial	Doing business as		Γ	84-22747	
	return Final return/	Number and street (or P.O. box if mail is not deli 180 N STETSON AVENUE		Room/suite 600–1	E Telephone numbe 773-358-	
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code	•	G Gross receipts \$	1,034,455.
	Amended		3 1		H(a) Is this a group r	
	Applica- tion	F Name and address of principal officer: GRE0	GORY MOONEY			s? Yes X No
	pending	SAME AS C ABOVE			H(b) Are all subordinates i	
LT	ax-exen	npt status: X 501(c)(3) 501(c) ()		or 527	1	list. See instructions
		· ► UTMOSTU.ORG			H(c) Group exemption	n number 🕨
K Fo	rm of o	rganization: X Corporation Trust As	sociation Other ►	L Year		M State of legal domicile: IL
Pa	rt I	Summary				
		riefly describe the organization's mission or most				
Governance	R	EALIZE THEIR PROFESSIONAL	ASPIRATIONS BY	SUPPO	ORTING THEIR	
L L	2 C	heck this box 🕨 🔙 if the organization discor	tinued its operations or dispos	sed of more	than 25% of its net as	sets.
S		umber of voting members of the governing body (3	6
5		umber of independent voting members of the gov				6
es 8		otal number of individuals employed in calendar ye				10
Ě		otal number of volunteers (estimate if necessary)				0
Activities &		otal unrelated business revenue from Part VIII, col				0.
\rightarrow	b N	et unrelated business taxable income from Form 9	990-T, Part I, line 11	·····		0.
					Prior Year	Current Year
<u>a</u>		ontributions and grants (Part VIII, line 1h)			828,790.	1,005,301.
Revenue					18,925.	29,150.
ě		vestment income (Part VIII, column (A), lines 3, 4,			0.	4.
-		ther revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	0.
\rightarrow		otal revenue - add lines 8 through 11 (must equal l			847,715.	1,034,455.
		rants and similar amounts paid (Part IX, column (A			0.	18,088.
		enefits paid to or for members (Part IX, column (A)			0.	0.
es		alaries, other compensation, employee benefits (P			423,448.	405,995.
Expenses		rofessional fundraising fees (Part IX, column (A), li			0.	0.
꼾		otal fundraising expenses (Part IX, column (D), line			205 761	250 662
"		ther expenses (Part IX, column (A), lines 11a-11d,			385,764. 809,212.	358,662. 782,745.
		otal expenses. Add lines 13-17 (must equal Part IX			38,503.	251,710.
_ \	19 R	evenue less expenses. Subtract line 18 from line 1	2			
Net Assets or Fund Balances	00 T	etal acceta (Dart V. Erra 16)			ginning of Current Year 1,227,693.	940,783.
sse Balz					109,940.	70,971.
net/		otal liabilities (Part X, line 26) et assets or fund balances. Subtract line 21 from	ino 00		1,117,753.	869,812.
Pa		Signature Block	III e 20		1,11,133.	000,012.
		es of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best of m	v knowledge and helief it is
	•	and complete. Declaration of preparer (other than office				,o,
		<u> </u>	,			
Sign		Signature of officer			Date	
Here	١,	GREGORY MOONEY, BOARD F	PRESIDENT			
	J	Type or print name and title				
	F	Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid	Þ		DAVID LOWENTHAL	0	1/29/22 self-emplo	P00378651
Prepa			PLLC		Firm's EIN ▶	38-1357951
Use (Only F	irm's address 10 S. RIVERSIDE E		₹		
		CHICAGO, IL 60606	5		Phone no. (3	
Mav	the IRS	discuss this return with the preparer shown about	re? See instructions			X Yes No

Page 2

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	THE NETWORK FOR YOUNG ADULT SUCCESS EMPOWERS YOUNG ADULTS TO REALIZE	
	THEIR PROFESSIONAL ASPIRATIONS BY SUPPORTING THEIR SUCCESSFUL DEGREE	
	ATTAINMENT AND CAREER PREPARATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 374,164. including grants of \$ 18,088.) (Revenue \$ 29,150	<u>) </u>
	THE NETWORK'S SIGNATURE PROGRAM, UTMOSTU, IS A HIGHLY INNOVATIVE MODEL	
	LEVERAGING HOLISTIC SUPPORTS, STRATEGIC PARTNERSHIPS, AND A UNIQUE	
	TECHNOLOGY PLATFORM. FOUNDED ON THE COMER EDUCATION CAMPUS IN 2012,	
	UTMOSTU IS NOW REACHING MULTIPLE CHICAGO COMMUNITIES AS THE NETWORK SCALES TO IMPACT HUNDREDS MORE YOUNG ADULTS EACH YEAR. THE VISION IS	
	TO EQUIP YOUNG ADULTS ACROSS CHICAGO AND IN SIMILAR REGIONS NATIONALLY	
	TO REACH THEIR GREATEST DEGREE IN LIFE. UTMOSTU GUIDES AND SUPPORTS	
	RECENT HIGH SCHOOL GRADUATES TO SUCCEED IN THEIR POST-SECONDARY	
	PURSUITS. UTMOSTU IS RELATIONSHIP-DRIVEN AND DATA-DRIVEN, EMPOWERING	
	HIGH SCHOOL GRADUATES TO EARN DEGREES AND CREDENTIALS, LAUNCH CAREERS,	
	AND THRIVE IN LIFE. UTMOSTU LEVERAGES HOLISTIC SUPPORTS, STRATEGIC	
	PARTNERSHIPS AND A UNIQUE TECHNOLOGY PLATFORM TO HELP YOUNG ADULTS	
4b	(Code:) (Expenses \$150,550 •) (Revenue \$)
	CAREER PATHWAYS SUPPORTS YOUNG ADULTS PURSUING EMPLOYMENT, INDUSTRY	
	RECOGNIZED CREDENTIALS, AND TRAINING PROGRAMS THAT LEAD TO CAREERS WITH	<u> </u>
	STRONG EARNING POTENTIAL AND PROFESSIONAL GROWTH.	
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 ► 524,714.	

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	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?			,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		 -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		_V
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

032003 12-23-20

Form **990** (2020)

Veal No Part X, column (A), line 2?	Pa	rt IV Checklist of Required Schedules (continued)	<u> </u>	<u> </u>	age ¬
22 I bit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, countine, A inc. 29 or West, "complete Schedule I, Part I and and III and I		(continued)		Yes	No
Part K, column (A), line 2? (f. "Yes," compilers Schedule I, Parts I and III 20 Did the organization assure" yets to Part VI). Section A, line 3, 4, or 56 shout compensation of the organization surrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 20 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 becember 31, 2002? If "Yes," arrawer lines 240 through 24d and complete Schedule J. Vin (%) go to line year. Death of the compensation of the compensation of the last of the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 24b	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 6 about compensation of the organization is correctly and former offices, directors, tustees, key employees, and highest compensated employees? "If Yes," complete Schedule I, and 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. 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?" 24b Did the organization invest are proceeds of tax exempt bonds and the process of the organization invest are proceeded of tax exempt bonds? 25c Did the organization marks and are across account other than a nutrating escrow at any time during the year? 25d Section 50 (105), 50 (10(4), and 501(c)(29) organizations. Did for organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, tomplete Schedule I, Part I be to the organization aware that the gragged in an excess benefit transaction with a disqualified person during the year? If Yes, tomplete Schedule I, Part I be to the organization aware that the regaged in an excess benefit transaction with a disqualified person during the year? If Yes, tomplete Schedule I, Part I be to the organization aware that the regaged in an excess benefit transaction with a disqualified person or part and that the transaction that so to be reported on any of the organization person or part and that the transaction that a transaction with a disqualified person or part and that the transaction that a contribution or part X line 5 or 22, for receivable from or payables to any current or former officer, director, trustee, key employee, creator or			22	Х	
Schedule J. 2a 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." to be line 25a 2b Did the organization markatin an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 2d Did the organization markatin an escrow account other than a refunding secrow at any time during the year? 2d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2d Section 501(5)8, 501(6)4, and 501(6)28) 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 Section 501(6)8, 501(6)4, and 501(6)28) organizations. Did the organization engage 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-E27 If "Yes," complete Schedule L, Part II 25b Did the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former office	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," carayer lines 24th through 24th and complete Schedule K. If "No." op to him 25s. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? device the complete Schedule L, Part I 25a Section \$916(3), \$016(4), and \$5016(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that It organged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that It organged 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 980 or 990E27 If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof; a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27c		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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 susued after December 31, 2002? If "Yes," answer fines 24b through 24d and complete Schedule K. If "No." go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c 24d d Did the organization narian an ascrow account other than a rethurding scrow at any time during the year to defease any tax-exempt bonds? 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 b is the organization exare 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 sphore former 990 or 990-227 if "Yes," complete Schedule L. Part I 25b X b is the organization provide a grant or other assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or 30% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II 25b X Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part IV 25c X Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L. Part IV 25c A 25d A 25d		•	23		Х
Schedule K. If "No." yo to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization acts as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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? 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? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 25c Schedule L, Part I 25c Schedule L, Part I 25d Is the organization report any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of namily member of any of these persons? If "Yes," complete Schedule L, Part II 26d Is X 27d Did the organization provide a grant or other assistance to any current or former officer, director, tustee, key employee, creator or founder, or substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27d Is A current or former officer, director, tustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III 28d Is A care of former officer, director, tustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III 28d Is A care of former officer, director, tustee, key employee, creator or founder, or	24a				
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Sactino 501(52), 501(54), and 501(62) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule L, Part I 25a IX 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 have been reported on any of the organization is prior forms 990 er 90 er	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Sactino 501(52), 501(54), and 501(62) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule L, Part I 25a IX 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 have been reported on any of the organization is prior forms 990 er 90 er		any tax-exempt bonds?	24c		
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 I, Part I 25b. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule I, Part II 27b. Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule I, Part III 27b. Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part III 27b. A current or former officer, director, fustee, key employee, creator or founder, so substantial contributor? If 'Yes,' complete Schedule I, Part III 27b. A current or former officer, director, fustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule I, Part III 27b. A family member of any individual described in line 28a? If 'Yes,' complete Schedule I, Part IV 27b. A family member of any individual described in line 28a? If 'Yes,' complete Schedule I, Part IV 27b. A family member of any individual described in line 28a? If 'Yes,' complete Schedule I, Part IV 27b. Did the organization receive more than \$25,000 in non-ash contributions? If 'Yes,' complete Schedule III 27b. A 27b. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule III 27b. A 27b. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations socions 301,7701.2 and 301,7701.3 If 'Yes,	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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-E27 # "Yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 "Yes," complete Schedule L, Part		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, 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 Did the organization payed a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 La A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 Did the organization related contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 Did the organization one) is exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part III 32 Did the organization one) is exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part III IIII or IIV, and Part V, line 1 33 Did the organization related to any tax-exe	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creatro or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part III 26 X X 210 dit the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creatro or founder, substantial contributor or employee thereof, or grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 28 A C III 2		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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		Schedule L, Part I	25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member to a 35% controlled entity (including an employee thereof) agrant selection committee member to a 35% controlled entity (including an employee thereof) agrant selection committee member to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete 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 288 X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 288 X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 280 Did the organization receive more than \$25,000 in non-cash 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 29 X 31 Did the organization inguldate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization inguldate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization on any 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 III III III III III III III III III	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) ethereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 27 A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 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 I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-32 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iiine 1 32 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iiine 1 32 X 35 Did the organization near to a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 X 36 Section 501(c)(3) organizations. Did the organization m		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II vinstructions, for applicable filling 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 28b 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 lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I. M. Part I X did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 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 II. III, or IV, and Part V, line 1 34 X 35a Did 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 35b V Within the meaning of section 512(b)(13)? 35a X 35b V Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36b X 36b V Statements Reparding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V b Enter the number reported in Box 3 of Form 1096. Enter-0- if not a		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete 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 288 X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 288 X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization injudiate, 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 I 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)? If "Yes," complete Schedule R, Part V, line 2 35b X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 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	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
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 28b 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 lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 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 iliquidate, 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 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 II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 501(c)(3) organizations. Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 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 Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 36 S		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV A 3596 controlled entity of one or more individual and and or organizations described in lines 28a or 28b7 If "Yes," complete Schedule L, Part IV 286 X 287 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 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 ilquidate, 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 I 32 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, III, or IV, and Part V, line 1 33 Did 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Yes No 18 Enter the number reported in Box 3 of Form 1096. Enter O if not applicable 19 Enter the number of Forms W-29 included in line 1a. Enter-O if not applicable 10 Ente	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash 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 I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O on Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O on Part VI, lines		instructions, for applicable filing thresholds, conditions, and exceptions):			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash 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. Part I 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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 51(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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O. and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. The Charles of the proper of the proper of the proper of t	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
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"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 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 Did 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 Constitution than a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Co			28b		X
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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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Sa X 35b 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 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 V I 37 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Tent the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0 1b 0	33				,,
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b X 35b X 35b X 36a X 37a Did the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36a X 37a Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36a X 37a X 38a 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 37a X 38a Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 37a X 38a X 39a X 40a			33		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1	34		١		₩.
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Yes No 11 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12 14 15 0					
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Yes No 11 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12 14 13 14 14 15 10 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19			35a		
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	b		0.51		
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	00		350		
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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	36				₩
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 37 X Yes No	07		30		
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Telephone The Inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1	37	i i			v
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 10 138 X Yes No	20		37		
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	38	Makes All Farms 200 flows are appropriately controlled to	20	v	
Check 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 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	Pai		Job	71	
1aEnter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a1414bEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0	. 4				
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		Oncomin Contourie Co Contains a response or note to any line in this fact v		Voc	Nic
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	10	Enter the number reported in Box 3 of Form 1096 Enter .0. if not applicable	1	162	140
b Enter the number of Fernie W 24 monded in line for Enter of in first applicable			_		
		Enter the Hamber of Forms W 2d included in line 1d. Enter 6 in not applicable			

032004 12-23-20

Form **990** (2020)

(gambling) winnings to prize winners?

Form 990 (2020) NETWORK FOR YOUNG ADULT SUCCESS

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

	i (continued)			Γ					
20	Enter the number of employees reported an Earm W.2. Transmittel of Wage and Tay Statements		Yes	No					
Zd	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 10								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	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		Х					
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					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		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).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_							
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X					
d		7e		Х					
e f									
g									
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a		12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
-	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
_		_	000						

Form **990** (2020)

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

Sec	tion A. Governing Body and Management										
	action and action action and action acti					Yes	Nο				
1a	Enter the number of voting members of the governing body at the end of the tax year	l 1a		6							
	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		6							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ınv other	1							
	officer, director, trustee, or key employee?				2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the			` T	_						
_	of officers diseases twisters as key ampleyees to a management company or other parent?				3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass			·	5		X				
6	Did the organization have members or stockholders?				6		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?				7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or								
	persons other than the governing body?				7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?	-	_		8a	Х					
b	Each committee with authority to act on behalf of the governing body?			. [8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear	ched a	t the		I	1	_				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			.	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)								
				_		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			.	10a		<u> </u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,								
				.	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	Ŀ	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			├	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H = 1$	es," de	escribe			.,					
	in Schedule O how this was done			┝	12c	X					
13	Did the organization have a written whistleblower policy?			. -	13	Х	37				
14	Did the organization have a written document retention and destruction policy?			.	14		_X_				
15	Did the process for determining compensation of the following persons include a review and approva	I by ind	aependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				4-		v				
	The organization's CEO, Executive Director, or top management official				15a		<u> </u>				
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			-	15b		Λ				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	th a								
ioa					16a		X				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			-	ioa						
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to ev	-	•								
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure				100						
17	List the states with which a copy of this Form 990 is required to be filed ▶IL										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	nd 990	T (Section 501(c)	(3)s (only) a	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.				•						
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and f	financ	ial					
	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 boo	ks and	records								
	CHRISTINE WITNIK - 773-358-4100	1									
	180 N STETSON AVENUE, STE 600-1, CHICAGO, IL 60601	L									

032006 12-23-20

Form 990 (2020)

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

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

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

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

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

(A) Check this box if neither the organization	(B)	J	<u>_u</u>		C)	1001	Juli	(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	(L) Reportable	Estimated
name and title	hours per		not c	heck	more	than o		compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			eusa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ploye	l wo e				and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID BENNETT	40.00	드	트	ō	3	王岩	포			
ASSOCIATE EXECUTIVE DIRECTOR	0.00	1				x		105,524.	0.	21,076
(2) GREGORY MOONEY	5.00							, ,	-	,
DIRECTOR AND PRESIDENT		Х		Х				0.	0.	0
(3) PATRICIA REDD	1.00									
DIRECTOR AND TREASURER		Х		Х				0.	0.	0
(4) ERIC WEINHEIMER	1.00	1								
DIRECTOR AND SECRETARY		Х		Х		_		0.	0.	0
(5) PATRICIA FORD	1.00								_	
DIRECTOR		Х						0.	0.	0
(6) MIKE PINCUS	1.00	ļ							•	•
DIRECTOR		Х						0.	0.	0
(7) RONALD SEYMORE	1.00	37							0	0
DIRECTOR	0.00	Х						0.	0.	0
		1								
		1								
		1								
		-								
					_	_				
	-	}								
		-								
		1								
	- 									
	<u> </u>	1	l	l		1				

Form 990 (2020)

<u> Page</u> **7**

	(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than dis both	n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of other						
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	·							
											\perp							
											_							
	0.44.44								105,524.	0	 	21,0	76					
С	Subtotal Total from continuation sheets to Part V	II, Section A							0.	0	•		0.					
d 2	Total (add lines 1b and 1c) Total number of individuals (including but in the control of the co							o re	105,524. eceived more than \$100,	000 of reportable	• 4	21,0						
	compensation from the organization										_	Yes	No					
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	such individual									3		Х					
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		. 4		Х					
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes." cor										. 5		Х					
1	tion B. Independent Contractors Complete this table for your five highest co	•	•							•	sation 1	rom						
	the organization. Report compensation for (A) Name and business					ith c	or wi	thin	the organization's tax y (B) Description of s			(C) ensatio	nn.					
	Name and business	s address	INC	ONE	<u> </u>				Description of s	el vices	Comp	erisatic	<u>л і </u>					
2	Total number of independent contractors (•	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than								
	\$100,000 of compensation from the organ	ιζαιιυιΙ 🚩									Forr	n 990	(2020)					

Form 990 (2020) NETWORK
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e 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
इ इ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
⊇ 8		Fundraising events 1c					
ifts ar A		Related organizations 1d					
s, Bik		Government grants (contributions) 1e	79,200.				
Š		All other contributions, gifts, grants, and	-				
her			926,101.				
풀	g	4 6	-				
Col	_	Total. Add lines 1a-1f	>	1,005,301.			
			Business Code				
ø.	2 a	NETWORK AFFILIATE FEES	611710	29,150.	29,150.		
Program Service Revenue	b						
Se	С						
am	d						
9g B	е						
ą.	f	All other program service revenue					
	g	Total. Add lines 2a-2f)	29,150.			
	3	Investment income (including dividends, intere	st, and		_		
		other similar amounts)		4.	4.		
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a			-			
	b	Less: rental expenses 6b					
	С	, ,					
		Net rental income or (loss)	(") OH				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
nue		and sales expenses					
e e		Gain or (loss) 7c					
ther Revenue		Net gain or (loss)	>				
the l	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a Less: direct expenses 8b		-			
		Net income or (loss) from fundraising events Gross income from gaming activities. See	·····				
	Эа	Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	>				
<i>"</i>			Business Code				
ons	11 a						
ane	b						
Miscellaneous Revenue	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		1 024 455	20 154		^
	12	Total revenue. See instructions	>	1,034,455.	29,154.	0.	5 000 (2222)

Form 990 (2020) NETWORK FOR YOUNG ADULT SUCCESS Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			•	X
	not include amounts reported on lines 6b, 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	18,088.	18,088.		
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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	225 600	050 500	F4 222	05 550
7	Other salaries and wages	335,699.	258,782.	51,339.	25,578.
8	Pension plan accruals and contributions (include	0 760	0 104	400	011
	section 401(k) and 403(b) employer contributions)	2,768.	2,134.	423.	211.
9	Other employee benefits	36,470.	28,114.	5,577.	2,779.
10	Payroll taxes	31,058.	23,942.	4,750.	2,366.
11	Fees for services (nonemployees):	50.000		50.000	
а	Management	70,000.		70,000.	
b	Legal	2,474.		2,474.	
С	Accounting	22,515.		22,515.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	152 226	100 410	10.050	45 500
	column (A) amount, list line 11g expenses on Sch O.)	153,096.	122,410.	12,953.	17,733.
12	Advertising and promotion	0.04		001	
13	Office expenses	221.	24 251	221.	
14	Information technology	38,498.	34,861.	3,637.	
15	Royalties	10.050	0 100	2 262	
16	Occupancy	12,252.	9,189.	3,063.	
17	Travel	180.	180.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	200	200		
19	Conferences, conventions, and meetings	900.	900.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10 001		10 074	
23	Insurance	10,274.		10,274.	
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 0.) FELLOW INCENTIVES	15,541.	15,541.		
a b	BANK AND TRANSACTION FE	13,187.	10,0110	12,717.	470.
	MENTORING	7,025.	7,025.	14,1110	- 70•
c d	COMPUTER AND HARDWARE	6,782.	1,023.	6,782.	
		5,717.	3,548.	2,169.	
e 25		782,745.	524,714.	208,894.	49,137.
25	Total functional expenses. Add lines 1 through 24e	104,143.	J44,/14•	400,034.	±9,±3/•
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form **990** (2020)

Form 990 (2020)

Part X | Balance Sheet

<u>Par</u>	τX	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		138,765.	1	309,804
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,082,750.	3	605,009
	4	Accounts receivable, net		3,593.	4	9,691
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ	ped in section 4958(c)(3)(B)		6	
_တ ု	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
§	9	B ::		2,585.	9	16,279
	10a	Land, buildings, and equipment: cost or other	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		1,227,693.	16	940,783
	17	Accounts payable and accrued expenses		30,740.	17	57,921
	18	Grants payable		18		
	19	Deferred revenue		79,200.	19	13,050
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
ر ا	22	Loans and other payables to any current or fo	ormer officer, director,			
₽		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese persons		22	
֡֜֞֜֞֜֞֜֞֜֞֜֞֜֞֡֓֓֓֓֞֜֞֡֡֡֡֡֡	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		109,940.	26	70,971
		Organizations that follow FASB ASC 958, o	heck here 🕨 🗓			
ses		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		1,283.	27	165,886
Ва	28	Net assets with donor restrictions		1,116,470.	28	703,926
<u> </u>		Organizations that do not follow FASB ASC	958, check here 🕨 🗌			
된		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current fund	ds		29	
set	30	Paid-in or capital surplus, or land, building, or	equipment fund		30	
As	31	Retained earnings, endowment, accumulated	income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		1,117,753.	32	869,812
	33	Total liabilities and net assets/fund balances		1,227,693.	33	940,783

Form **990** (2020)

Form **990** (2020)

					3-	_		
Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>455.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			745.			
3	Revenue less expenses. Subtract line 2 from line 1	3			710.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,1	17,	753.			
5	Net unrealized gains (losses) on investments	5						
6								
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))							
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_	Ye	s No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	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:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2	x c				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	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?		2	c X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					ĺ		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it					
	Act and OMB Circular A-133?	-	з	а	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audi	ıt					
	av quelita, avalain vibri an Cabadula O and describe any stand taken to undergraphic such quelita		۱ ۵	_				

032012 12-23-20

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

2020
Open to Public

Inspection

Name of the organization

Employer identification number

NETWORK FOR YOUNG ADULT SUCCESS 84-2274767 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				828,790.	1005301.	1834091.
2	Tax revenues levied for the organ-						
	ization'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				828,790.	1005301.	1834091.
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)						1175772.
6	Public support. Subtract line 5 from line 4.						658,319.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(2) = 2 : 2	(2)==::	(=, == :=	828,790.	1005301.	1834091.
8	Gross income from interest,				,		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
J	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1834091.
	Gross receipts from related activities,	oto (soo instructio	l ne)			12	29,154.
	First 5 years. If the Form 990 is for the			fourth or fifth tax			23,134.
13	organization, check this box and stop	-			-		> X
Sec	ction C. Computation of Publi						<u>A</u>
	Public support percentage for 2020 (I			column (f))		14	%
	Public support percentage from 2019					15	
	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2019. If the						
	and stop here. The organization qual	•		•		•	
17-							
176	 10% -facts-and-circumstances test and if the organization meets the fact 	-					
				-	•	_	▶ □
1.	meets the facts-and-circumstances test	-	•		-		
Ľ	10% -facts-and-circumstances test	_				•	1070 UI
	more, and if the organization meets the						▶□
10	organization meets the facts-and-circle			•			.
ΙŎ	Private foundation. If the organization	лі аіа пої спеск а	DOX OH HITE 13, 16	oa, 100, 17a, 0r 17			
					Sche	edule A (Form 990	or 990-EZ) 2020

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	ļ					
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	ļ					
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources						
k	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	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	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 th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from					18	<u>%</u>
198	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4-		
4c		
5a		
Eh		
5b 5c		
6		
6		
7		
8		
9a		
9b		
0		
9c		
10a		
10b		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	_ •		
			Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		163	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	4		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If IIVon II describe in Part VI the releasing the the experimentary in this record	3h		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	Г	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
<u>a</u>	From 2015			
<u>b</u>	From 2016			
c	From 2017			
<u>d</u>	From 2018			
<u>e</u>	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2020 distributable amount			
<u>i</u>	Carryover from 2015 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2020 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
<u> b</u>	Excess from 2017			
	Excess from 2018			
d	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

NETWORK FOR YOUNG ADULT SUCCESS 84-2274767 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check 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 X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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 ______ > \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

NETWORK FOR YOUNG ADULT SUCCESS

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		\$ <u>480,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>221,637.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 79,200.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NETWORK FOR YOUNG ADULT SUCCESS

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		\$ 27,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NETWORK FOR YOUNG ADULT SUCCESS

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
		<u> </u>	
(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
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** NETWORK FOR YOUNG ADULT SUCCESS 84-2274767 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Open to Public Inspection

Name of the organization

NETWORK FOR YOUNG ADULT SUCCESS

Employer identification number 84-2274767

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	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 w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation)	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	*	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9	•	ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
ıa	of art, historical treasures, or other similar assets held for publi	,	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
^		ourse or other similar coasts for financial	·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ Ψ

032051 12-01-20

Schedule D (Form 990) 2020

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

Pai	t III	Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	asures, or C	Other S	imilar	Assets	(conti	nued)	
3		g the organization's acquisition, accession								'	,	
	colle	ction items (check all that apply):										
а		Public exhibition	d	ı 🔲 L	oan or exc	hange program						
b		Scholarly research	е	· 🗌 o	ther							
С		Preservation for future generations										
4	Prov	ide a description of the organization's co	llections and explair	n how the	y further th	e organization's	s exempt	purpos	se in Part	XIII.		
5	Durir	ng the year, did the organization solicit or	receive donations of	of art, hist	orical treas	sures, or other s	imilar as	sets				
		sold to raise funds rather than to be ma								Yes		No
Par	t IV	Escrow and Custodial Arrang		ete if the o	organizatio	n answered "Ye	s" on Fo	rm 990	, Part IV, I	ine 9, or		
		reported an amount on Form 990, Par	t X, line 21.									
1a		e organization an agent, trustee, custodia								_		_
		orm 990, Part X?							L	Yes		No
b	If "Ye	es," explain the arrangement in Part XIII a	and complete the fol	llowing tal	ble:							
										Amoun	t	
С	_	nning balance						1c				
d		tions during the year						1d				
e		ibutions during the year						1e				
f		ng balance						1f		7		٦
		he organization include an amount on Fo					•			Yes	H	∐ No
Par		es," explain the arrangement in Part XIII. Endowment Funds. Complete it										
· u	• •	Zildowillelle i dildo. Complete ii	(a) Current year		ior year	(c) Two years b		Throny	ears back	(a) Four	rvooro	book
10	Pogi	nning of year balance	(a) Current year	(D) PII	ior year	(C) TWO years i.	Jack (u	i iiiiee y	eais Dack	(e) Fou	i years	Dauk
1a b												
D		ributionsnvestment earnings, gains, and losses										
4		ts or scholarships										
e		er expenditures for facilities										
ŭ		programs										
f		inistrative expenses										
g		of year balance										
2		ide the estimated percentage of the curre	ent vear end balance	e (line 1a.	column (a)) held as:	<u> </u>					
a		d designated or quasi-endowment		%		,						
b		nanent endowment										
С			 * %									
	The	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За		here endowment funds not in the posses	•	ation that	are held ar	nd administered	for the c	rganiza	ition			
	by:	·	•								Yes	No
		Jnrelated organizations								3a(i)		
		Related organizations								3a(ii)		
b		es" on line 3a(ii), are the related organiza								3b		
4	Desc	cribe in Part XIII the intended uses of the		wment fui	nds.							
Par	t VI	Land, Buildings, and Equipm	ent.									
		Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990, P	art X, line	e 10.				
		Description of property	(a) Cost or o basis (investr		. ,	or other (other)	(c) Accı depre	umulate ciation	ed	(d) Boo	k valu	е
1a	Land	l										
b		lings										
С		ehold improvements										
d		pment										
е		r										
Total	. Add	lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column	(B), line 1	0c.)			•			0.

Schedule D (Form 990) 2020

Schedule D	(Form 990) 2020	NETWORK FOR	YOUNG ADULT	SUCCESS	84-2274767 Page 3
		Other Securities.			
	Complete if the org	ganization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X,	line 12.
(a) Descrip		GOTY (including name of security)	(b) Book value		n: Cost or end-of-year market value
(1) Financi	al derivatives				
		S			
(3) Other	,				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	h) must agual Form 00	0, Part X, col. (B) line 12.)			
Part VIII	Investments -	Program Related.			
		-	on Form 000 Dort IV line	e 11c. See Form 990, Part X,	line 12
	(a) Description of	f investment	(b) Book value		n: Cost or end-of-year market value
/4\	(a) Bosomption o	1 III OGGINGILE	(b) Book value	(e) monioù di valdano	The section of a crystal market value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>				+	
<u>(7)</u>					
(8)					
(9)		10 D 1 V 1 (D) II 10 \ \			
Part IX	Other Assets.	0, Part X, col. (B) line 13.)			
I dit ix		anization anawayad "Vaa"	on Form 000 Dort IV line	11d Con Form 000 Dort V	line 15
	Complete ii the org		Description	e 11d. See Form 990, Part X,	(b) Book value
(4)		(ω)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)					
	ımn (b) must equal F Other Liabilitie	<u>orm 990, Part X, col. (B) line</u>	15.)		>
Part X					
			on Form 990, Part IV, line	e 11e or 11f. See Form 990, F	
1.		Description of liability			(b) Book value
(1) Fed	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Coli	ımn (b) must equal F	orm 990. Part X. col. (B) line	25)		

Schedule D (Form 990) 2020

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

34-2274767 _{Page}

_	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Complete if the organization answered "Yes" on Form 990, Part IV, line				1 004 455
1				1	1,084,455.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1			
а	Net unrealized gains (losses) on investments		FO 000		
b	Donated services and use of facilities		50,000.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			F0 000
е	Add lines 2a through 2d			2e	50,000.
3	Subtract line 2e from line 1			3	1,034,455.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b			4c	1 004 455
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial State	tomonto With	Evnances per E	5	1,034,455.
Pal			Expenses per r	veturi	1.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line				1,332,396.
1	Total expenses and losses per audited financial statements			1	1,332,330.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	549,650.		
a	Donated services and use of facilities		349,030.		
b	Prior year adjustments				
С.	Other losses				
d	Other (Describe in Part XIII.)				E40 6E0
_	Add lines 2a through 2d			2e	549,650. 782,746.
3	Subtract line 2e from line 1			3	104,140.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	<u>-</u>			0
	Add lines 4a and 4b			4c	782,746.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, t XIII Supplemental Information.)		5	102,140.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h	and 2h: Part V line 4	· Part X	/ line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	•	•	, rait A	inic z, r art XI,
	and 15, and that this, into 2d and 15.7 to complete the part to provide any	additional inform	iation.		
					_

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2020

Name of	the organization							Employer identification number
	NETWORK F	OR YOUNG 2	ADULT SUCCE	SS				84-2274767
Part I	General Information on Grants a	nd Assistance						
1 Doe	es the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
crit	eria used to award the grants or assis	stance?						No
2 Des	scribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.			
Part II	Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	· ·	onal space is need	l	(c) Mathematical	T	
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er total number of section 501(c)(3) a	-						<u> </u>
<u>3</u> Ent	er total number of other organization:	<u>s iisted in the line 1</u>	tadie					

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PROVISION FOR EDUCATIONAL EXPENSES, INCLUDING					
TEXTBOOKS, TUITION, RENT AND OTHER SUPPLIES	41	13,316.	4,772.	BOOK (PURCHASE PRICE)	EDUCATIONAL SUPPLIES
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	I	
	,	•			
PART I, LINE 2:					
FUNDS ARE TYPICALLY DISBURSED DIR	ECTLY TO I	NSTITUTION	IS OR VENDO	RS ON A	
FELLOWS' BEHALF TO ENSURE SUPPORT	IS USED F	OR APPROVE	ED PURPOSES	•	

SCHEDULE 0

(Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NETWORK FOR YOUNG ADULT SUCCESS

Employer identification number 84-2274767

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUCCESSFUL DEGREE ATTAINMENT AND CAREER PREPARATION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SUCCEED.
FORM 990, PART VI, SECTION A, LINE 1:
SINCE JULY 1, 2021 THE BOARD HAS EXPANDED WITH ADDITIONAL DIRECTORS WHO
POSSESS A DIVERSE RANGE OF BACKGROUNDS, TALENTS AND EXPERTISE. NYAS PLANS
TO CONTINUE GROWING ITS DYNAMIC BOARD WITH INDIVIDUALS WHO SHARE A STRONG
COMMITMENT FOR EMPOWERING YOUNG ADULTS TO REALIZE THEIR EDUCATION AND
PROFESSIONAL ASPIRATIONS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE
ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND
PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO
FILING. THE GOVERNING BODY IS PROVIDED A REASONABLE AMOUNT OF TIME TO
REVIEW THE RETURN AND ASK QUESTIONS DIRECTLY TO ORGANIZATION MANAGEMENT OR
THE CONTACT AT THE INDEPENDENT CPA FIRM PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
PERIODIC REVIEWS OF THE CORPORATION'S COMPLIANCE WITH THE POLICY SHALL BE
CONDUCTED BY OR UNDER THE SUPERVISION OF THE BOARD OF DIRECTORS. IF A
CONFLICT IS DISCLOSED, THE BOARD MEMBER MAY BE REQUESTED TO LEAVE THE
MEENTING WUTLE MUE DEMEDMINANTON OF MUE CONFLICM OF INMEDERM IS DISCUSSED

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization NETWORK FOR YOUNG ADULT SUCCESS	Employer identification number 84-2274767
AND VOTED UPON. THE REMAINING BOARD MEMBERS SHALL DECIDE I	F A CONFLICT OF
INTEREST EXISTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD PRESIDENT ACTED AS TOP MANAGEMENT OFFICIAL FOR T	HE ORGANIZATION
DURING THE FISCAL YEAR ENDING JUNE 30, 2021. THE TOP MANAGE	EMENT OFFICIAL
DID NOT RECEIVE COMPENSATION AND THEREFORE LINE 15A IS NOT	APPLICABLE.
FURTHERMORE, THE ORGANIZATION DID NOT HAVE ANY OTHER OFFIC	ERS OR KEY
EMPLOYEES DURING THE FISCAL YEAR ENDING JUNE 30, 2021 AND	THEREFORE LINE
15B IS NOT APPLICABLE.	
FORM 990, PART VI, SECTION C, LINE 19:	
A PUBLIC COPY IS AVAILABLE AT OUR PRINCIPAL OFFICE AND WIL	
ANY INDIVIDUAL WHO REQUESTS A COPY.	
TORM 000 PARM TY I THE 11G OWNER HERG	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PUBLIC ALLIES, CAREER PROGRAMS CONTRACTOR, CONSULTING & OT PROGRAM SERVICE EXPENSES	122,410.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	122,410.
	,
FINANCE CONTRACTOR AND PAYROLL:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	12,953.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,953.

Name of the organization NETWORK FOR YOUNG ADULT SUCCESS	Employer identification number 84-2274767
DEVELOPMENT AND GRANT WRITING SUPPORT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	17,733.
TOTAL EXPENSES	17,733.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	153,096.