### Form **990**

## 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 Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

and ending JUN 30, 2022 A For the 2021 calendar year, or tax year beginning JUL~1, 2021

В	Check if applicable	C Name of organization		D Employer identific	cation number
7	Address	Youth Homes, Inc.			
	Name change			94-61325	71
F	Initial return		Room/suite	E Telephone number	
F	Final		150	(925)933	
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,749,393.
	Amende			H(a) Is this a group re	
F	Applica tion	F Name and address of principal officer: Tim Byrd		for subordinates	
	pending	same as C above		<b>H(b)</b> Are all subordinates in	—
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) o	or 527		list. See instructions
		www.youthhomes.org		H(c) Group exemption	
K	Form of o	organization: X Corporation Trust Association Other	L Year		State of legal domicile: CA
	art I	Summary			
•	1 E	Briefly describe the organization's mission or most significant activities: ${ t Youth}$	n Home	s, Inc., (Y	outh
Activities & Governance	_	Homes), supports and empowers current and			
eri	2 (	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	
Š				3	9
۵		Number of independent voting members of the governing body (Part VI, line 1b) $_{\cdot\cdot}$			9
ies	1	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		<del>- 1</del>	146
፷		otal number of volunteers (estimate if necessary)			54
Ac				7a	0.
	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		
ne	,	Sentulbutions and suspite (Doub VIII line 4 le)	-	Prior Year 9,033,612.	Current Year 5,314,784.
		Contributions and grants (Part VIII, line 1h)		183,148.	252,341.
Revenue		Program service revenue (Part VIII, line 2g)		24,892.	29,830.
Be	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		22,021.	27,892.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,263,673.	5,624,847.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). Grants and similar amounts paid (Part IX, column (A), lines 1-3)		106,344.	115,657.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,397,907.	5,336,283.
Expenses	16a F			0.	0.
be	b 1	Professional fundraising fees (Part IX, column (A), line 11e)	L2.		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,527,850.	1,694,942.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,032,101.	7,146,882.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		1,231,572.	-1,522,035.
OF				ginning of Current Year	End of Year
Net Assets Fund Balanc	20 1	otal assets (Part X, line 16)		6,049,258.	4,106,814.
t As	21 1	otal liabilities (Part X, line 26)		1,123,251.	999,591.
		Net assets or fund balances. Subtract line 21 from line 20		4,926,007.	3,107,223.
_	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules		-	/ knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	icn preparer	nas any knowledge.	
۵.		Signature of officer		I Date	
Sig		Tim Byrd, CEO		Duto	
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature	10	Date Check	II PTIN
Pai		Oswaldo D. Torres, CPA		if self-employe	
		Firm's name Harrington Group, CPAs, LLP		Firm's FIN	95-4557617
		Firm's address 2698 Mataro Street		5 Em	<u> </u>
	•	Pasadena, CA 91107		Phone no. (6	26) 403-6801
Ma	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Youth Homes supports and empowers current and former foster youth and
	underserved children with a continuum of care designed to empower
	young people and their families to create positive, sustainable
	change.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.  (Code:) (Expenses \$1,942,202 • including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$1,942,202. including grants of \$25,861.) (Revenue \$)  Youth Homes operates two, 6-bed, state-licensed Short Term Residential
	Therapeutic Programs for youth, ages 7-18, in various cities in Central
	Contra Costa County. All four of these programs provide intensive 24/7
	care, enrichment activities such as garden program, or photography
	class and including a wide variety of mental health services including
	psychiatric assessment, individual and group therapy. The youth served
	in these programs have experienced significant trauma and are working
	on significant behavioral challenges which are barriers to them living
	in a family environment. Youth Homes residential programs supported
	approximately 27 youth this last year.
	approximatery 27 yourn this last year.
4b	(Code: ) (Expenses \$ 1,903,724 • including grants of \$ 62,966 • ) (Revenue \$ )
75	Family Pathways: This Youth Homes program provides intensive care
	coordination, therapy, and home based mental health services for foster
	youth with mental health challenges. This program works intensively
	with the child, or youth and their family, in a team-based approach
	with a focus on assuring adequate services and supports are available
	and provided in a coordinated basis, to allow foster youth to return to
	their family or live in a family setting.
	<u> </u>
	Therapeutic Behavioral Services: Youth Homes provides very intensive
	individual, family based skill coaching, to alleviate severe behavioral
	challenges that would otherwise lead to children, and youth, being
	hospitalized or placed in residential treatment facilities. A highly
4c	(Code:) (Expenses \$ 1,021,256 • including grants of \$ 26,830 • ) (Revenue \$)
	Transition Age Youth Programs: Youth Homes has three programs for young
	adults. First, the Aftercare Program which provides mental health
	services for foster youth and former foster youth ages 17-21. Second,
	the Transition Age Youth Full Service Partnership which provides
	intensive case-management and mental health services for youth 16-26
	with severe mental health issues. Lastly, Stepping Stones and the
	Resource Center which provides job coaching, employment placement, life
	skills workshops and education support for the young adults in all of
	our programs.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 198,876 • including grants of \$ ) (Revenue \$ 252,341 •)
4e	Total program service expenses ► 5,066,058.

# Form 990 (2021) Youth Homes, Inc. 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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,			l
	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?	_		7.7
	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		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 I a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
b	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		х
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	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
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
<b>20</b> a	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?	<b>20</b> b		
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

	<del></del>		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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
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		
25 a	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		Х
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%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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? If			
	"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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in 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	20		Х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
O_	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		Х
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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?	- 57		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			•
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

9021) Youth Homes, Inc.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1 4 6			
	filed for the calendar year ending with or within the year covered by this return	2a	146		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	X	
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			2-		Х
				3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other			30		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		х
h	If "Yes," enter the name of the foreign country	accou		Tu		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•		l _		\ <sub>3,7</sub>
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo			7g	N/	
g h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of the organization file orga			79 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
•	sponsoring organization have excess business holdings at any time during the year?		7AT / 7A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 1				
a	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	)	12a		
	37 / 3	1041		ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it inco	me?	16		X
47	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		NT / Z	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		
	n 100, complete i onn coco.					

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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and 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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request 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, are	d finai	ncial	
	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			
	Tim Byrd - (925)933-2627 1200 Concord Ave., Suite 450, Walnut Creek, CA 94520			

### 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.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	_	OOI UII			), a do	100)	from the	from related organizations	other compensation
	hours for	ndividual trustee or director				ps		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altrus	nal tr		loyee	e e e		1099-NEC)		and related
	below	lividu	nstitutional trustee	Officer	Key employee	jhest ( ploye	Former			organizations
(1) Jose Yanez	line) 40.00	트	ln S	#5	ā.	Hig	윤			
(1) Jose Yanez CFO	40.00	1		x				147,583.	0.	43.
(2) Jana Corral	40.00			^				147,303.	0.	43.
VP of Mental Health and Housing	40.00	1				x		121,360.	0.	20,650.
(3) Vickia Brinkley	40.00					^		121,300.	0.	20,030.
Interim CEO (End 7/21)	40.00	1		X				123,217.	0.	7,203.
(4) Liberty Franks	40.00							123,217.	0.	7,203.
VP of Development	40.00	1				х		112,583.	0.	45.
(5) Tim Byrd	40.00							112/3031	•	
CEO (Start 7/21)	1000	1		x				8,333.	0.	11,948.
(6) Gerriann Smith	3.00									
President		X		х				0.	0.	0.
(7) Jim Caponigro	3.00									
Director/Vice Pres.(Start 3/22)		Х		Х				0.	0.	0.
(8) Aaron J. Scott	3.00									
Vice Pres./Treas.(Start 3/22)		X		Х				0.	0.	0.
(9) Melania Budiman	3.00									_
Director/Secr.(Start 3/22)		Х		Х				0.	0.	0.
(10) Kang Lim	3.00									
Secretary (End 3/22)		Х		Х				0.	0.	0.
(11) Connie Kuranko	3.00							_	_	_
Treasurer (End 3/22)		Х		Х				0.	0.	0.
(12) Beau Bautista	1.00	ļ								
Ombudsman (End 3/22)	1	Х						0.	0.	0.
(13) Christine Ayers	1.00	۱							•	•
Director (Start 3/22)	1 00	Х						0.	0.	0.
(14) Elizabeth Chapple	1.00	١,,							0	0
Director	1 00	Х						0.	0.	0.
(15) Robert Covay	1.00	ļ ,,							0	0
Director	1 00	Х						0.	0.	0.
(16) Lorna Henri	1.00	X						0.	0.	0
Director	1.00	<u> ^</u>		_				0.	0.	0.
(17) Linn Joanis	1.00	X						0.	0.	0
Director (Start 3/22)		ΙΛ						J 0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any hours for related	(do box offi	Position on to check more than one x, unless person is both an icer and a director/trustee)				one th an stee)	(D)  Reportable compensation from the organization (W-2/1099-MISC/	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)		Estimated amount of other compensation from the organization		1
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)				d related anizations	,
(18) Gary Parkhurst Director (End 3/22)	1.00	х						0.		0.		0	٠.
													_
1b Subtotal c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	513,076. 0.		000		9,889 0 9,889	٠.
d Total (add lines 1b and 1c)							no re	513,076. eceived more than \$100	,000 of reportable	-		9,009	4
3 Did the organization list any former officer,	director, trusto	ee. l	sev e	emp	love	e. o	r hio	nhest compensated emr	olovee on			Yes No	
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su	uch individual										3	Х	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or st	uch	pers	son .					5	X	_
Complete this table for your five highest co the organization. Report compensation for										pens	ation 1	from	_
(A) Name and business			ONI		• 10.1	<u> </u>		(B)  Description of s		С	(C Compe	C) nsation	
Total number of independent contractors (in a second contractor)	-	ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation >				(	0						000 (000	

Youth Homes, Inc. Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations 1d 4,534,202. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 780,582. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 5,314,784. h Total. Add lines 1a-1f. **Business Code** 252,341. 252,341. 453310 2a Thrift store Program Service Revenue f All other program service revenue 252,341. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 25,926. 25,926. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a 128,450. **b** Less: cost or other basis Other Revenue 7ь 124,546. and sales expenses 3,904. c Gain or (loss) \_\_\_\_\_ 7c 3,904. 3,904. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 27,892. 27,892. 11 a Miscellaneous income 900099 d All other revenue 27,892. e Total. Add lines 11a-11d

5,624,847.

252,341.

Total revenue. See instructions

# Form 990 (2021) Youth Homes, Inc. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX	, ( )	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
ı	-				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	115,657.	115,657.		
^	individuals. See Part IV, line 22	113,037.	113,037.		
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,	272 000	40 033	218,312.	12 611
_	trustees, and key employees	272,889.	40,933.	410,314.	13,644.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4,042,165.	3,277,215.	101 572	270 277
7	Other salaries and wages	4,044,103.	3,411,413.	494,573.	270,377.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	693,945.	531,590.	116,142.	46,213.
9	Other employee benefits				
10	Payroll taxes	327,284.	247,288.	58,293.	21,703.
11	Fees for services (nonemployees):				
	Management	2 171		2 171	
	Legal	3,171. 56,116.		3,171.	
	Accounting	30,110.		56,116.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	6,891.		6,891.	
	Investment management fees	0,091.		0,091.	
g	Other. (If line 11g amount exceeds 10% of line 25,	468,644.	129,442.	298,150.	41,052.
	column (A), amount, list line 11g expenses on Sch 0.)	400,044.	147,444.	430,130.	41,034.
12	Advertising and promotion	69,766.	25,301.	24,787.	19,678.
13	Office expenses	153,701.	32,147.	106,899.	14,655.
14	Information technology	155,701.	34,14/.	100,033.	14,033.
15	Royalties	577,566.	422,725.	136,549.	18,292.
16	Occupancy	57,723.	55,746.	1,937.	40.
17	Travel	31,123.	33,740.	1,957.	40.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4,451.			4,451.
19	Conferences, conventions, and meetings	17,664.	17,664.		4,401.
20	Interest	11,004.	17,004.		
21	Payments to affiliates	70,086.	64,069.	6,017.	
22	. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	116,122.	69,570.	37,911.	8,641.
23 24	Other expenses. Itemize expenses not covered	, •	05,570.	3,,511.	0,041
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)  Bank & other fees	27,873.	8,229.	13,544.	6,100.
d h	Staff develop. & trng.	21,490.	2,951.	18,121.	418.
C	Bad debt	19,245.	17,482.	1,149.	614.
d	Dues & subscriptions	14,045.	415.	12,396.	1,234.
	All other expenses	10,388.	7,634.	2,754.	_,251•
25	Total functional expenses. Add lines 1 through 24e	7,146,882.	5,066,058.	1,613,712.	467,112.
26	Joint costs. Complete this line only if the organization	,==,,==,		-,,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21	<u> </u>			Form <b>990</b> (2021)

## Form 990 (2021) Part X Balance Sheet

Part	: X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,468,046.	1	1,109,162		
	2	Savings and temporary cash investments			1,116,995.	2	37,476
	3	Pledges and grants receivable, net			25,000.	3	0
	4	Accounts receivable, net			911,830.	4	659,889
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial c	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			100,625.	9	101,691
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,383,678.			
	b	Less: accumulated depreciation	. 10b	720,084.	613,865.	10c	663,594
	11	Investments - publicly traded securities			1,504,043.	11	1,281,258
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	308,854.	15	253,744		
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	6,049,258.	16	4,106,814
	17	Accounts payable and accrued expenses			621,811.	17	500,088
	18	Grants payable			18		
	19	Deferred revenue		19			
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es i	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the			460 620	22	447 725
- 1	23	Secured mortgages and notes payable to unr		F	462,630.	23	447,735
	24	Unsecured notes and loans payable to unrela				24	
1	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24)	. Complete Part X	20 010		F1 7C0
		of Schedule D			38,810.		51,768
	26	Total liabilities. Add lines 17 through 25			1,123,251.	26	999,591
ဖွ		Organizations that follow FASB ASC 958, c	heck her	e ▶ 🔼			
2		and complete lines 27, 28, 32, and 33.			4 255 000		2 207 500
<u>ala</u>	27	Net assets without donor restrictions			4,355,000. 571,007.	27	2,307,588 799,635
B   2	28	Net assets with donor restrictions			5/1,00/.	28	199,033
[ [		Organizations that do not follow FASB ASC	958, che	eck here			
ö		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fund				29	
SS	30	Paid-in or capital surplus, or land, building, or				30	
*	31	Retained earnings, endowment, accumulated		F	4,926,007.	31	3,107,223
_	32	Total net assets or fund balances				32	
;	33	Total liabilities and net assets/fund balances			6,049,258.	33	4,106,814

Pa	TXI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)		,62			
2	Total expenses (must equal Part IX, column (A), line 25)		7,14			
3	Revenue less expenses. Subtract line 2 from line 1		.,52			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 4	.,92			
5	Net unrealized gains (losses) on investments	5	-24	1,6	40.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5	5,1	09.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,10	7,2	23.	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X		
		-	Form	990	(2021)	

#### **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

Open to Public Inspection

Employer identification number Name of the organization Youth Homes. Inc. 94-6132571 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion 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.")	8,010,893.	7,526,690.	8,041,943.	9,033,612.	5,314,784.	37,927,922.
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						
	Total. Add lines 1 through 3	8,010,893.	7,526,690.	8,041,943.	9,033,612.	5,314,784.	37,927,922.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						27 027 022
	Public support. Subtract line 5 from line 4.						37,927,922.
	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	8,010,893.	7,526,690.	8,041,943.	9,033,612.	5,314,784.	37,927,922.
	Gross income from interest,	0,020,050.	,,020,000	0,012,010.	2,000,011.	0,022,702.	0.,52.,522.
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	64,278.	71,390.	35,400.	24,892.	29,830.	225,790.
9	Net income from unrelated business	,	,	,	,	, , , , ,	
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	213,160.	16,911.	3,682.	22,021.	27,892.	283,666.
11	<b>Total support.</b> Add lines 7 through 10						38,437,378.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	541,691.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
	tion C. Computation of Publ						
	Public support percentage for 2021 (					14	98.67 %
	Public support percentage from 2020					15	98.71 %
16a	33 1/3% support test - 2021. If the						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact				•	_	
	meets the facts-and-circumstances to	-	•	*	-		
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the		•				▶ □
10	organization meets the facts-and-circ		-				<b>\</b>
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	. 16b. 17a. or 17b	check this box a	nd see instruction	s •

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

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

Sec	ction A. Public Support	now, please com	ipietė Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(2) 2010	(3) 2013	(4) 2020	(0) 2021	(i) iotal
•	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						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	•						
	are not an unrelated trade or bus-						
	iness under section 513						-
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5		-				1
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					_	
	ndar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 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						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	e organization's f	I first second third	fourth or fifth tax	vear as a section	. 501(c)(3) organizat	 tion
•		· ·		,	•	( )( )	
Sec	ction C. Computation of Public						
	Public support percentage for 2021 (lin			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 10 1	
	Investment income percentage for 202		<u>~</u> _			17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box an	-					<b>▶</b>
	33 1/3% support tests - 2020. If the						and
٨.	line 18 is not more than 33 1/3%, chec	· ·			•		
20	<b>Private foundation.</b> If the organization						
	ato roundation in the Organization	. 414 1101 011001 0	. ~ o	, a, or 100, 011501 l			

### 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		
	3		
	9a		
	OI-		
	9b		
	9c		
	10a		
	10b		
ulo		~ 000	

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2021 Youth Homes, Inc.			94-6132571 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	te Sections A through E.	
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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see Schedule A (Form 990) 2021

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

9

Distributable amount for 2021 from Section C, line 6

	Distributable amount for 2021 from Section 6, line 6		$\vdash$		
10	Line 8 amount divided by line 9 amount		10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
_1_	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				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

132028 01-04-22

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Youth Homes, Inc.

Employer identification number 94-6132571

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.						
		(a) Donor advised funds	(b) Funds ar	nd 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		sed funds					
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring					
	impermissible private benefit?			Yes No				
Pai	art II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).						
	Preservation of land for public use (for example, recrea	ation or education)	f a historically impo	ortant land area				
	Protection of natural habitat	Preservation of	f a certified historic	structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form						
	day of the tax year.			at the End of the Tax Year				
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
	Number of conservation easements on a certified historic str							
d	Number of conservation easements included in (c) acquired							
	listed in the National Register							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization dur	ing the tax				
	year ▶							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe							
	violations, and enforcement of the conservation easements in							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easeme	nts during the year				
_	<u> </u>							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements d	uring the year				
_	<b>&gt;</b> \$		. (, ) ( () ()					
8	Does each conservation easement reported on line 2(d) above							
•	and section 170(h)(4)(B)(ii)?			L Yes L No				
9	In Part XIII, describe how the organization reports conservat	·						
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describe	es the				
Pai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections o	f Art Historical Treasures or C	ther Similar A	.ssets				
. u	Complete if the organization answered "Yes" on Form		outer curiniar 7	100010.				
	If the organization elected, as permitted under FASB ASC 95		and halance sheet	works				
ıa	of art, historical treasures, or other similar assets held for pul							
	service, provide in Part XIII the text of the footnote to its fina			10				
h	If the organization elected, as permitted under FASB ASC 95			rke of				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:							
			• •					
	(i) Revenue included on Form 990, Part VIII, line 1		·					
2	(ii) Assets included in Form 990, Part X							
~	the following amounts required to be reported under FASB A		ai gairi, provide					
•	Revenue included on Form 990, Part VIII, line 1		▶ \$					
a	Assets included in Form 900 Part Y							

Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	basis (investment)	basis (other)	depreciation	
1a Land		306,008.		306,008.
<b>b</b> Buildings		425,147.	391,906.	33,241.
c Leasehold improvements		450,687.	216,139.	234,548.
d Equipment		69,986.	21,064.	48,922.
e Other		131,850.	90,975.	40,875.
Total. Add lines 1a through 1e. (Column (d) must eq.	663,594.			

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Youth Homes	, Inc.	9.	4-6132571	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		-		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	<del></del>	
	Description		(b) Book va	
(1) Split-interest agreements				,525.
(2) Deposits			34	,219.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
			1	

(a) Description	(b) Dook value
(1) Split-interest agreements	219,525.
(2) Deposits	34,219.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>▶</b> 253,744.
D IV OIL L'INT	

#### Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deferred rent	51,768.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 51,768.

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

Schedule D (Form 990) 2021 Youth Homes, Inc.			94-6	5132571 <sub>Page</sub>
Part XI Reconciliation of Revenue per Audited Financial Statements	With			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
Total revenue, gains, and other support per audited financial statements			1	5,327,473
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	a	-241,640.		
b Donated services and use of facilities 2	ь			
c Recoveries of prior year grants 2	С			
d Other (Describe in Part XIII.)	d	-55,109.		
e Add lines <b>2a</b> through <b>2d</b>			2e	-296,749
3 Subtract line 2e from line 1			3	5,624,222
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	a			
b Other (Describe in Part XIII.)	b	625.		
c Add lines <b>4a</b> and <b>4b</b>			4c	625
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,624,847
Part XII Reconciliation of Expenses per Audited Financial Statements	With	n Expenses per	Retur	'n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
Total expenses and losses per audited financial statements			1	7,146,257
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities 2	a			
b Prior year adjustments 2	ь			
c Other losses 2	c			
d Other (Describe in Part XIII.)	d			
e Add lines 2a through 2d			2e	0
3 Subtract line 2e from line 1			3	7,146,257
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	a			
b Other (Describe in Part XIII.)	b	625.	1	
c Add lines <b>4a</b> and <b>4b</b>			4c	625
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,146,882
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lir lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional part III.			4; Part )	X, line 2; Part XI,
Part V, line 4:				
Permanently restricted funds are used for the o	ont	inuance of	the	:
organization's purpose.				
Part X, Line 2:				
Youth Homes is exempt from taxation under Inter	nal	Revenue C	ode	Section
501(c)(3) and California Revenue and Taxation C	ode	Section 2	3701	.d.

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by Youth Homes in its federal and

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	Name of the organization							Employer identification number
	Youth Hom							94-6132571
Part I								
	oes the organization maintain records							
CI	riteria used to award the grants or assi	stance?						X Yes No
_	escribe in Part IV the organization's pro-							
Part II						anization answered "	es" on Form 990, Par	t IV, line 21, for any
	recipient that received more than	· · · · · · · · · · · · · · · · · · ·	1	· · · · · · · · · · · · · · · · · · ·		(f) Method of	1	1
1 (a	Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a							<b>&gt;</b>

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					Food, clothing and school
Food, allowance and other child related expenses	40	0.	. 115,657.	Market value	supplies.
Part IV Supplemental Information. Provide the information rec	quired in Part L lin	ne 2: Part III. column	(h): and any other a	dditional information	
	quired iii i ait i, iii	ie 2, i ait iii, coluiiii	T(b), and any other a	ddiionai iniormation.	
Part I, Line 2:					
The organization maintains records	s to subs	tantiate t	he amount	of grants or	
assistance given and the selection	n criteri	a used to	award the	grants.	
<u> </u>					

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► 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

Name of the organization

Youth Homes, Inc.

Employer identification number 94-6132571

Form 990, Part I, Line 1, Description of Organization Mission: underserved children.

Form 990, Part III, Line 4b, Program Service Accomplishments:

trained specialized team of behavioral coaches work with children, and

youth ages 3-21 years old, in their natural environments, home, school

and community settings, to reduce debilitating behaviors. Approximately

250 youth are served annually in this program.

Form 990, Part III, Line 4d, Other Program Services:

Youth Homes operates a fully-functional Thrift Shop with one paid
employee and approximately 45 volunteers. Revenue generated from this
program is used to support our programs and services. Future plans
include utilizing the Thrift Shop as a training and workforce
development enhancement for our transition-age youth program.

Expenses \$ 198,876. including grants of \$ 0. Revenue \$ 252,341.

Form 990, Part VI, Section B, line 11b:

Youth Homes uses its CPA firm to guide the preparation of its Form 990. An accounting consultant coordinates responses to the Form 990 questions and line items. The CEO reviews the Form 990 in detail, and then shares it with the organization's Audit and Finance Committees for additional review.

After that review, the final Form 990 is provided to each member of the Youth Homes Board of Directors prior to filing.

Form 990, Part VI, Section B, Line 12c:

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

Name of the organization
Youth Homes, Inc.

Employer identification number 94-6132571

Transactions are continuously monitored for any possible conflicts of interest. Annually, all Board members and key employees are asked to disclose interests, if any, that could give rise to conflicts. When possible conflicts are identified, Youth Homes follows its internal procedures described in detail in its policies for dealing with any conflicts of interest.

Form 990, Part VI, Section B, Line 15a:

Annually, the independent members of the Youth Homes Finance Committee review the compensation of the CEO. They take into account the pay range of the top management officials of other similar organizations. They determine the change in compensation, if any, and document the decision as part of the notes/minutes of the meeting.

Youth Homes' Human Resources manager collects current salary information of all employees, and performs a comparison to the salaries and wages of employees of other, similar, organizations. Proposed changes to the salaries are made and reviewed with the CEO. The CEO, in turn, presents the information to the organization's Finance Committee for review and comment. When all reviews are complete, the CEO makes the final decision concerning salary changes, if any.

Part VI, question 15(b) was answered "no" as there were no other officers or key employees as defined in Form 990 instructions who were compensated.

Form 990, Part VI, Section C, Line 19:

Youth Homes provides on its website its governing documents, conflict of interest and other governance policies, its Form 990 and audited financial

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** Youth Homes, Inc. 94-6132571 statements for at least the past three years. Youth Homes also provides these documents upon reasonable request. Form 990, Part XI, line 9, Changes in Net Assets: Change in value of split interest agreement -55,109.