#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 **Open to Public** 

Department of the Treasury

Use Only

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

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change YOUTH WITH FACES Name 30-0018778 YOUTH WITH FACES Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 6333 E. MOCKINGBIRD LANE (214) 926-5344 City or town, state or province, country, and ZIP or foreign postal code 339,714. **G** Gross receipts \$ Amended 75214 DALLAS, TX H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CHRISTOPHER OUADRI 」Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.YOUTHWITHFACES.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 2001 M State of legal domicile: TX Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO GIVE YOUTH IN THE JUVENILE **Activities & Governance** JUSTICE SYSTEM THE SKILLS NEEDED TO BREAK THE CYCLE OF INCARCERATION if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 100 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Current Year Prior Year** 682,092 339,714. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) ..... 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 682,092. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 209,883. 243,070. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14,424. 17,712. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 70,050. 55,865. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 294,357. 316,647. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 23,067. 387,735. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 569,487. 592,366. 20 Total assets (Part X, line 16) 7,576. 7,388. 21 Total liabilities (Part X, line 26) 三年 561,911. 584,978 22 Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CHRISTOPHER QUADRI, CEO Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 11/16/22 self-employed P00004539 WILLIAM H. SIMS WILLIAM H. SIMS Paid Firm's name SALMON SIMS THOMAS & ASSOCIATES, PLLC Firm's EIN ▶ 05-0568611 Preparer Firm's address 12720 HILLCREST ROAD, SUITE 500

DALLAS, TX 75230-2039

May the IRS discuss this return with the preparer shown above? See instructions

Phone no. (972) 392-1143

X Yes

2 Di pr	Check if Schedule O contains a response or note to any line in this Part III  Triefly describe the organization's mission:  DUR MISSION IS TO GIVE YOUTH IN THE JUVENILE JUSTICE SYSTEM THE SKILLS  DEEDED TO BREAK THE CYCLE OF INCARCERATION AND CREATE POSITIVE  DITURES. WE BELIEVE IN THE POTENTIAL OF ALL YOUTH AND GIVE THEM THE  DEPORTUNITY TO LEARN AND PRACTICE CRITICAL SOCIAL, JOB AND LIFE  DID HONDOW THE POTENTIAL OF ALL YOUTH AND GIVE THEM THE  DID HONDOW THE POTENTIAL OF ALL YOUTH AND GIVE THEM THE  DEPORTUNITY TO LEARN AND PRACTICE CRITICAL SOCIAL, JOB AND LIFE  DID HONDOW THE POTENTIAL OF ALL YOUTH AND GIVE THEM THE  DID HONDOW THE POTENTIAL OF ALL YOUTH AND GIVE THEM THE  DEPORTUNITY TO LEARN AND PRACTICE CRITICAL SOCIAL, JOB AND LIFE  DID HONDOW THE POTENTIAL OF ALL YOUTH AND GIVE THEM THE  DID HONDOW THE POTENTIAL OF ALL YOUTH AND GIVE THEM THE  DID HONDOW THEM THEM THEM THE POTENTIAL OF ALL YOUTH AND GIVE THEM THE  DID HONDOW THEM THEM THEM THEM THEM THEM THEM THEM
2 Di pr	wriefly describe the organization's mission:  DUR MISSION IS TO GIVE YOUTH IN THE JUVENILE JUSTICE SYSTEM THE SKILLS  DUR MISSION IS TO GIVE YOUTH IN THE JUVENILE JUSTICE SYSTEM THE SKILLS  DEEDED TO BREAK THE CYCLE OF INCARCERATION AND CREATE POSITIVE  DUTURES. WE BELIEVE IN THE POTENTIAL OF ALL YOUTH AND GIVE THEM THE  DEPORTUNITY TO LEARN AND PRACTICE CRITICAL SOCIAL, JOB AND LIFE  Did the organization undertake any significant program services during the year which were not listed on the  "Yes," describe these new services on Schedule O.  "Yes," describe these changes on Schedule O.  "Yes," describe these new services and 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 sevenue, if any, for each program service reported.  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 sevenue, if any, for each 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 ot
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(E:	Other program services (Describe on Schedule O.)
<b>4e</b> To	Other program services (Describe on Schedule O.)  Expenses \$ including grants of \$ ) (Revenue \$ )  Fotal program service expenses \$ 255,777.

Form 990 (2021) YOUTH WITH FACES
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? 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			
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		X
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, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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		
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

Form 990 (2021)

YOUTH WITH FACES

Part IV Checklist of Required Schedules (continued)

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

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? <u>1</u>5 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form 990 (2021)

YOUTH WITH FACES

30-0018 / /8 Page
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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer director tructoe or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		x
4	of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5				X
6		6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<b>-</b> -		x
	more members of the governing body?	7a		
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			<del></del>
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	
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 reached at the	_		٦,
<u>C</u>	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 Revenue Code.)		T	Γ
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	1 , 10, go to mio 10	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MADELEINE BEREUTER - 214-808-8292			
	5910 N. CENTRAL EXPRESSWAY, SUITE 1350, DALLAS, TX 75206			

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

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

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

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

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

] object this beautiful (11)

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position do not check more than one			<b>)</b> than ເ	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person officer and a direct			is both	n an	compensation	compensation	amount of
	week		Cer ai	lu a u	recic	Tritus	iee)	from	from related	other
	(list any	irecto						the organization	organizations	compensation from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		ee/	mpen		1099-NEC)	100011120)	and related
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	st co	er			organizations
	line)	hdiv	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(1) CHRIS QUADRI	50.00									
CHIEF EXECUTIVE OFFICER				X				104,625.	0.	0.
(2) CHANDRA MCCORMACK	0.93		4	) ,						
CHAIRMAN/DIRECTOR		X		Х				0.	0.	0.
(3) CHRISTOPHER HALTOM	0.53			ľ						
VICE CHAIR/DIRECTOR		Х		X				0.	0.	0.
(4) CARRIE STUMFALL	0.99	1								
TREASURER/DIRECTOR		Х		Х				0.	0.	0.
(5) DAVID BELL	0.81									
DIRECTOR	0.50	Х						0.	0.	0.
(6) VANESSA COLE	0.59									•
DIRECTOR	0 00	Х				_		0.	0.	0.
(7) NICOLE JACKS	0.29	.,								0
DIRECTOR	0 21	Х				_		0.	0.	0.
(8) REBECCA MASINTER	0.31	3,7								0
DIRECTOR	0.71	Х				┝		0.	0.	0.
(9) DAVID VELARDE	0.71	Х		х				0.	0.	0.
SECRETARY/DIRECTOR (10) COREY MCCOMBS	0.48	Δ		^		┢		0.	0.	U •
DIRECTOR	0.40	Х						0.	0.	0.
(11) STEVEN PETERSON	0.60	Λ				$\vdash$		<u></u>	0.	<u> </u>
DIRECTOR	0.00	х						0.	0.	0.
(12) RAY PITTS	0.46							•		0.
DIRECTOR		х						0.	0.	0.
(13) TODD SALTERS	0.15							<u> </u>		<u> </u>
DIRECTOR		Х						0.	0.	0.
					L					
						$oxed{oxed}$				
		1								

Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(C	<b>C)</b>			(D)	(E)	(F)		
Name and title	Average	ge Position (do not check more than one					one	Reportable	Reportable	Estimated	t	
	hours per	box	, unle	ss per	son i	is both	n an	compensation	compensation			
	week		cer ar	nd a di	recto	or/trus T	tee)	from	from related	other		
	(list any	ector						the	organizations	compensati		
	hours for	or dir	9			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ıstee	truste		e)	bens		(W-2/1099-MISC/	1099-NEC)	organizatio		
	below	ual tri	ional		ploye	t com		1099-NEC)		and relate organizatio		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizatio	115	
	,	=	=	0	ž	王屯	Œ			+		
0/												
					•							
1b Subtotal								104,625.	0.		0.	
c Total from continuation sheets to Part VII	, Section A							0.	0.		0.	
d Total (add lines 1b and 1c)							▶.	104,625.	0.		0.	
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization										1 1	1	
										Yes	No	
<b>3</b> Did the organization list any <b>former</b> officer,									loyee on			
line 1a? If "Yes," complete Schedule J for so										3	<u>X</u>	
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om a	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes, " com	plete Schedule	e J f	or sı	ıch p	oers	on				5	X	
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest con the organization. Report compensation for t</li> </ol>										ation from		
(A)	ine calendar ye	Jui C	, i i dii	ig wi		J1 VV1	<u> </u>	(B)	our.	(C)		
Name and business	address	NO	ONE	3				Description of s	services	Compensation		
										<b>7</b> 1		
							_					
2 Total number of independent contractors (in		ot lin	nited	d to t	_		ted	above) who received me	ore than			
\$100,000 of compensation from the organiz	zation				(	)				QQ <u></u> (0)	004)	

Form 990 (2021) YOUTH WITH FACES
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any I	ine in this Part VIII			
		Officer if Goriedate G contains a response of flote to any i	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt		Revenue excluded
				function revenue	business revenue	from tax under
		7.000				sections 512 - 514
ts ts	1 a	Federated campaigns 1a 76,079	•			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
e, E	С	Fundraising events 1c				
ifts	d	Related organizations 1d				
nis.	е					
Sir		All other contributions, gifts, grants, and				
ΕĖ	-					
들			<u>-</u>			
on to	g		220 714			
<u>0</u> 6	h	Total. Add lines 1a-1f	339,714.			
		Business Code				
ĕ	2 a					
ξ	b					
Sei	c					
E S	d					
gra Re						
Program Service Revenue	·	All other program continues				
-		All other program service revenue				
$\overline{}$		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents 6a	7			
	b		4			
	C	` ,				
		Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory <b>7a</b>				
	b	Less: cost or other basis				
ne		and sales expenses				
Jen (	С	Gain or (loss) <b>7c</b>				
Revenue		Net gain or (loss)				
e		Gross income from fundraising events (not				
Đ.	-	including \$ of				
٦						
		contributions reported on line 1c). See				
	_	Part IV, line 18				
		Less: direct expenses 8b				
		Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
		and allowances 10a				
	h					
		Less: cost of goods sold 10b				
$\dashv$		Net income or (loss) from sales of inventory				
<u>s</u>		Business Code	,			
9 0	11 a					
Miscellaneous Revenue	b		1			
ĕ ĕ	c	·				
A B	d	All other revenue				
2		Total. Add lines 11a-11d				
		Total revenue See instructions	339.714.	0.	0.	0.

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

secti	on 501(c)(3) and 501(c)(4) organizations must comp			прієїє соіштії (А).	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	108,825.	92,300.	10,005.	6,520.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	110,589.	93,769.	10,179.	6,641.
8	Pension plan accruals and contributions (include	-,	,	-,,-	-,
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,475.	5,531.	578.	366.
10	Payroll taxes	17,181.	14,545.	1,595.	1,041.
11	Fees for services (nonemployees):	17,101.	11,313.	1,333.	1,011.
a	Management				
b	Legal	14,650.	12,453.	1,464.	733.
C	Accounting	14,030.	12,433.	1,404.	755.
	Lobbying	17,712.			17,712.
e	Professional fundraising services. See Part IV, line 17	11,112.			11,114.
f	Investment management fees				
g	,				
	column (A), amount, list line 11g expenses on Sch O.)	3,043.	2,735.	205.	103.
12	Advertising and promotion	30,036.			485.
13	Office expenses		27,718.	1,833.	
14	Information technology	4,099.	3,401.	352.	346.
15	Royalties	Г 4 1	420	114	7
16	Occupancy	541.	420.	114.	7.
17	Travel	221.	128.	85.	8.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$	605	500	7.6	2-
19	Conferences, conventions, and meetings	697.	586.	76.	35.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2	2 1 2 1		
23	Insurance	2,578.	2,191.	258.	129.
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.)				7
а					
b					
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	316,647.	255,777.	26,744.	34,126.
26	Joint costs. Complete this line only if the organization	,	,	· , · = <b>-</b> ·	, • •
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 Tollowing Oct 90-2 (NOC 900-720)				Form <b>990</b> (2021)

Form 990 (2021)
Part X Balance Sheet

Par	ιΛ	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part XI			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			555,895.	1	573,774.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		13,592.	4	18,592.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		50,369.			
	b	Less: accumulated depreciation		50,369.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		Г		12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			560 405	15	500.066
	16	Total assets. Add lines 1 through 15 (must ex			569,487.	16	592,366.
	17	Accounts payable and accrued expenses			7,576.	17	7,388.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub				00	
Lial	00	controlled entity or family member of any of the		:		22	
	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate					
	2 <del>4</del> 25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lin					
		of Schedule D	103 17-24	. Complete Fait X		25	
	26	Total liabilities. Add lines 17 through 25			7,576.	26	7,388.
		Organizations that follow FASB ASC 958, c			.,,,,,		.,,,,,,
es		and complete lines 27, 28, 32, and 33.			Y		
Š	27				193,317.	27	217,103.
3ale	28	Net assets with donor restrictions		Г	368,594.	28	367,875.
힏		Organizations that do not follow FASB ASC			,		
ᆵ		and complete lines 29 through 33.				)	
ō	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		[		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			561,911.	32	584,978.
_	33	Total liabilities and net assets/fund balances			569,487.	33	592,366.

Pa	rt XI	Reconciliation of Net Assets							
		Check if Schedule O contains a response or note to any line in this Part XI							
				2.2					
1		revenue (must equal Part VIII, column (A), line 12)	1		9,7				
2	Total	expenses (must equal Part IX, column (A), line 25)	2		6,6	$\frac{47.}{67.}$			
3									
4	3 3 7 ( ) , , , , , , , , , , , , , , , , , ,								
5	5								
6		ted services and use of facilities	6						
7		tment expenses	7						
8 Prior period adjustments 8									
9		r changes in net assets or fund balances (explain on Schedule O)	9			0.			
10		ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		г о	4 0	70			
Da	colun	nn (B))	10	58	4,9	<u> 78.</u>			
Pa	ווא זו	Financial Statements and Reporting							
		Check if Schedule O contains a response or note to any line in this Part XII				<del>                                     </del>			
					Yes	No			
1		unting method used to prepare the Form 990: Cash X Accrual Other							
		organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				37			
2a				2a		X			
		es," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	sepa	rate basis, consolidated basis, or both:							
	\	Separate basis Both consolidated and separate basis				v			
b		the organization's financial statements audited by an independent accountant?		2b		X			
		es," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	cons	olidated basis, or both:							
	LL   X -	Separate basis Consolidated basis Both consolidated and separate basis							
С		es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		0-					
		w, or compilation of its financial statements and selection of an independent accountant?		2c					
2-		organization changed either its oversight process or selection process during the tax year, explain on Sche							
зa		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin nd OMB Circular A-133?	gie Audit	3a		x			
h		rid Olvib Circular A-133? s," did the organization undergo the required audit or audits? If the organization did not undergo the require	od audit	Sa		<u> </u>			
D		dits, explain why on Schedule O and describe any steps taken to undergo such audits	eu auuit	3b					
	Or au	uns, explain why on scriedule of and describe any steps taken to undergo such addits			990	(2021)			
				1 01111		(2021)			
				JI					
				_					

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization YOUTH WITH FACES 30-0018778 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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 vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 YOUTH WITH FACES 30-0018778 Page 2

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	tion
fails to qualify under the tests listed below, please complete Part III.)	

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	293,423.	462,638.	204,440.	682,092.	339,714.	1982307.				
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	293,423.	462,638.	204,440.	682,092.	339,714.	1982307.				
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	4									
	amount shown on line 11,										
	column (f)						311,388.				
6	Public support. Subtract line 5 from line 4.						1670919.				
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Amounts from line 4	293,423.	462,638.	204,440.	682,092.	339,714.	1982307.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources										
9	Net income from unrelated business										
	activities, whether or not the			20							
	business is regularly carried on										
10	Other income. Do not include gain			0/							
	or loss from the sale of capital										
	assets (Explain in Part VI.)		325.				325.				
11	<b>Total support.</b> Add lines 7 through 10						1982632.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	17,583.				
	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	ear as a section 5	01(c)(3)					
	organization, check this box and stop	here					<b>&gt;</b>				
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	84.28 %				
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	85.44 %				
16a	33 1/3% support test - 2021. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and				
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X				
b	33 1/3% support test - 2020. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation							
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% (	or more,				
	and if the organization meets the fact						<b>V</b>				
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		<b>&gt;</b>				
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or				
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<b>&gt;</b>				

# Schedule A (Form 990) 2021 YOUTH WITH FACES 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 Section A. Public Support	<u>below, please comp</u>	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(4) = 3 · ·	(2) 20:0	(5) = 5 : 5	(4,) = 3 = 3	(5) = 5 = 1	(1) 1010
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<b>&gt;</b>					
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			3			
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				2		
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fir	rst, second, third, t	ourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Pub					г г	
<b>15</b> Public support percentage for 2021	(line 8, column (f), d	ivided by line 13, o	olumn (f))		15	<u>%</u>
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Income	Percentage			г г	
17 Investment income percentage for 2					17	<u>%</u>
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If th	e organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a <b>b 33 1/3% support tests - 2020.</b> If th						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						

#### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
<i></i>		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b		nily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·		I in Part VI.	11c		
Sect	tion	B. Type I Supporting Organizations	110		
		A		Yes	No
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
S-0-1	super	rvised, or controlled the supporting organization.	2		
Seci	ion (	C. Type II Supporting Organizations			Г
				Yes	No
1		e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization'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			
	orgar	nization'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			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signif	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incon	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supp	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Sect	ion l	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok 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 ins	truction	<u>s).</u>	
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the s	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that t	these activities constituted substantially all of its activities.	2a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one c	or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 ( explain in <b>F</b>	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must co		·			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):	2				
2	Acquisition indebtedness applicable to non-exempt-use assets	3				
3_4	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	4				
	see instructions).  Not value of non exempt use assets (subtract line 4 from line 3)	5				
6	Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7						

Schedule A (Form 990) 2021

instructions).

					:g - ·		
Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year		
_1_	Amounts paid to supported organizations to accomplish exer		1				
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	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	<b>Total annual distributions.</b> 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 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	<u> </u>		10			
		(i)	(ii)	_	(iii) Distributable		
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	is	Distributable Amount for 2021		
	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
_3_	Excess distributions carryover, if any, to 2021						
	From 2016						
	From 2017						
	From 2018						
	From 2019						
	From 2020						
	Total of lines 3a through 3e						
	Applied to underdistributions of prior years  Applied to 2021 distributable amount						
	Carryover from 2016 not applied (see instructions)						
<del>-</del>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	7()					
4	Distributions for 2021 from Section D,						
•	line 7: \$						
	Applied to underdistributions of prior years	0/					
	Applied to 2021 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2017						
b	Excess from 2018						
С	Excess from 2019						
Ь	Excess from 2020				· ·		

Schedule A (Form 990) 2021

e Excess from 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

YOUTH WITH FACES

Organization type (check one):

Employer identification number

30-0018778

Organization type (check one):			
Filers of	:	Section:	
Form 990	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 990	0-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: Or	nly 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		
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special I	Rules	~n	
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) a	nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one	
	,	the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h; 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	
		the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,	
	•	nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering	
	"N/A" in column (b)	instead of the contributor name and address), II, and III.	
	For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the	
	year, contributions	exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box	
		ere the total contributions that were received during the year for an exclusively religious, charitable, etc.,	
		plete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> , etc., contributions totaling \$5,000 or more during the year > \$	
Caution:	: An organization tha	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b>	

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# YOUTH WITH FACES

30-0018778

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# YOUTH WITH FACES

30-0018778

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7		\$ <u>15,000.</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		
8		\$\$	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		
9		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 10	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		
		\$ 30,000.	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		
12	name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

# YOUTH WITH FACES

30-0018778

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	7
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_	

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** YOUTH WITH FACES 30-0018778 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

# **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 Inspection

Name of the organization

YOUTH WITH FACES

**Employer identification number** 30-0018778

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
	<u> </u>	(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	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	of a historically important land area
	Protection of natural habitat	Preservation of	of 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	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e 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	In a Laba O	
_	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Starr and volunteer flours devoted to morntoning, inspecting, i	landing of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserve	ation agreements during the year
7	S	iling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ü		satisfy the requirements of section 176	Yes No
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.	5-5-1-5-1-5-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1-5-1-1	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ms.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Par	t III Organizations Maintaining Co	llections of Art	t, Historic	cal Treasures, o	or Other S	Similar Ass	sets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its						
	collection items (check all that apply):						
а	Public exhibition	d	Loa	n or exchange prog	ram		
b	Scholarly research	е	Oth	er			
С	Preservation for future generations			•			
4	Provide a description of the organization's coll	ections and explain	how they f	urther the organizat	ion's exemp	t purpose in F	Part XIII.
5	During the year, did the organization solicit or	receive donations of	of art, histori	cal treasures, or oth	ner similar as	ssets	
	to be sold to raise funds rather than to be main	ntained as part of th	ne organizat	ion's collection? .			Yes No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the org	anization answered	l "Yes" on F	orm 990, Part	IV, line 9, or
	reported an amount on Form 990, Part	X, line 21.					
1a	Is the organization an agent, trustee, custodial	n or other intermed	iary for cont	ributions or other a	ssets not inc	cluded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII at	nd complete the fol	lowing table	):			
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on For		•		•	?	Yes No
	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds. Complete if			1			.1
		(a) Current year	<b>(b)</b> Prior	year (c) Two ye	ars back (c	I) Three years b	ack (e) Four years back
1a	Beginning of year balance	40					
b	Contributions	. ( )					
С	Net investment earnings, gains, and losses						
d	Grants or scholarships		1,				
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curre	•	e (line 1g, co	olumn (a)) held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
С	Term endowment						
	The percentages on lines 2a, 2b, and 2c should						
3a	Are there endowment funds not in the possess	sion of the organiza	tion that are	e held and administ	ered for the	organization	Yes No
	by:				$\wedge$		
	(i) Unrelated organizations						3a(i)
	(ii) Related organizations						3a(ii)
	If "Yes" on line 3a(ii), are the related organizati						3b
Dai	Describe in Part XIII the intended uses of the cart VI Land, Buildings, and Equipme		wment fund	S.			
ı uı	Complete if the organization answered		Part IV lin	e 11a See Form 90	∩ Part X lin	ne 10	
		1	i		<del> </del>		(d) De alcuelus
	Description of property	(a) Cost or o basis (investn		(b) Cost or other basis (other)		cumulated eciation	(d) Book value
	Lond	<del></del>	ioniy	Dadio (Otrici)	черг	COIGLIOIT	
_	Land						
b	Buildings						
c C	Leasehold improvements			50,369.	+ ,	50,369.	0.
d	Equipment			50,509	+ -	.0,303.	· ·
	Other		V 201: "	2) line 10s \	1		0.
iola	n Add iiiles Ta iiillugii Te. (Column (a) MUST ea	uai roiiii 990. Part i	A. COIUMN (L	or, iirie ruc.)			ı •

Schedule D	(Form 990) 2021 YOUTH WITH	FACES	30	-0018778 Page 3
	Investments - Other Securities.			g-
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	al derivatives	, ,		·
	held equity interests			
(3) Other	more oquity intorests			
(A)				
(B)				
(C)				
(D)	<u> </u>			
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b	o) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	Lan Farma 000 Dart IV line	11d Cas Farms 000 Bart V line 15	
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Dook value
	(a <sub>i</sub>	Description		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) lin	no 15 )		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	· ,		(b) Book value
	eral income taxes			
(2)				10,
(3)				
(4)				
(5)				
(6)				

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

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

(7) (8) (9)

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net u	nrealized gains (losses) on investments	2a	
b	Donat	ed services and use of facilities	2b	
С	Recov	veries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	
е		nes <b>2a</b> through <b>2d</b>		2e
3	Subtr	act line 2e from line 1		3
4		nts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	
b		(Describe in Part XIII.)	4b	
С	Add li	nes 4a and 4b		4c
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	to With Evnance nex [	5   Potumo
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	its with Expenses per i	Return.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T . T
1		expenses and losses per audited financial statements		1
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	
а	Donat	red services and use of facilities	2a	-
b		year adjustments	2b	-
С		losses	2c	-
d	Other	(Describe in Part XIII.)	2d	+
_		nes 2a through 2d		2e
3		act line 2e from line 1		3
4		nts included on Form 990, Part IX, line 25, but not on line 1:	<b>.</b>	
a		ment expenses not included on Form 990, Part VIII, line 7b	4a	-
		(Describe in Part XIII.)	4b	40
		nes 4a and 4b		4c   5
Pa	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,)  Supplemental Information.		] <b>3</b>
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	lines 1b and 2b: Part V line 4	L· Part X line 2· Part XI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition		i, raicx, into 2, raicxi,
		, 13, 212, 21, 13, 13, 13, 13, 13, 13, 13, 13, 13, 1		

# **SCHEDULE G** (Form 990)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

YOUTH W.	ITH FACES				30-0018	7 / 8
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	red "Y	es" on	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a X Mail solicitations</li> <li>X Internet and email solicitations</li> <li>C Phone solicitations</li> <li>In-person solicitations</li> <li>2 a Did the organization have a written o key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special r oral agreement with any individual of art VII) or entity in connection with projection or entities (fundraisers) pursual	ion of ion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity			Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ISE RESOURCE DEVELOPMENT -		Yes	No			
622 VIA LOS ALTOS,	GRANT WRITING		Х	0.	0.	17,712.
			C			
				'\		
otal			<b>→</b>		4	17,712.
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.						
		_				

30-0018778 Page 2 YOUTH WITH FACES Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes .... Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2021 YOUTH WITH FACES 30	0-0018778	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:	13a	%
	The organization's facility  An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[192]	,,
	Name ▶		
15	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes Yes	No
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
•	If "Yes," enter name and address of the third party:		
	Name ►		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е	
Da	organization's own exempt activities during the tax year  \$\int IV   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and	15 111111111111111111111111111111111111	01 401
ГС	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ı Paπ III, IInes 9, s	90, 100,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	₫ŔS:	
<u>(I</u>	) NAME OF FUNDRAISER: WISE RESOURCE DEVELOPMENT		
<u>(I</u>	) ADDRESS OF FUNDRAISER: 2622 VIA LOS ALTOS, CARROLLTON, TX	75006	

### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUTH WITH FACES

Employer identification number 30-0018778

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND CREATE POSITIVE FUTURES. WE BELIEVE IN THE POTENTIAL OF ALL YOUTH

AND GIVE THEM THE OPPORTUNITY TO LEARN AND PRACTICE CRITICAL SOCIAL,

JOB AND LIFE SKILLS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SKILLS. OUR PROGRAMS FOCUS ON FOSTERING CHARACTER, CAPABILITIES, AND

CONNECTIONS FOR OUR STUDENTS TO PREPARE THEM FOR A SUCCESSFUL REUNION

WITH THEIR FAMILIES AND THE COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

ONCE THE FORM 990 IS COMPLETED BY THOSE INDIVIDUALS RESPONSIBLE FOR ITS

COMPLETION, AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO THE

OPERATIONS DIRECTOR AND EVERY MEMBER OF THE BOARD OF DIRECTORS FOR THEIR

REVIEW BEFORE FILING. ONCE THE FORM 990 HAS BEEN SUBMITTED TO THE IRS, IT

IS POSTED ON THE ORGANIZATION'S WEBSITE.

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

CONFLICT OF INTEREST POLICY IS REGULARLY MONITORED AND ENFORCED THROUGH

BOARD APPROVAL FOR EXPENDITURES GREATER THAN \$5,000, REQUIRING WRITTEN

THREE INDEPENDENT BIDS FOR CONTRACTORS, PRESENTING BIDS FOR APPROVAL AND

DISCUSSION AT MONTHLY BOARD MEETINGS, AND OVERSIGHT OF FINANCIAL STATEMENTS

BY THE BOARD TREASURER AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AND

Schedule O (Form 990) 2021 Page **2** 

Name of the organization YOUTH WITH FACES	Employer identification number 30-0018778
COMPARED TO MARKET RATES FOR SIMILAR POSITIONS FOR THE ORG	ANIZATION'S SIZE.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANI	ZATION'S WEBSITE.
	<b>9</b> 0,
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