

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">YOUTH MAKING A DIFFERENCE</p> Doing business as DBA HANDS FOR HOPE Number and street (or P.O. box if mail is not delivered to street address) 3941 PARK DRIVE, STE. 20-264 Room/suite City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">EL DORADO HILLS CA 95762</p>	D Employer identification number <p style="text-align: center;">26-2548690</p> E Telephone number <p style="text-align: center;">916-294-7426</p> G Gross receipts \$ 688,677
F Name and address of principal officer: <p>ANDREA HOWARD 3941 PARK DR STE 20-264 EL DORADO HILLS CA 95762</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: HTTPS://WWW.HANDS4HOPEYOUTH.ORG/		L Year of formation: 2008
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">OUR MISSION IS TO INSPIRE AND EMPOWER YOUTH IN LEADERSHIP AND SERVICE. WE DO THIS BY GIVING YOUTH A PLATFORM TO MAKE THEIR VOICES HEARD ON ISSUES AFFECTING OUR COMMUNITIES AND PROVIDING THEM (SEE SCHEDULE O)</p>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	14	
	6 Total number of volunteers (estimate if necessary)	6	655	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	678,891	660,400	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,086	12,140	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,947	2,770	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-35,211	-13,087	
		656,713	662,223	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,523	2,000	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	269,007	355,285	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) 41,910			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	318,758	310,342	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	589,288	667,627	
	19 Revenue less expenses. Subtract line 18 from line 12	67,425	-5,404	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	448,824	441,991	
	22 Net assets or fund balances. Subtract line 21 from line 20	22,571	23,058	
		426,253	418,933	

Part II Signature Block

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

Sign Here	Signature of officer JENNIFER BASSETT	Date	
	EXECUTIVE DIRECTOR		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name ERIN P FULTON CPA	Preparer's signature	Date
	Firm's name HORN FULTON, INC.	Check <input type="checkbox"/> if self-employed	PTIN P00914245
	Firm's address 2600 E BIDWELL ST STE 190 FOLSOM, CA 95630	Firm's EIN 20-3220537	Phone no. 916-984-7745

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO INSPIRE AND EMPOWER YOUTH IN LEADERSHIP AND SERVICE. WE DO THIS BY GIVING YOUTH A PLATFORM TO MAKE THEIR VOICES HEARD ON ISSUES AFFECTING OUR COMMUNITIES AND PROVIDING THEM (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **275,082** including grants of \$ **2,000**) (Revenue \$)

EDUCATION PROGRAM - HANDS4HOPE - YOUTH MAKING A DIFFERENCE'S EDUCATION PROGRAM, INCLUDING ON-CAMPUS CLUBS AND AFTER-SCHOOL PROJECT COMMITTEES, INCORPORATES OUR MISSION BY PROVIDING OPPORTUNITIES FOR STUDENTS TO EXPLORE NEEDS IN THEIR COMMUNITIES, ACT ON THEM BY CREATING, DEVELOPING, AND IMPLEMENTING SERVICE-LEARNING PROJECTS, THEN LEAD THOSE PROJECTS FROM START TO FINISH. IN 2022, HANDS4HOPE MIDDLE SCHOOL SERVICE-LEARNING CLUBS SUCCESSFULLY PLANNED AND IMPLEMENTED TWELVE SERVICE-LEARNING PROJECTS BENEFITING NINE AREA NONPROFITS, RAISED \$6,511, AND COLLECTED 114 ITEMS TO BENEFIT AREAS OF NEED INCLUDING: ANIMAL RESCUE, PEDIATRIC HOSPITAL PATIENTS, AND THE UNHOUSED. (SEE SCHEDULE O)

4b (Code:) (Expenses \$ **264,133** including grants of \$) (Revenue \$)

COMMUNITY ENGAGEMENT PROGRAM - COMMUNITY ENGAGEMENT OUTREACHES ARE THE PLATFORM FROM WHICH YOUTH IN HANDS4HOPE - YOUTH MAKING A DIFFERENCE LEARN ABOUT AND INTERACT WITH THE COMMUNITY. PARTICIPANTS ENGAGE IN ACTIVITIES THAT ADDRESS HUMAN AND COMMUNITY NEEDS TOGETHER, LEARNING FIRST-HAND ABOUT SOCIAL ISSUES AND THE POWER THEY HAVE TO MAKE A POSITIVE DIFFERENCE. IN 2022, THE YOUTH PARTICIPANTS IN HANDS4HOPE - YOUTH MAKING A DIFFERENCE'S COMMUNITY ENGAGEMENT PROGRAM: LOGGED 2,900 SERVICE HOURS, CREATED 1,565 CARDS, CRAFTS, AND DESSERTS FOR SENIORS, WOMEN, AND CHILDREN IN NEED, SERVED 7,011 MEALS, COLLECTED 13,822 ARTICLES OF CLOTHING THROUGH THE WARM AND FUZZY DRIVE AND DISTRIBUTED THEM THROUGH THE WINTER BOUTIQUE AND CALDOR FIRE EVENTS, (SEE SCHEDULE O)

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

LEADERSHIP - HANDS4HOPE - YOUTH MAKING A DIFFERENCE LEADERSHIP IS BASED ON SERVANT LEADERSHIP, WHICH IS DRIVEN BY PASSION, THE DESIRE TO TAKE ACTION, AND THE ABILITY TO INSPIRE OTHERS TO DO THE SAME.

HANDS4HOPE OFFERS A VARIETY OF LEADERSHIP DEVELOPMENT OPPORTUNITIES INCLUDING CAMPS AND WORKSHOPS, AS WELL AS HANDS-ON EXPERIENCES, INCLUDING MEETINGS WITH COMMUNITY LEADERS AND ORGANIZATIONS. (SEE SCHEDULE O)

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

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

4e Total program service expenses **539,215**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		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		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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		X
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		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	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	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:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	10	
1b	Enter the number of voting members included on line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

JENNIFER BASSETT
EL DORADO HILLS

3941 PARK DRIVE SUITE 20-264
CA 95762

916-294-7426

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER BASSETT	40.00									
EXECUTIVE DIRECTOR	0.00			X			75,000	0	0	
(2) STEVE BACKERS	2.00									
PAST CHAIR	0.00	X		X			0	0	0	
(3) MONIQUE BAXTER	1.00									
SECRETARY	0.00	X		X			0	0	0	
(4) HEATHER EDWARDS	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
(5) ESTEE HORN	1.00									
TREASURER	0.00	X		X			0	0	0	
(6) ANDREA HOWARD	2.00									
CHAIR	0.00	X		X			0	0	0	
(7) ADAM KINT	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) SCOTT SPRIGGS	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) MEREDITH WHARTON	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) DOLLY WAGER	1.00									
DIRECTOR	0.00	X					0	0	0	
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							75,000			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							75,000			

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	201,383					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	459,017					
	g Noncash contributions included in lines 1a-1f	1g	\$ 171,832					
	h Total. Add lines 1a-1f			660,400				
	Program Service Revenue				Business Code			
2a CAMP/REG FEES			611710	9,547	9,547			
b T-SHIRT REVENUES			900099	2,593	2,593			
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f			12,140					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,770			2,770	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
		6a						
		b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7a						
		b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c						
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ 201,383 of contributions reported on line 1c). See Part IV, line 18							
8a			13,367					
b Less: direct expenses		8b	26,454					
c Net income or (loss) from fundraising events				-13,087				
9a Gross income from gaming activities. See Part IV, line 19								
	9a							
	b Less: direct expenses	9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
	10a							
	b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d								
12 Total revenue. See instructions				662,223	12,140	0	2,770	

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,000	2,000		
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	75,000	26,250	26,250	22,500
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	251,200	213,324	22,418	15,458
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,700	2,233	323	144
10 Payroll taxes	26,385	19,551	3,792	3,042
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	9,681		9,681	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,245		2,245	
12 Advertising and promotion	4,105	3,004	1,101	
13 Office expenses	15,789	12,573	3,042	174
14 Information technology	8,718	4,370	4,348	
15 Royalties				
16 Occupancy	47,962	44,503	3,459	
17 Travel	2,528	2,528		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	904		904	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,457	7,008	2,377	72
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a IN-KIND PROGRAM EXPENSE	171,832	171,832		
b TRAINING	9,042	8,942	100	
c SUPPLIES	6,899	6,836	63	
d VOLUNTEER RECOGNITION	5,879	4,530	1,349	
e All other expenses	15,301	9,731	5,050	520
25 Total functional expenses. Add lines 1 through 24e	667,627	539,215	86,502	41,910
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	8,579	1	16,462
	2	Savings and temporary cash investments	180,559	2	189,790
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	763	8	515
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		10a			
	b	Less: accumulated depreciation		10c	
		10b			
	11	Investments—publicly traded securities	231,442	11	208,842
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	27,481	15	26,382	
16	Total assets. Add lines 1 through 15 (must equal line 33)	448,824	16	441,991	
Liabilities	17	Accounts payable and accrued expenses	7,772	17	8,164
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,799	25	14,894
	26	Total liabilities. Add lines 17 through 25	22,571	26	23,058
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	400,924	27	394,703
	28	Net assets with donor restrictions	25,329	28	24,230
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	426,253	32	418,933	
33	Total liabilities and net assets/fund balances	448,824	33	441,991	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	662,223
2	Total expenses (must equal Part IX, column (A), line 25)	2	667,627
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,404
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	426,253
5	Net unrealized gains (losses) on investments	5	-1,916
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	418,933

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUTH MAKING A DIFFERENCE

Employer identification number

26-2548690

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	198,890	272,471	505,671	678,891	660,400	2,316,323
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	198,890	272,471	505,671	678,891	660,400	2,316,323
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)						134,857
6 Public support. Subtract line 5 from line 4						2,181,466

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	198,890	272,471	505,671	678,891	660,400	2,316,323
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31	2,147	1,144	355	2,770	6,447
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,322,770

12 Gross receipts from related activities, etc. (see instructions) 12 69,249

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	93.92%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	93.15%

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

2022

Open to Public Inspection

Name of the organization

YOUTH MAKING A DIFFERENCE

Employer identification number

26-2548690

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,329	24,273			
b Contributions	3,065	2,273			
c Net investment earnings, gains, and losses	-1,598	1,441			
d Grants or scholarships	2,000	2,023			
e Other expenditures for facilities and programs					
f Administrative expenses	566	634			
g End of year balance	24,230	25,329			

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Term endowment **100.00** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ENDOWMENT FUNDS	24,230
(2) DEPOSITS	2,152
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	26,382

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) EDUCATION PROGRAM LIABILITIES	14,894
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,894

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

**SCHEDULE G
(Form 990)**

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

YOUTH MAKING A DIFFERENCE

Employer identification number

26-2548690

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>ENDLESS SUMMER</u> (event type)	<u>FALL FESTIVAL</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	173,988	23,486	17,276	214,750
	2	Less: Contributions	168,717	15,390	17,276	201,383
	3	Gross income (line 1 minus line 2)	5,271	8,096		13,367
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		2,995	1,527	4,522
	7	Food and beverages	7,297	599	35	7,931
	8	Entertainment	1,500			1,500
	9	Other direct expenses	6,676	3,523	2,302	12,501
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-13,087

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

YOUTH MAKING A DIFFERENCE

26-2548690

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		171,832	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

YOUTH MAKING A DIFFERENCE

Employer identification number

26-2548690

FORM 990, PART III - ADDITIONAL INFORMATION

LINE 1 - ORGANIZATION'S MISSION (CONTINUED)

THE OPPORTUNITY TO TAKE ACTION IN THEIR OWN WAY.

LINE 4A - FIRST PROGRAM ACCOMPLISHMENT - EDUCATION PROGRAM (CONTINUED)

THE MIDDLE SCHOOL CLUBS COLLECTIVELY SERVED 88 PEOPLE AND 27 ANIMALS IN NEED.

HANDS4HOPE HIGH SCHOOL SERVICE-LEARNING CLUBS SUCCESSFULLY PLANNED AND IMPLEMENTED 10 SERVICE-LEARNING PROJECTS BENEFITING NINE AREA NONPROFITS, RAISED \$1,622, AND COLLECTED 224 ITEMS TO BENEFIT AREAS OF NEED INCLUDING: ANIMAL RESCUE, UNDERPRIVILEGED CHILDREN, CHILDREN WITH SPECIAL NEEDS, PEDIATRIC PATIENTS, AND CALDOR FIRE VICTIMS. THE HIGH SCHOOL CLUBS COLLECTIVELY SERVED 180 PEOPLE IN NEED.

HANDS4HOPE AFTER-SCHOOL SERVICE-LEARNING COMMITTEES SUCCESSFULLY PLANNED AND IMPLEMENTED 41 SERVICE-LEARNING PROJECTS BENEFITING TWELVE AREA NONPROFITS; RAISED \$47,912, COLLECTED 1,681 POUNDS OF FOOD, AND DISTRIBUTED 640 BACKPACKS STUFFED WITH SCHOOL SUPPLIES. THE AFTER-SCHOOL SERVICE-LEARNING COMMITTEES COLLECTIVELY SERVED 2,376 PEOPLE IN NEED INCLUDING: AT-RISK YOUTH, FOOD INSECURE, SOCIOECONOMICALLY DISADVANTAGED, AND CALDOR FIRE VICTIMS.

IN 2022 THE HANDS4HOPE - YOUTH MAKING A DIFFERENCE EMERGENCY FOOD PANTRY COMMITTEE CONTINUED TO OPERATE THE EMERGENCY FOOD PANTRY OUT OF THE

Name of the organization

Employer identification number

YOUTH MAKING A DIFFERENCE

26-2548690

PLACERVILLE HANDS4HOPE YOUTH CENTER. THE HANDS4HOPE EMERGENCY FOOD PANTRY COLLECTED AND DISTRIBUTED 1,681 POUNDS OF FOOD TO 752 PEOPLE EXPERIENCING FOOD INSECURITY.

IN TOTAL, THE HANDS4HOPE - YOUTH MAKING A DIFFERENCE EDUCATION PROGRAM PARTICIPANTS: LOGGED 7,700 SERVICE HOURS, RAISED \$56,045, AND COLLECTED AND DISTRIBUTED 19,755 ITEMS FOR CAUSES CLOSE TO THEIR HEARTS, SERVING MORE THAN 2,500 PEOPLE IN NEED. THROUGH THIS PROGRAM YOUTH LEARN HOW TO BE CIVIC MINDED.

LINE 4B - SECOND PROGRAM ACCOMPLISHMENT - COMMUNITY OUTREACH (CONTINUED)

MADE AND DISTRIBUTED 71 NO-SEW FLEECE BLANKETS, AND COLLECTED 5,024 TOILETRIES THROUGH THE TOILETRIES DRIVE AND DISTRIBUTED THEM TO OUR PARTNER AGENCIES FOR PEOPLE IN NEED. HANDS4HOPE IS CONTINUING TO SUPPORT SURVIVORS OF THE CALDOR FIRE WHO ARE STILL WITHOUT A HOME. IN 2022, 2,425 ITEMS OF CLOTHING, TOILETRIES, AND OTHER NEEDED HOUSEHOLD ITEMS WERE DISTRIBUTED BY HANDS4HOPE DURING THE CALDOR FIRE DISTRIBUTION EVENTS HOSTED BY WESTERN SLOPE FOUNDATION.

THE COMMUNITY ENGAGEMENT PROGRAM SERVED 7,367 INDIVIDUALS IN OUR COMMUNITY. THROUGH THIS PROGRAM YOUTH LEARN HOW TO BE SOCIALLY RESPONSIBLE.

LINE 4C - THIRD PROGRAM ACCOMPLISHMENT - LEADERSHIP (CONTINUED)

IN 2022, HANDS4HOPE - YOUTH MAKING A DIFFERENCE: ENGAGED 68 STUDENTS FROM 6-12TH GRADES IN LEADERSHIP OF THEIR PEERS IN CLUBS AND COMMITTEES, HOSTED THE 11TH ANNUAL HANDS4HOPE HIGH SCHOOL LEADERSHIP CAMP, WITH 27 YOUTH FROM SIX HIGH SCHOOLS ATTENDING, HOSTED THE 9TH ANNUAL MIDDLE SCHOOL LEADERSHIP

Name of the organization

Employer identification number

YOUTH MAKING A DIFFERENCE

26-2548690

CAMP WITH 24 YOUTH FROM SEVEN MIDDLE SCHOOLS IN ATTENDANCE, THE 10TH ANNUAL HIGH SCHOOL LEADERSHIP MID YEAR RETREAT WITH 32 YOUTH FROM SIX HIGH SCHOOLS IN ATTENDANCE, HOSTED 9TH ANNUAL MIDDLE SCHOOL LEADERSHIP MID YEAR RETREAT WITH 22 YOUTH FROM SEVEN MIDDLE SCHOOLS IN ATTENDANCE, AND THE YOUTH BOARD HOSTED A FUNDRAISING DINNER AND RAISED \$7,679 FOR WALK WITH AUSTIN, A NONPROFIT DEDICATED TO CREATING FUN FOR KIDS WITH ALL ABILITIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
 A COPY OF FORM 990 WAS REVIEWED BY THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
 ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY IS HANDLED ON AN ANNUAL BASIS BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 EXECUTIVE DIRECTOR SALARY IS DETERMINED BY THE BOARD OF DIRECTORS AND SET CONSISTENT WITH HANDS4HOPE COMPENSATION PHILOSOPHY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
 COMPENSATION PROCESS FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED AS PART OF THE BUDGET REVIEW PROCESS AND APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THEY ARE ALSO AVAILABLE ON THE GUIDESTAR WEBSITE.

Name of the organization

Employer identification number

YOUTH MAKING A DIFFERENCE

26-2548690

FORM 990, PART X - ADDITIONAL INFORMATION

OF THE \$419K FUND BALANCE, \$290K IS RESERVED TO COVER 6 MONTHS FOR OPERATIONS, \$47K ARE RESTRICTED FUNDS FOR USE IN 2023, AND \$25K IS AN ENDOWMENT HELD AT THE EL DORADO COMMUNITY FOUNDATION FOR OUR RYAN CHRISTOPHER HERSH MEMORIAL SCHOLARSHIP FUND. \$50K WILL BE USED IN 2023 TO BUILD INFRASTRUCTURE IN ORDER TO GROW PROGRAMS IN ALIGNMENT WITH THE ORGANIZATION'S 3-YEAR STRATEGIC PLAN.

SCHEDULE G
(Form 990 or
990-EZ)
Fundraising Other Events
2022

For calendar year 2022, or tax year beginning _____, and ending _____

Name

Employer Identification Number

YOUTH MAKING A DIFFERENCE
26-2548690

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>KID ZONE</u>	_____	_____	(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	17,276			17,276
	2 Less: Charitable contributions	17,276			17,276
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,527			1,527
	7 Food/beverages	35			35
	8 Entertainment				
	9 Other expenses	2,302			2,302

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

YOUTH MAKING A DIFFERENCE**26-2548690**

		2021	2022	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 577,848	660,400	82,552
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 101,043		-101,043
	4. Program service revenue	4. 11,086	12,140	1,054
	5. Investment income	5. 355	2,770	2,415
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 1,592		-1,592
	8. Net income or (loss) from fundraising events	8. -35,211	-13,087	22,124
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 656,713	662,223	5,510
E x p e n s e s	13. Grants and similar amounts paid	13. 1,523	2,000	477
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 67,000	75,000	8,000
	16. Salaries, other compensation, and employee benefits	16. 202,007	280,285	78,278
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 9,617	11,926	2,309
	19. Occupancy, rent, utilities, and maintenance	19. 43,152	47,962	4,810
	20. Depreciation and Depletion	20.		
	21. Other expenses	21. 265,989	250,454	-15,535
	22. Total expenses. Add lines 13 through 21	22. 589,288	667,627	78,339
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 67,425	-5,404	-72,829
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 656,713	662,223	5,510
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 13,033	14,910	1,877
	27. Total assets	27. 448,824	441,991	-6,833
	28. Total liabilities	28. 22,571	23,058	487
	29. Retained earnings	29. 426,253	418,933	-7,320
	30. Number of voting members of governing body	30. 10	10	
	31. Number of independent voting members of governing body	31. 10	10	
	32. Number of employees	32. 10	14	
33. Number of volunteers	33. 653	655		

Form 990	Tax Return History	2022
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Name YOUTH MAKING A DIFFERENCE	Employer Identification Number 26-2548690
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants			505,671	678,891	660,400	
Membership dues						
Program service revenue			4,004	11,086	12,140	
Capital gain or loss				1,592		
Investment income			1,144	355	2,770	
Fundraising revenue (income/loss)			-10,182	-35,211	-13,087	
Gaming revenue (income/loss)						
Other revenue						
Total revenue			500,637	656,713	662,223	
Grants and similar amounts paid				1,523	2,000	
Benefits paid to or for members						
Compensation of officers, etc.			64,230	67,000	75,000	
Other compensation			177,352	202,007	280,285	
Professional fees			8,649	9,617	11,926	
Occupancy costs			30,423	43,152	47,962	
Depreciation and depletion						
Other expenses			150,471	265,989	250,454	
Total expenses			431,125	589,288	667,627	
Excess or (Deficit)			69,512	67,425	-5,404	
Total exempt revenue			500,637	656,713	662,223	
Total unrelated revenue						
Total excludable revenue			5,148	13,033	14,910	
Total Assets			386,115	448,824	441,991	
Total Liabilities			51,021	22,571	23,058	
Net Fund Balances			335,094	426,253	418,933	

Federal Statements**Taxable Interest on Investments**

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

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 3,425					
TOTAL	\$ <u>3,425</u>					

1548 Youth Making A Difference

26-2548690

FYE: 12/31/2022

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL SERVICE	\$ 1,120	\$	\$ 1,120	\$
INTERN STIPEND	1,125		1,125	
TOTAL	\$ 2,245	\$ 0	\$ 2,245	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
INCENTIVES	\$ 3,280	\$ 3,280	\$	\$
BANK FEES	2,847	366	2,376	105
FOOD	2,684	2,684		
T-SHIRTS	1,517	1,492	25	
DUES & SUBSCRIPTIONS	1,183	119	1,064	
STORAGE	984	984		
STAFF DEVELOPMENT	926	246	680	
STAFF APPRECIATION	851	440	411	
FUNDRAISING EVENT EXP	625		210	415
LICENSE & FEES	370	110	260	
MISCELLANEOUS	34	10	24	
TOTAL	\$ 15,301	\$ 9,731	\$ 5,050	\$ 520

1548 Youth Making A Difference

26-2548690

FYE: 12/31/2022

Federal Statements

Schedule A, Part II, Line 1(e)

Description

Amount

VARIOUS	\$ 455,952
ENDOWMENT	3,065
FALL FESTIVAL	
CASH CONTRIBUTION	15,390
ENDLESS SUMMER -BEACH PARTY	
CASH CONTRIBUTION	168,717
KID ZONE	
CASH CONTRIBUTION	17,276
TOTAL	<u>\$ 660,400</u>

1548 Youth Making A Difference

26-2548690

FYE: 12/31/2022

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
RDM POSITIVE IMPACT FOUNDATION	\$ 125,430	\$ 78,975
BLUE SHIELD OF CALIFORNIA	40,345	
INTEL	74,252	27,797
US BANK	50,000	3,545
DAVID & SHARON HANDLER	70,995	24,540
SCOTT & VALERIE HANSON	20,000	
TOTAL	<u>\$ 381,022</u>	<u>\$ 134,857</u>

1548 Youth Making A Difference

26-2548690

FYE: 12/31/2022

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST	\$ 137
DIVIDENDS	3,425
REALIZED LOSS ON ENDOWMENT	-792
TOTAL	<u>\$ 2,770</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
CAMP/REG FEES	\$ 9,547
T-SHIRT REVENUES	2,593
DRIVE THRU FUNDRAISER	
FOOD ROUNDUP	
FALL FESTIVAL	8,096
ENDLESS SUMMER -BEACH PARTY	5,271
KID ZONE	
TOTAL	<u>\$ 25,507</u>

1548 Youth Making A Difference

26-2548690

FYE: 12/31/2022

Federal Statements

Fall Festival

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 2,184
MARKETING	941
BANK FEES	311
VOLUNTEER RECOGNITION	87
TOTAL	\$ <u>3,523</u>

1548 Youth Making A Difference

26-2548690

FYE: 12/31/2022

Federal Statements

Endless Summer -Beach Party

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 2,911
AUCTION	840
MARKETING	731
VOLUNTEER APPRECIATION	232
BANK FEES	1,577
POSTAGE	123
STAFF APPRECIATION	150
MISCELLANEOUS	105
OFFICE SUPPLIES	7
TOTAL	<u>\$ 6,676</u>

Federal Statements

Kid Zone

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 1,267
MARKETING	455
VOLUNTEER RECOGNITION	265
UTILITIES	68
BANK FEES	247
TOTAL	<u>\$ 2,302</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

26-2548690

YOUTH MAKING A DIFFERENCE

Net Asset / Fund Balance at Beginning of Year		<u>426,253</u>
Revenue		
Contributions	<u>660,400</u>	
Program service revenue	<u>12,140</u>	
Investment income	<u>2,770</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>13,367</u>	
Direct expenses	<u>26,454</u>	
Net income	<u>-13,087</u>	
Other income	<u>0</u>	
Total revenue		<u>662,223</u>
Expenses		
Program services	<u>539,215</u>	
Management and general	<u>86,502</u>	
Fundraising	<u>41,910</u>	
Total expenses		<u>667,627</u>
Excess / (deficit)		<u>-5,404</u>
Changes		<u>-1,916</u>
Net Asset / Fund Balance at End of Year		<u>418,933</u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>662,223</u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>667,627</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>448,824</u>	<u>441,991</u>	
Liabilities	<u>22,571</u>	<u>23,058</u>	
Net assets	<u>426,253</u>	<u>418,933</u>	<u>-7,320</u>

Miscellaneous Information

Amended return _____
Return / extended due date 05/15/23
Failure to file penalty _____

Form 199 Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

26-2548690

YOUTH MAKING A DIFFERENCE

Gross sales / receipts	<u>28,277</u>	
Dues from members		
Contributions / grants	<u>660,400</u>	
Total costs		
Expenses	<u>694,081</u>	
Excess / (deficit)		<u><u>-5,404</u></u>
Total payments		
Penalties and interest		
Use tax		
Balance due		_____
Refund		<u>_____</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>448,824</u>	<u>441,991</u>	
Liabilities	<u>22,571</u>	<u>23,063</u>	
Net assets	<u><u>426,253</u></u>	<u><u>418,928</u></u>	<u><u>-7,325</u></u>

Miscellaneous Information

Amended return _____

Return / extended due date 05/15/23

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

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

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

(For Registry Use Only)

<p>YOUTH MAKING A DIFFERENCE Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used 3941 PARK DRIVE, STE. 20-264 Address (Number and Street)</p> <p>EL DORADO HILLS CA 95762 City or Town, State, and ZIP Code</p> <p>916-294-7426 Telephone Number</p> <p>JBASSETT@HANDS4HOPEYOUTH.ORG E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT3102359</u></p> <p>Corporation or Organization No. <u>3102359</u></p> <p>Federal Employer ID No. <u>26-2548690</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/22 ending 12/31/22) list:

Total Revenue \$ 662,223 (including noncash contributions) Noncash Contributions \$ 171,832 Total Assets \$ 441,991
 Program Expenses \$ 539,215 Total Expenses \$ 667,627

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

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

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

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

<u>JENNIFER BASSETT</u>	<u>EXECUTIVE DIRECTOR</u>		
Signature of Authorized Agent	Printed Name	Title	Date

California Statements

Statement 1 - Form RRF-1, Part B, Line 6 - Raffle for Charitable Purposes

Description

RAFFLE HELD DURING ENDLESS SUMMER EVENT ON SEPTEMBER 24, 2022.

TAXABLE YEAR **2022** **California Exempt Organization**
Annual Information Return

FORM **199**

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name YOUTH MAKING A DIFFERENCE		California corporation number 3102359
Additional information. See instructions. DBA HANDS FOR HOPE		FEIN 26-2548690
Street address (suite or room) 3941 PARK DRIVE, STE. 20-264		PMB no.
City EL DORADO HILLS		State CA Zip code 95762
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	28,277	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	660,400	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	688,677	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	688,677	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	694,081	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-5,404	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and interest. See General Information J	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer EXECUTIVE DIRECTOR	Title	Date	Telephone 916-294-7426
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00914245
	Firm's name (or yours, if self-employed) and address HORN FULTON, INC. 2600 E BIDWELL ST STE 190 FOLSOM, CA 95630			Firm's FEIN 20-3220537
				Telephone 916-984-7745
	May the FTB discuss this return with the preparer shown above? See instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

YOUTH MAKING A DIFFERENCE

26-2548690

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	12,140	00	
	2	Interest	•	2	137	00	
	3	Dividends	•	3	3,425	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income. Attach schedule SEE STATEMENT 1	•	7	12,575	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	28,277	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	•	9	2,000	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	•	11	75,000	00	
	12	Other salaries and wages	•	12	251,200	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15	47,962	00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	•	17	317,919	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	694,081	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		189,138	•	206,252
2 Net accounts receivable			•	
3 Net notes receivable			•	
4 Inventories		763	•	515
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock STMT 5		231,442	•	208,842
8 Mortgage loans			•	
9 Other investments. Attach schedule			•	
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land			•	
12 Other assets. Attach schedule STMT 6		27,481	•	26,382
13 Total assets		448,824		441,991
Liabilities and net worth				
14 Accounts payable		7,772	•	8,164
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities. Attach schedule STMT 7		14,799		14,894
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		426,253	•	418,933
22 Total liabilities and net worth		448,824		441,991

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

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

1	Net income per books	•	-5,404	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6		-5,404
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		-5,404				

California Statements

Statement 1 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
DRIVE THRU FUNDRAISER	\$
FOOD ROUNDUP	
FALL FESTIVAL	8,096
ENDLESS SUMMER -BEACH PARTY	5,271
KID ZONE	
REALIZED LOSS ON ENDOWMENT	-792
TOTAL	\$ <u>12,575</u>

California Statements

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
1		SCHOLARSHIP	2,000					

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
JENNIFER BASSETT	3941 PARK DRIVE SUITE 20-264	EL DORADO HILLS	CA	95762	EXECUTIVE DIRECTOR	40.00	75,000
STEVE BACKERS	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	PAST CHAIR	2.00	
ANDREA HOWARD	3941 PARK DR STE 20-264	EL DORADO HILLS	CA	95762	CHAIR	2.00	
HEATHER EDWARDS	3941 PARK DRIVE STE 20-264	EL DORADO HILLS	CA	95762	VICE CHAIR	1.00	
DOLLY WAGER	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	DIRECTOR	1.00	
MONIQUE BAXTER	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	SECRETARY	1.00	
ADAM KINT	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	DIRECTOR	1.00	
ESTEE HORN	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	TREASURER	1.00	
MEREDITH WHARTON	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	DIRECTOR	1.00	
SCOTT SPRIGGS	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	DIRECTOR	1.00	
TOTAL							75,000

California Statements**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
	\$
FALL FESTIVAL	
RENT AND FACILITY COSTS	2,995
FOOD AND BEVERAGES	599
SUPPLIES	2,184
MARKETING	941
BANK FEES	311
VOLUNTEER RECOGNITION	87
ENDLESS SUMMER -BEACH PARTY	
FOOD AND BEVERAGES	7,297
ENTERTAINMENT	1,500
SUPPLIES	2,911
AUCTION	840
MARKETING	731
VOLUNTEER APPRECIATION	232
BANK FEES	1,577
POSTAGE	123
STAFF APPRECIATION	150
MISCELLANEOUS	105
OFFICE SUPPLIES	7
KID ZONE	
RENT AND FACILITY COSTS	1,527
FOOD AND BEVERAGES	35
SUPPLIES	1,267
MARKETING	455
VOLUNTEER RECOGNITION	265
UTILITIES	68
BANK FEES	247
PAYROLL SERVICE	1,120
INTERN STIPEND	1,125
PRINTING	1,144
POSTAGE	722
TRAINING	9,042
BANK FEES	2,847
SUPPLIES	6,899
FOOD	2,684
VOLUNTEER RECOGNITION	5,879
LICENSE & FEES	370
STORAGE	984
INCENTIVES	3,280
STAFF APPRECIATION	851
STAFF DEVELOPMENT	926
DUES & SUBSCRIPTIONS	1,183
T-SHIRTS	1,517
IN-KIND PROGRAM EXPENSE	171,832
TELEPHONE	3,747
OFFICE SUPPLIES	7,561
REPAIRS & MAINTENANCE	2,615
WORKERS COMPENSATION	1,198
INSURANCE	8,259
OTHER EMPLOYEE BENEFITS	2,700
PAYROLL TAXES	26,385

California Statements**Statement 4 - Form 199, Part II, Line 17 - Other Expenses (continued)**

<u>Description</u>	<u>Amount</u>
ACCOUNTING	\$ 9,681
TRAVEL	2,528
CONFERENCES, MEETINGS	904
MISCELLANEOUS	34
FUNDRAISING EVENT EXP	625
ADVERTISING, PROMOTION	4,105
INFORMATION TECHNOLOGY	8,718
TOTAL	<u>\$ 317,919</u>

Statement 5 - Form 199, Schedule L, Line 7 - Investments in Stock

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
WELLS FARGO	\$ 231,442	\$ 208,842
TOTAL	<u>\$ 231,442</u>	<u>\$ 208,842</u>

Statement 6 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 2,152	\$ 2,152
ENDOWMENT FUNDS	25,329	24,230
TOTAL	<u>\$ 27,481</u>	<u>\$ 26,382</u>

Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
EDUCATION PROGRAM LIABILITIES	\$ 14,799	\$ 14,894
TOTAL	<u>\$ 14,799</u>	<u>\$ 14,894</u>