Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal year beginning	, 2019, and ending	,	

OMB No. 1545-1878

Department of the Treasury	Do not send to the IRS. Keep for your records.Go to www.irs.gov/Form8879EO for the latest information.		2019
Internal Revenue Service Name of exempt organization	GO to www.iis.gov/Formoo/9EO for the latest information.	Employer	identification number
	EMPOWERED INC.	84-1	808668
Name and title of officer ELISE CAREY			
PRESIDENT			
	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	orn for which you are using this Form 8879-EO and enter the applicable amount, if any, from the amount on that line for the return being filed with this form was blank, flank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	then leave li e line below	ine 1b, 2b, 3b, 4b, or 5b, Do not complete more
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		64,755.
2a Form 990-EZ check he			
3a Form 1120-POL check			
4a Form 990-PF check he	· · · · · · · · · · · · · · · · · · ·		
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	ab ,	
Part II Declarate	tion and Signature Authorization of Officer		
(a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected	der, transmitter, or electronic return originator (ERO) to send the organization's return to to freceipt or reason for rejection of the transmission, (b) the reason for any delay in proce applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ell institution account indicated in the tax preparation software for payment of the organiza stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. and 2 business days prior to the payment (settlement) date. I also authorize the financial in ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic retelectronic funds withdrawal.	essing the re electronic fu tion's feder Treasury Fi nstitutions in resolve iss	eturn or refund, and (c) ands withdrawal (direct ral taxes owed on this nancial Agent at nvolved in the ues related to the
Officer's PIN: check one	box only		
X I authorize 18	00ACCOUNTANT, LLC	to enter m	y PIN 74372
	ERO firm name		Enter five numbers, b do not enter all zeros
is being filed wit enter my PIN or As an officer of	on the organization's tax year 2019 electronically filed return. If I have indicated within the hastate agency(ies) regulating charities as part of the IRS Fed/State program, I also author the return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 2019 of this return that a copy of the return is being filed with a state agency(ies) regulating charity.	norize the a	forementioned ERO to ly filed return. If I have
program, I will e	nter my PIN on the return's disclosure consent screen.		
Officer's signature 🕨	Date ▶		
Part III Certifica	ition and Authentication		
	our six-digit electronic filing identification		
	y your five-digit self-selected PIN. 26327274372 Do not enter all zeros		
-	meric entry is my PIN, which is my signature on the 2019 electronically filed return for the ng this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeFss Returns.	-	
ERO's signature ►	Date ▶	29/20	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

Form **990** (Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019	
Open to Public	
Inspection	

OMB No. 1545-0047

B Grays Common of congruentation D Employer identification number	<u>A</u>	For the	2019 calendar year, or tax year beginning	and	ending	_					
Doing Dusiness as Number and street (or PC. Doing I mail is not delivered to street address) Room/Sults E Telephone number (0.505 69 - 25.29	В	Check if applicable:	C Name of organization			D Employer identif	ication number				
Section Double business as Section Double Double Section Sect	Г	Address	IM YOUNG AND EMPOWERED I	NC.							
Number and street (of M.) bot it final is not delivered to strict aboress; E telephone number Cost		Name change									
City or town, state or province, country, and ziP or foreign postal code Care Care		return Final	· ·	,							
LAS VEGAS, NV 89130		termin-	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	64,755.				
Fame and address of principal officer BLISE CAREY Add 1 CHARNETA CT. LAS VERGAS, NV 89130 Tax-exempt status. S. 501(c)(3) 501(c)(1) 4 (insert no.) 4947(a)(1) no 527 Mebatic PHTPS 2; //WWW.1MYOUNGANDEPOWERED.ORG/ H(G) recommendation West of least of l		Amende return				H(a) Is this a group r	eturn				
Tax-exempt status: X 501(c)(2) 501(c) √ (insert no.) 4947(p)(1) or 527		tion	F Name and address of principal officer: ELLEDE	CAREY							
J Websites ► HTTPS: //WWW. IMYOUNGANDEMPOWERED.ORG/ Kerm orterangetion: X Corporation		pending	4401 CHARNETA CT, LAS VEG	AS, NV 89130							
J Websites ► HTTPS: //WWW. IMYOUNGANDEMPOWERED.ORG/ Kerm orterangetion: X Corporation	ī	Tax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
Part Summary											
Part Summary	K	Form of o	organization: X Corporation Trust Assoc	iation Other ►	L Year						
SUPPORTING AN EDUCATIONAL AND MOTIVATIONAL MOVEMENT FOR YOUTH, AIMED					4		<u> </u>				
SUPPORTING AN EDUCATIONAL AND MOTIVATIONAL MOVEMENT FOR YOUTH, AIMED		1 E	Briefly describe the organization's mission or most sig	nificant activities: CHAR	ITABLE	ORGANIZATI	ON				
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 6, 8c, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 11) 16 Total riveneeses (Part IX, column (A), lines 11+10, line 25) 17 Other expensee (Part IX, column (A), lines 11+10, line 25) 18 Total expenses (Part IX, column (A), lines 11+10, line 25) 19 Revenue less expenses (Part IX, column (A), lines 11+10, line 25) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets (Part X, line 16) 22 Total assets (Part X, line 16) 33 Grants and similar amounts paid (Part IX, column (A), lines 12) 4 Beginning of Current Year 4 Beginning of Current Year 5 End of Year 21 Total liabilities (Part X, line 16) 22 Total assets (Part X, line 16) 33 Total assets (Part X, line 16) 34 Signature Block 4 Paid 4 Paid 4 Prior Year 4 Prior Year 4 Beginning of Current Year 5 End of Year 5 Firm's address Add lines 13-17 (must equal Part IX, column (A), line 25) 5 Grants and similar amounts paid (Part X, line 26) 5 Grants and similar amounts paid (Part X, line 26) 5 Grants and similar amounts paid (Part X, column (A), lines 11-10) 5 Grants and similar amounts paid (Part X, column (A), lines 11-10) 6 Total vergenses (Part X, column (A), lines 11-10) 7 Total rivenue ess expenses (Part IX, column (A), lines 11-10) 8 Total expenses (Part X, line 16) 9 Total assets (Part X, line 16) 10 Total liabilities (Part X	ğ										
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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 Date	or	3			Ве	ginning of Current Year	End of Year				
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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 Date	Ass	21 ⊺				0.	13,410.				
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ELISE CAREY, PRESIDENT Type or print name and title Print/Type preparer's name VHINGANN TSUI Preparer VHINGANN TSUI VHINGANN TSUI Firm's name 1800ACCOUNTANT, LLC Firm's saddress 260 MADISON AVE STE 1001 NEW YORK, NY 10016 Phone no. (800) 222-6868			Signature Block								
Sign Here Signature of officer Date	Und	der penalt	ies of perjury, I declare that I have examined this return, inc	uding accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is				
Here ELISE CAREY, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature VHINGANN TSUI VHINGANN TSUI O6/29/20 if to check PTIN O6/29/20 if to check PTIN O6/29/20 if the check PTIN Firm's name NO 2129497 Preparer Use Only Firm's address NADISON AVE STE 1001 NEW YORK, NY 10016 Phone no. (800) 222-6868	true	e, correct	and complete. Declaration of preparer (other than officer) is	based on all information of wh	nich preparer	has any knowledge.					
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Paid VHINGANN TSUI VHINGANN TSUI 06/29/20 if self-employed P02129497 Preparer Use Only Vse Only Vse Only Vse Only Vse Only Vse Only Vse Only NEW YORK, NY 10016 Firm's address Signature Vse Only Vse Stellows AVE STE 1001 Phone no. (800) 222-6868			Type or print name and title								
Paid VHINGANN TSUI VHINGANN TSUI 06/29/20 self-employed P02129497 Preparer Use Only Image of the Preparer Use Only Image			Print/Type preparer's name Pr	eparer's signature		1.,					
Preparer Use Only Firm's name 1800ACCOUNTANT, LLC Firm's EIN 45-4608263 Use Only Firm's address 260 MADISON AVE STE 1001 Phone no. (800) 222-6868	Pai	d	/HINGANN TSUI VI	-	C						
NEW YORK, NY 10016 Phone no. (800) 222-6868	Pre	parer	Firm's name 1800ACCOUNTANT, LL	С							
NEW YORK, NY 10016 Phone no. (800) 222-6868	Use	Only	Firm's address 260 MADISON AVE ST	E 1001							
May the IRS discuss this return with the preparer shown above? (see instructions)						Phone no. (8					
- 000 (2045)	Ма	y the IR	S discuss this return with the preparer shown above?	(see instructions)							

Page 2

Pa	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:
	YOU GOT THIS! IS A SOCIAL CAUSE AIMED AT INSPIRING INTEGRITY,
	COMPASSION AND UNITY AS VALUES SUPPORTING ALL HUMANS WITHOUT
	DISCRIMINATION FOR ANY GENDER, RACE, RELIGION OR OTHER PREFERENCES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	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 \$42,017. including grants of \$) (Revenue \$) CHARITABLE ORGANIZATION SUPPORTING AN EDUCATIONAL AND MOTIVATIONAL
	MOVEMENT FOR YOUTH, AIMED AT PREVENTING BULLYING BY INSPIRING
	INTEGRITY, COMPASSION AND UNITY AS VALUES SUPPORTING ALL HUMANS WITHOUT
	DISCRIMINATION FOR ANY GENDER, RACE, RELIGION OR OTHER PREFERENCES OR
	SOCIOECONOMIC STATUS.
	DOCTOECONOMIC BIATOB:
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
-ru	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 42,017.
	Form 990 (2019)

Form 990 (2019) IM YOUNG AND EMPOWERED INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	· · · · · · · · · · · · · · · · · · ·			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection on office appropriate and appropriate of the Heiland Olekson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	and the contract of the contra	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
-		_		_

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IM YOUNG AND EMPOWERED INC. 84-1808668 Page 4 Form 990 (2019) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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

	officer if confedure of contains a response of flote to any line in this rare v						
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c			

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Form 990 (2019) IM YOUNG AND EMPOWERED INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X						
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	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 Ac	counts (FBAR).									
5а			5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts									
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		X						
b			7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			,,						
	to file Form 8282?	1	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		-						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		-						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-	8								
^	sponsoring organization have excess business holdings at any time during the year?										
	9 Sponsoring organizations maintaining donor advised funds.										
a			9a 9b								
10	Section 501(c)(7) organizations. Enter:		90								
а	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:	100	1								
		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		12a								
	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.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c									
			14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				_						
	excess parachute payment(s) during the year?		15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X						
	If "Yes," complete Form 4720, Schedule O.			000							
			Eorn	. 990	(2010)						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1										
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?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_ <u> </u>									
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
		7b		Х							
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75									
		8a	Х								
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X								
b		OD	- 21								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х							
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21							
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No							
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa									
D		10b									
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa									
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		<u> </u>							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120									
·		12c									
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13		X							
14		14		X							
	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		21							
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
_	The organization's CEO, Executive Director, or top management official	150		Х							
a		15a		X							
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		-25							
160											
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Х							
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		-25							
b											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b									
Sec	exempt status with respect to such arrangements? tion C. Disclosure	TOD									
	List the states with which a copy of this Form 990 is required to be filed ►NV										
17 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))	c Only/	availal	hla							
10		orny)	avaiidi	DIG.							
	for public inspection. Indicate how you made these available. Check all that apply. X Own website										
10	(finar	sial.								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ııı ıano	ııal								
00	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 IM YOUNG AND EMPOWERED INC (505) 699-2529										
	4401 CHARNETA CT, LAS VEGAS, NV 89130										
	TIOI CHAMMIA CI, DAD VIOAD, NV OJIJO										

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

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

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

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

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

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	nsate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an tee)	compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	r direc				pg		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al tru:	onal t		ployee	com g				and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ELISE C. CAREY	40.00	드	드	0	×	工品	Œ			
PRESIDENT		х						0.	0.	0.
(2) THOMAS A CAREY	8.00								-	-
TREASURER				Х				0.	0.	0.
							P			
			7							
							<u> </u>	1		

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relate anizatie	e ion ed
											,			
											-			
											\Box			
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100,	000 of reportable				0
	compensation from the organization					\							Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mple	oye	e, or	hig	hest compensated emp	loyee on	ſ			
_	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su											4		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•							·····	4		21
	rendered to the organization? If "Yes." com											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	=	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion fro	mc	
	(A) Name and business			ONE		itire	<u>JI VVI</u>		(B) Description of s			(C ompe	C) nsatio	n
	Total number of independent and the contract of	ookudin - J 4	- II	a:4:	1 +	- h		+c :1	abaya) wha was it is a	ave the				
	Total number of independent contractors (ii \$100,000 of compensation from the organization)	•	Jī IIN	nitec	ι το t	thos C		tea	above) who received mo	ore trian		- Court	990 (0040/

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					3 A	ND	EMPOWERE	D INC.		84-1808	668 Page 9
Pa	rt VI	Ш	Statement of Re	venue							
			Check if Schedule O	contains a	a resp	onse	or note to any lin				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 8	a	Federated campaigns		1a						
ran	ŀ		Membership dues								
ρ. Ε. Θ.	(Fundraising events								
ar /	(d	Related organizations		1d						
S, C	•	е	Government grants (contr	ibutions)	1e						
ri or	1	f	All other contributions, gifts,	grants, an	d						
ib di			similar amounts not included	above	1f		64,755.				
Contributions, Gifts, Grants and Other Similar Amounts	9	g	Noncash contributions included in	lines 1a-1f	1g	\$					
<u>ठ</u> ह	I	h	Total. Add lines 1a-1f					64,755.			
							Business Code				
<u>e</u>	2 8	а									
er	ŀ	b									
n S	•	С									
grar Re	(d								Ť ·	
Program Service Revenue		e	All other pregram conting	**********							
_			All other program service Total. Add lines 2a-2f				•				
-	3	y	Investment income (include								
	Ü		other similar amounts)								
	4		Income from investment of								
	5		Royalties			-					
			,		(i) Rea	al	(ii) Personal				
	6 a	а	Gross rents	6a							
	ŀ	b	Less: rental expenses	6b							
	(С	Rental income or (loss)	6с							
	(d	Net rental income or (loss)	$\overline{}$							
	7 a	а	Gross amount from sales of	(i)	Secur	ities	(ii) Other				
			assets other than inventory	7a							
	ŀ	b	Less: cost or other basis								
nue			and sales expenses	7b							
evel			Gain or (loss)								
Other Rever			Net gain or (loss)				•				
the	8 8		Gross income from fundraising								
0			including \$								
			contributions reported on	-		8a					
		h	Part IV, line 18 Less: direct expenses								
			Net income or (loss) from			_					
			Gross income from gamin								
		-	Part IV, line 19			- 1					
		b	Less: direct expenses								
			Net income or (loss) from								
			Gross sales of inventory, I								
			and allowances			10a	<u> </u>				
	ŀ	b	Less: cost of goods sold								

932009 01-20-20

Miscellaneous Revenue

0.

64,755.

Business Code

e Total. Add lines 11a-11d

12 Total revenue. See instructions

c Net income or (loss) from sales of inventory

d All other revenue

0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 2,640. 2,640. Management $5, \overline{033}$ 5,033 Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 10,451. 8,087. 2,364 Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 96. 96. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 1,295. 1,295. 23 Other expenses. Itemize expenses not covered 24 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.) 32,925. 31,425. 1,500. SUPPLIES 7,982. RENT 7,982. 3,956. 3,956. OFFICE SUPPLIES AND SOF 2,780. 2,780. **EQUPIMENT** 2,409. 5,101.874. 1,818. e All other expenses 72,259. 42,017. 24,560. 5,682. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Part X	Balance Sneet				
	Check if Schedule O contains a response or note	e to any line in this Part X		I	
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1	5,211
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	16,349
4	Accounts receivable, net			4	
5	Loans and other receivables from any current or	former officer, director,			
	trustee, key employee, creator or founder, substa	antial contributor, or 35%			
	controlled entity or family member of any of these	e persons		5	
6	Loans and other receivables from other disqualifi	ed persons (as defined			
	under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	a Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D				
k	Less: accumulated depreciation	10b		10c	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 1		12		
13	Investments - program-related. See Part IV, line 1	1		13	
14		Intangible assets			
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equa		0.	16	21,56
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete F			21	
22	Loans and other payables to any current or form				
	trustee, key employee, creator or founder, substa				
22	controlled entity or family member of any of these			22	
23	Secured mortgages and notes payable to unrelate			23	
24	Unsecured notes and loans payable to unrelated			24	
25	Other liabilities (including federal income tax, pay				
	parties, and other liabilities not included on lines	17-24). Complete Part X	0		10 414
			0.	25	13,410
26	Total liabilities. Add lines 17 through 25		0.	26	13,41
,	Organizations that follow FASB ASC 958, check	ck here			
	and complete lines 27, 28, 32, and 33.				
27				27	
28	Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC 95	os, check here			
	and complete lines 29 through 33.		0	00	
29	Capital stock or trust principal, or current funds		0.	29	(
30	Paid-in or capital surplus, or land, building, or eq		0.	30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated inc		0.		8,150 8,150
_	Total lightilities and get seems (find balances		_	32	21,560
33	Total liabilities and net assets/fund balances		0.	33	Eorm 990 (20

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
					_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		64	1, 7	<u>55.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			7,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				0.
5	Net unrealized gains (losses) on investments	5				
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		1!	5,6	54.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10			3,1	<u>50.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			<u> </u>
		7			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				1
	separate basis, consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis				1
	consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule () .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Au	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		l
					വവ .	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

01111 000 01 000 E2

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

IM YOUNG AND EMPOWERED INC.

Employer identification number 84-1808668

Pa	rt I	Reason for Public C		All organizations must co		is nart) Se	e instructions	1 1000000
							c manachona.	
	organi	zation is not a private found	•	• ,	•	•	WAW:	
1	\mathbb{H}	A church, convention of chu	•)(A)(I).	
2	H	A school described in secti		•			•1	
3	H	A hospital or a cooperative						Alan Iananikalia mama
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	in sectio	n 1/U(b)(1)(A)(III). Enter	the nospital's name,
_		city, and state:		L	1			-1 t-
5	Ш	An organization operated for		lege or university owner	or operat	ed by a go	vernmental unit describe	ea in
_		section 170(b)(1)(A)(iv). (C						
6	Ш	A federal, state, or local gov	-					
7	Ш	An organization that normal	•	ntial part of its support f	rom a gove	ernmental	unit or from the general p	public described in
		section 170(b)(1)(A)(vi). (C	•					
8	Ш	A community trust describe			-			
9		An agricultural research org						
		or university or a non-land-g	rant college of agrice	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
	77	university:						
10	X	An organization that normal	•				· ·	-
		activities related to its exem		• •			• • • • • • • • • • • • • • • • • • • •	•
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor						
11	Ш	An organization organized a						_
12		An organization organized a	•				•	
		more publicly supported org						Check the box in
		lines 12a through 12d that o	• •				, ,	
а		Type I. A supporting orga			, , , ,	_		
		the supported organization			majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c						
b		Type II. A supporting org	•				• • • • • • • • • • • • • • • • • • • •	•
		control or management of			ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus						1 20
С		Type III functionally inte					• •	ed with,
		its supported organization						
d		Type III non-functionally	-				• • • • •	* *
		that is not functionally into			•		='	veness
_		requirement (see instructi			•			
е		Check this box if the orga					rype i, rype ii, rype iii	
	Ento	functionally integrated, or	* *	ially integrated supporti	ng organiz	ation.		
f		r the number of supported or ide the following information		d organization(a)				
9		Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	1			
					1			
								1

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.)

Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on this behalf 3 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on this 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 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) 6 Public support. Service the \$4 tow line 4 Section B. Total Support 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, cryatiles, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assess (Explain in Part VI). 11 Total support. Add lines 7 through 10 20 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of the organization of Public Support Percentage 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 Public support teet - 2018. If the organization of ord not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the "facts and-circumstances test. 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, on more, and if the organization in qualifies as a roblicly supported organization meets th	Sec	ction A. Public Support						
1 Giffs, grants, contributions, and membership fose received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf as the second on the shealf as the second on the secon	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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 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) 6 Public support. Seizant line 5 from line 4. Section B. Total Support Callendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securifies loans, rents, royathes, and income from similar sources 9 Net income from innelated 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 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(8) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 16 Support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 17 al 10% -fact-and-circumstances test - 2019. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 1 b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, fib, or 17a, and line 15 is 10% or more, and if the organization qualifies as a publicly supported organization 1 b 10% -facts-and-circumstan	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		membership fees received. (Do not	ļ					
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3		include any "unusual grants.")						
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 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) 6 Public support. Subsective 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Announts from line 4 8 Gross income from innerest, dividends, payments received on securities loans, rents, royalties, and income from inimitar sources 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 assesses (Explain in Part VI.) 11 Total support. Add lines? It mough 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organizations lirst, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage from 2019 (line 6, column f) divided by line 11, column (f)) 16 a 33 1/3% support test - 2019. If the organization did not check a 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 sets the "facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 18a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 18a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 18a, or 16b, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2019. If the organization did not check a	2	Tax revenues levied for the organ-						
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furnished by a governmental unit to the organization without charge and the organization without charge and the organization without charge and a special property of the protection 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) 6 Public support, Subrectine 5 from line 4 8 Cross income from interest, dividends, payments received on securities loans, rents, royalities, and income from unrelated business activities, whether or not the business is regularly carried on Of 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 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of violation of Public Support Percentage 14 (Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 16 33 1/3% support test - 2018. 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 17a 10% -facts-and-circumstances test - 2019. 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. The organization dualifies as a publicly supported organization meets the "facts-and-circumstances test. The organization dualifies as a publicly supported organization meets the "facts-and-circumstances test. The organization dualifies as a or publicly supported organization meets the "facts-and-circumstances test. 2018. If the organization dualifies as a publicly supported organization meets the "facts-and-circumstances test. 2018. If the organization of out-fack as box on line 13, 16a, or 16b, or 17a, and line 15 is		or expended on its behalf						
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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	18	rivate foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 1/a, 0r 1/b			

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

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

Se	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					64,755.	64,755.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					64,755.	64,755.
	Amounts included on lines 1, 2, and					,	
•	3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						64,755.
	ction B. Total Support						0 2 7 . 0 0 0
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4) 2010	(2) 2010	(9) 23 11	(4) 2010	64,755.	64,755.
	Gross income from interest,					,	,
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
_	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)					64,755.	64,755.
	First five years. If the Form 990 is for	r the organization's	first second third	t fourth or fifth to	y vear as a section		
	check this box and stop here				-		
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			rolumn (f))		15	100.00 %
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			20 13 column (f)		17	.00 %
						18	• 00 % %
	Investment income percentage from : a 33 1/3% support tests - 2019. If the						
198							. 37
	more than 33 1/3%, check this box ar						
1	33 1/3% support tests - 2018. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	₁⊓ ala not check a l	oox on line 14, 19a	a, or 190, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
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	55		
	10a		
	10b		
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	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	etion B. Type I Supporting Organizations	_ 110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
360	tion 6. Type if Supporting Organizations		Vaa	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)		
2	Activities Test. Answer (a) and (b) below.	uctions)	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		
	ULITA BUDDOLLEG ULUANIZATIONA! IT "YES " DESCRIBE IN FAIL VI THE ROLE NIGHTED BY THE ORGANIZATION IN THIS REGISTA	่งเม		1

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 (explain in Pa	art VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must comp			·
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting organ	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	,,		
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	3		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	and our mount and any mile of armount	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

IM YOUNG AND EMPOWERED INC.

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

Employer identification number

84-1808668

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the stions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

IM YOUNG AND EMPOWERED INC.

84-1808668

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELISE CAREY 4401 CHARNETA CT LAS VEGAS, NV 89130	\$ 58,728.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TAMMY ZORINTHIA HAMILTON 18315 35TH PLACE SOUTH SEATAC, WA 98188	\$ 5,127.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

IM YOUNG AND EMPOWERED INC.

84-1808668

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

Name of organization **Employer identification number** IM YOUNG AND EMPOWERED INC. 84-1808668 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

IM YOUNG AND EMPOWERED INC.

Employer identification number 84-1808668

Pa			s or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	.,		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		sed funds	
Ū	are the organization's property, subject to the organization's e	_		
6	Did the organization inform all grantees, donors, and donor ac			
·	for charitable purposes and not for the benefit of the donor or			
	• •			
Pai	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreat		of a historically important land area	
	Protection of natural habitat		of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last	
_	day of the tax year.		Held at the End of the Tax Year	
а				
b				
c	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired at			
	listed in the National Register		I I	
3	Number of conservation easements modified, transferred, rele			
	year▶		3	
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri		- -	
	violations, and enforcement of the conservation easements it			
6				
	•			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserv	ation easements during the year	
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No	
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial staten	nents that describes the	
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in t	furtherance of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ns.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financi		
	the following amounts required to be reported under FASB AS	_		
а	Revenue included on Form 990, Part VIII, line 1			
			> \$	
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019	

932051 10-02-19

Sche	dule D (Form 990) 2019 IM YOUN	G AND EMPO	WERED INC		84-1	808668	} Pa	age 2
	rt III Organizations Maintaining C				ner Similar Asse	ets (contin	ued)	 -
3								
	collection items (check all that apply):							
а								
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's e	kempt purpose in Pa	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or other sim	lar assets			
	to be sold to raise funds rather than to be ma					Yes		No
Par	rt IV Escrow and Custodial Arrang		ete if the organizat	ion answered "Yes"	on Form 990, Part I	V, line 9, or		
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributio	ns or other assets n	ot included			_
	on Form 990, Part X?				, L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
						Amount		
С	Beginning balance				1c			
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo				•	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.							
Fai	T V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years bac	(d) Three years bac	ck (e) Four	years	back
	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs			4				
	Administrative expenses							
g 2	End of year balance Provide the estimated percentage of the curr	cont year and balance	(line 1g. column)	(a)) hold as:				
a	Board designated or quasi-endowment	•	%	(a)) Held as.				
	Permanent endowment							
		%						
ŭ	The percentages on lines 2a, 2b, and 2c short							
За	Are there endowment funds not in the posses		tion that are held	and administered fo	the organization			
	by:						Yes	No
	(i) Unrelated organizations							
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the					····		
Par	rt VI Land, Buildings, and Equipm							
	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 o	ther (b) Co	st or other (c) Accumulated	(d) Bool	valu	<u>——</u> е
		basis (investr	ment) basi	s (other)	depreciation	· .		
1a	Land							
	Buildings							
	Leasehold improvements	I						
	Equipment							
	±							

Schedule D (Form 990) 2019

e Other

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

	EMPOWERED I	NC. 84	-1808668 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	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	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
• •			
(7) (8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part V line 15	
	Description	Tru. See Form 990, Fart A, line 13.	(b) Book value
	Scoonption		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	>	
Complete if the organization answered "Yes" or	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			12 412
(2) CREDIT CARDS			13,410
(3)			1
(4)			
(5)			
(6)			
(7)			
(8)			I

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

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

Schedule D (Form 990) 2019

13,410.

(9)

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b		I I		
С				
d		1 1		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5	
Ра	rt XII Reconciliation of Expenses per Audited Financial State		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а				
b	•			
С				
d	,			
е	•		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	, , , , ,		-	
b	,		- 1	
c			4c 5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.] 3	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV lines 1h and 2h: Part V line	1: Part Y line 2: Part YI	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		4, 1 at A, 1110 2, 1 at Ai,	
	za ana 15, ana 1 are m, miso za ana 15. Also complete tino pare to previou any t	additional information.		

Schedule D (Form 990) 2019

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

IM YOUNG AND EMPOWERED INC.

Employer identification number 84-1808668

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
AT PREVENTING BULLYING BY INSPIRING INTEGRITY, COMPASSION AND UNITY AS				
VALUES SUPPORTING ALL HUMANS WITHOUT DISCRIMINATION FOR ANY GENDER,				
RACE, RELIGION OR OTHER PREFERENCES OR SOCIOECONOMIC STATUS. WE				
ENCOURAGE "PAY LT FORWARD!" AS A FACTOR FOR DEVELOPING THESE QUALITIES				
- PARTICULARLY THROUGH COMMUNITY SERVICE ACTIVITIES ENGAGING OUR YOUTH				
IN SEASONAL EVENTS AND COLLECTIONS SO THAT THESE ITEMS CAN BE PROVIDED				
TO ANYONE IN THEIR LOCAL COMMUNITY NEEDING ASSISTANCE.				
FORM 990, PART VI, SECTION A, LINE 2:				
ELISE CAREY AND THOMAS CAREY ARE HUSBAND AND WIFE.				
FORM 990, PART VI, SECTION B, LINE 11B:				
BOARD OF DIRECTORS REVIEW 990 RETURN BEFORE SIGNING OFF ON TAX RETURN TO BE				
FILED.				
FORM 990, PART VI, SECTION C, LINE 19:				
ON ORGANIZATION'S WEBSITE				
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:				
TO BALANCE THE BALANCE SHEET 15,654.				

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

Schedule O (Form 990 or 990-EZ) (2019)