A For the 2023 calendar year, or tax year beginning

orm **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

and ending

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

Open to Public

Open to Public Inspection

_			C Nam	e of	organization									D Employ	er ide	entific	ation num	ıber					
Вс	heck if ap	oplicable:	II	NSI	DE OUT Y	OUTH SE	ERVICES																
X	Addre		Doing Business As											84.	-140	7299							
	7 1	change	Num	ber a	and street (or F	P.O. box if mai	l is not delivere	ed to stre	eet addre	ess)	Roo	om/su	ite	E Teleph	one n	umber							
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	Term	inated			wn, state or pr			oreign p	ostal co	de													
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	pendi	ing			W. COLOF	·	010				800	907		subord H(b) Are all	dinates		cludod2	Yes	No				
_	Tay-ay	empt sta	·	_	501(c)(3)	501(c)	•			4947(a)(1		1	527	+			. (see instru	_					
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တ္	4				endent voting											4			12				
Activities &	5				ndividuals er											5			19				
Ę	6	Total r	number	of v	volunteers (es	stimate if neo	essary)									6			80				
ĕ	7a	Total (	unrelate	ed b	usiness rever	nue from Par	t VIII, columr	ո (C), li	ne 12							7a							
					siness taxabl											7b							
														Prior Yea	ar		Curr	rent Ye	ar				
a)	8	8 Contributions and grants (Part VIII, line 1h)											$\neg \Box$	2,230	, 69	€4.	1	,817	,284.				
Revenue	9	I COPY FOR II												,817.									
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"	4.5											947,086.			1,274,44								
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ŭ	17				Part IX, colur									370	37	483,867.							
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	19														,56				,569.				
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₽g	21				art X, line 26)				• • •				• •		2,72				<u>,502.</u>				
	741			_	d balances.	Subtract line	21 from line	20	• • •					2,223	, 20	)5.		<u>, 269</u>	<u>,834.</u>				
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_		Firm's	address	· 🕨	102 N.	CASCADE AV	ENUE, SUITE	400	COLORAI	OO SPRINGS,	, co	80903	3	Phone no.		71	19-630	) – 1 <u>1</u> 8	36				
May	the I	RS dis	cuss th	is re	eturn with the	preparer sh	own above?	(see in	structio	ns)			<u> </u>				. X Y	es	No				
For	Pape	rwork	Reduct	ion	Act Notice,	see the sepa	rate instruct	ions.									For	m <b>990</b>	(2023)				

Form 990 (2023) Page **2** 

		of Program Service A	Accomplishments response or note to any line in this Part	III	
I	=	organization's mission: ESS, EQUITY, ANI	POWER WITH LGBTQIA2+ YOUN	IG PEOPLE.	
	prior Form 990 or 9		icant program services during the yea		
3	Did the organization services?	on cease conducting,	or make significant changes in ho		n . Yes X No
1	Describe the organ expenses. Section	501(c)(3) and 501(c)(	vice accomplishments for each of its 4) organizations are required to repo each program service reported.		
4a	(Code:	) (Expenses \$1,3	88,848. including grants of \$	) (Revenue \$	13,817)
	INSIDE OUR CO	DMMUNITY CENTER	LGBTQIA2+ YOUNG PEOPLE (AG	GES 13-24)	
	ARE SUPPORTE	AND AFFIRMED I	N THEIR IDENTITIES BY A ST	CAFF TEAM OF	
	YOUTH DEVELOR	PMENT EXPERTS AN	ID PROFESSIONALS. OUR PROGE	RAMS AREAS	
			, AND SUPPORT IN THE AREAS		
			AND BEHAVIORAL HEALTH SUPE		
			CION, RECREATION, SKILL BUI	•	
			CLOPMENT, HEALTHY RELATIONS		
				onipo,	
	PREVENTION AL	ND RESILIENCE BU	JIIDING.		
4b	(CONTINUED) C FAMILIES IN T SUPPORT, SCHO OPPORTUNITIES IMPACTING LGE	OUTSIDE OF OUR C THE LIVES OF LGE OOL ADVOCACY, AN THAT BUILD PAR STQIA2+ YOUNG PE	including grants of \$	TRAINING ISSUES BACKED	)
4c	(Code:	(Expenses \$	including grants of \$	) (Revenue \$	)
	Other program serv	ices (Describe on Sche	edule O.)		

Form **990** (2023)

Page 3
Part IV Checklist of Required Schedules

aı	One chilst of Nequired Ochedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0		37
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
	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,"			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	1 4 4		• • • • • • • • • • • • • • • • • • •
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		X
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	'		21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023)
Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
00	Did the approximation person than \$5,000 of greats on other assistance to an fau demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		37
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Λ	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	242		Х
h	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	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<b>_</b> 0 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١		
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		
<b>J</b> U	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ 50	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Page 5 Form 990 (2023)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 19			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
τu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  12b	IZa		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  If "Yes." complete Form 6069.	17		
	II TES. CUITIDIETE FUTTI DUDS.			

84-1407299

Form 990 (2023) INSIDE OUT YOUTH SERVICES 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

01	Should be a second a respective of note to any line in this rate vi			Λ
Sect	ion A. Governing Body and Management		Yes	No
			res	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
'a	one or more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D		7b		Х
	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00	- 1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
			Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	•	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1.24		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	125	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	1.7	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b		Х
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
IVa	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X   Own website   X   Another's website   X   Upon request   Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and recorded possesses and possesses the organization's books and recorded possesses and possesses the organization's books and recorded possesses are possesses and possesses are possesses are possesses are possesses and possesses are poss	ds.		

719-328-1056

Form **990** (2023)

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box,	Position (do not check more that box, unless person is but officer and a director/tr			is both	an	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JESSICA POCOCK	40.00									
EXECUTIVE DIRECTOR	NONE			Х				144,840.	NONE	19,227.
(2) CHELSEA GONDECK	5.00							144,040.	INOINE	17,227.
CHAIR	NONE	X		Х				NONE	NONE	NONE
(3) JOANNA RENDON	5.00	21		21				NONE	110111	1101111
GOVERNANCE CHAIR	NONE	X		Х				NONE	NONE	NONE
(4) ALANA LIBSCOMB	5.00							1,01,12	110112	110112
VICE CHAIR (FROM 11/2023)	NONE	X		Х				NONE	NONE	NONE
(5) EDINA HANES	5.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(6) KATHY EDWARDS	5.00							-		-
INTERIM TREASURER	NONE	Х		Х				NONE	NONE	NONE
(7) JACOB MERRIHEW	5.00									
BOARD MEMBER (FROM 11/2023)	NONE	Х						NONE	NONE	NONE
(8) MICHELLE SKARR	2.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(9) DR. TRE WENTLING	2.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) DOM ANGIOLLO	2.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(11) HEATHER CLONINGER	2.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(12) JOE CURRIN	2.00									
BOARD MEMBER	NONE	Х	L		L			NONE	NONE	NONE
(13)										
(14)										

Form **990** (2023)

Part VII Section A. Officers, Directors, Tru	ustoos Ka	v En	nle			and l	امال	host Component	od Employees (e		age <b>8</b>
·		;y ⊑11	ipic			anu r	ııg	1		•	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	n
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
		-									
1b Sub-total							<b></b>	144,840.	NONE	19,2	27.
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	NONE	NONE	N	IONE
d Total (add lines 1b and 1c)							<u> </u>	144,840.	NONE	19,2	<u>27.</u>
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	ed al	bove	e) who	o re	eceived more than	\$100,000 of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes 3	No X
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of repeater than	oortab	ole (	com 100?	per	satio	n a	nd other compens	sation from the		
individual										4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>										5	X
Section B. Independent Contractors	. n a n a s t s -l '	n al a := :	- I - m - I	- m t			<b>""</b> '	hat rapping during	than \$400,000 -1		
1 Complete this table for your five highest com	ibensated i	паере	enae	ent (	con	ıracto	ırs t	nai received more	ะ เกลก ชาบบ.บบบ 01		

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
YOUTHSEEN 100 SPADER WAY BROOMFIELD, CO 80038	MENTAL HEALTH SERV.	105,879.

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

84-1407299

# Form 990 (2023) INS

Fai	τνιι	Check if Schedule O contains a respon	ise or note to ar	ov line in this Part \	/		
		Check in Contourie Contourie a 100por		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
פֿפֿ	С	Fundraising events 1c	101,983.				
fts, Ir A	d	Related organizations 1d					
ق≅	е	Government grants (contributions) 1e	283,963.				
Sir	f	All other contributions, gifts, grants,					
e Ei		and similar amounts not included above . 1f	1,431,338.				
들	g	Noncash contributions included in					
g		lines 1a-1f	22,466.				
<u>™</u>	h	Total. Add lines 1a-1f		1,817,284.			
_			Business Code				
Program Service Revenue	2a	TRAINING INCOME	624100	13,817.	13,817.		
er ne	b						
n Gn	С						
la Sev	d						
5	е						
Δ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		13,817.			
	3	Investment income (including dividends,		40.002			40.000
	_	other similar amounts)		40,023.			40,023.
	4 5	Income from investment of tax-exempt bond	•	NONE NONE			
	3	Royalties	(ii) Personal	NONE			
	60		(ii) i diddiidi				
	6a	Gross rents 6a  Less: rental expenses 6b					
	b	Rental income or (loss) 6c NONE	NONE				
	c d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other	110112			
	١	sales of assets					
		other than inventory <b>7a</b> 3,242.					
Ф	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	С	Gain or (loss) 7c 3,242.					
2	d	Net gain or (loss)		3,245.			3,245.
Other R	8a	Gross income from fundraising					
0		events (not including \$101,983.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	41,030.				
	b	Less: direct expenses 8b	63,015.				
	С	Net income or (loss) from fundraising events		-21,985.			-21,985.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less	27027				
		returns and allowances	NONE NONE				
	b c	Less: cost of goods sold		NONE			
	_ <u> </u>		Business Code	NONE			
Miscellaneous Revenue	11-						
scellaned Revenue	11a						
elk eve	b c						
isc Re	d	All other revenue					
Σ	e	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		1,852,384.	13,817.		21,283.

84-1407299

### 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 resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	164,067.	145,349.	1,020.	17,698.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	919,348.	766,923.	91,159.	61,266
8	Pension plan accruals and contributions (include	16,751.	14,840.	104.	1,807
	section 401(k) and 403(b) employer contributions)	76 474	CF 002	4 600	Г 001
9	Other employee benefits	76,474.	65,983.	4,690.	5,801.
10	Payroll taxes	97,808.	73,535.	18,644.	5,629
11	Fees for services (nonemployees):	NONE			
	Management	NONE NONE			
	Legal	71,328.		71,328.	
	Accounting	NONE		71,320.	
	Lobbying	47,500.			47,500
	Professional fundraising services. See Part IV, line 17.	182.		182.	47,500
	Investment management fees	SEE SCHE O		102.	
9	Other. (If line 11g amount exceeds 10% of line 25, column	212,646.	167,588.	45,058.	NON
12	(A), amount, list line 11g expenses on Schedule O.)  Advertising and promotion	918.	808.	110.	110111
13	Office expenses	58,788.	46,609.	11,892.	287
14	Information technology	NONE	20,0000		
15	Royalties	NONE			
	Occupancy	70,023.	56,659.	13,299.	65
	Travel	8,671.	6,784.	1,887.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	3,752.		3,752.	
23	Insurance	13,143.	9,947.	3,020.	176
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
	EVENT EXPENSES	19,230.	11,166.	7,261.	803
b	TRAINING	15,534.	15,534.	NONE	
c	DUES AND SUBSCRIPTIONS	7,323.	5,143.	2,180.	
d	EVENT EXPENSES	1,918.	1,918.	NONE	NON
е	All other expenses	411.	62.	349.	
	Total functional expenses. Add lines 1 through 24e	1,805,815.	1,388,848.	275,935.	141,032.
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	10110WING 001 00-2 (A00 000-120)		1		

Form 990 (2023) Page **11** 

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in the	s Part X		х
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,437,205.	1	212,548.
	2	Savings and temporary cash investments	523,214.	2	1,977,627.
	3	Pledges and grants receivable, net	223,469.	3	121,773.
	4	Accounts receivable, net		4	NONE
	5	Loans and other receivables from any current or former officer, director	r,		
		trustee, key employee, creator or founder, substantial contributor, or 35	%		
		controlled entity or family member of any of these persons	I	5	NONE
	6	Loans and other receivables from other disqualified persons (as define			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	NONE
Š	7	Notes and loans receivable, net		7	NONE
Assets	8	Inventories for sale or use			NONE
As	9	Prepaid expenses and deferred charges		9	10,303.
	_	Land, buildings, and equipment: cost or other	3/312:		10/3031
		basis. Complete Part VI of Schedule D 10a 37,72	04		
	h	Less: accumulated depreciation		100	
	11	Investments - publicly traded securities		11	93,850.
	12	Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11.			NONE
	14				
		Intangible assets			NONE
	15	Other assets. See Part IV, line 11			224,235.
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,640,336.
	17	Accounts payable and accrued expenses		17	113,439.
	18	Grants payable			NONE
	19	Deferred revenue		19	38,137.
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director			
ij		trustee, key employee, creator or founder, substantial contributor, or 35			
<u>ia</u>		controlled entity or family member of any of these persons			NONE
_	23	Secured mortgages and notes payable to unrelated third parties			NONE
	24	Unsecured notes and loans payable to unrelated third parties		24	NONE
	25	Other liabilities (including federal income tax, payables to related thin			
		parties, and other liabilities not included on lines 17-24). Complete Part	I		
		of Schedule D			218,926.
	26	Total liabilities. Add lines 17 through 25	52,718.	26	370,502.
Seot		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	1,677,355.	27	1,938,235.
ĕ	28	Net assets with donor restrictions		28	331,599.
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances		32	2,269,834.
Š	33	Total liabilities and net assets/fund balances	, -,	33	2,640,336.
_	100		4,213,303.		Form <b>990</b> (2023)

Form **990** (2023)

Form 990 (2023) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,8	52,	<u> 384</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8	05,	<u>815</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			46,	<u> 569</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,2	23,	<u> 265</u>
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,2	69,	<u>834</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	on			
	Schedule O.					
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 con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

#### SCHEDULE A (Form 990)

### **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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

INSIDE OUT YOUTH SERVICES

Employer identification number

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	583,364.	947,425.	1,284,987.	2,213,478.	1,817,284.	6,846,538.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
<b>4 5</b>	Total. Add lines 1 through 3	583,364.	947,425.	1,284,987.	2,213,478.	1,817,284.	6,846,538.
_	shown on line 11, column (f)						607,639.
6	Public support. Subtract line 5 from line 4						6,238,899.
	tion B. Total Support	( ) 0040	4.0000	() 2224	4 10 0000	4 ) 0000	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	583,364. 3,862.	947,425.	1,284,987.	2,213,478. 3,962.	1,817,284.	6,846,538. 51,890.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		6,069.	15,362.	17,811.		39,242.
11	Total support. Add lines 7 through 10						6,937,670.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	28,030.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp		•				
14	Public support percentage for 2023 (lin		-			14	89.93 <b>%</b>
15	Public support percentage from 2022					15	99.01 %
	33 1/3 % support test - 2023. If the org box and stop here. The organization qu	ualifies as a pub	licly supported	organization			х
	33 1/3 % support test - 2022. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to organization	meets the facts-and-control for the facts-and-control for the facts-and-control for the facts-and-control facts and facts-and-control fact	cts-and-circumst ircumstances te ganization did no e facts-and-circo -circumstances t	ances test, che st. The organiz or check a box umstances test, est. The organi	eck this box an attention qualifies on line 13, 16 check this box zation qualifies	as a publicly su as, 16b, or 17a, a, and stop here. as a publicly su	xplain in ipported and line Explain ipported
18	<b>Private foundation.</b> If the organizatio instructions	n did not chec	k a box on line	13, 16a, 16b,	, 17a, or 17b,	check this box	and see

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

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

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, 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 business under section 513 .						
4	Tax revenues levied for the						
	organization'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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		I.				
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11,						+
13							
1.4	and 12.) [  First 5 years. If the Form 990 is for	the organizati	on's first sees	d third fourth	or fifth toy ::-	or on a soci	ion 501(a)(2)
14		_					
<u></u>	organization, check this box and stop here						
	tion C. Computation of Public Support percentage for 2023 (line 8)		•	ımn (f))		15	0/
15						15	<u>%</u>
16	Public support percentage from 2022 Sche					16	%
	tion D. Computation of Investmen			40		47	0/
17	Investment income percentage for 2023 (lin					17	%
18	Investment income percentage from 2022					18	%
19 a	331/3% support tests - 2023. If the or	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2022. If the organization						
	line 18 is not more than 331/3 %, check		-	•	•		<del></del>
20	Private foundation If the organization of	aid not chack	a nov on line '	ואו זעם הר 10h	cnack this ho	v and see ins	etructions

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### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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. 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? I "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefi from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	NO
1		
•		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
_		
1		
8		
9a		
9b		
9с		
10a		
	rm aar	1) 2023
	3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6 7 8 9a 9b 9c 10a

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Sacti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
occii	on B. Type roupporting organizations		Yes	No
				110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Socti	on C. Type II Supporting Organizations	2		
Secu	on C. Type it Supporting Organizations		Yes	Nο
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
_	Did the consideration of the constant of the constant of the constant of the CO constant		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see			
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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 on line 2a, above, constitute activities that, but for the organization's			
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizations r	nust complete Sectio	ns A through E.
Se	ction 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		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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-functiona (see instructions).		ted Type III supporting	g organization

Schedule A (Form 990) 2023

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI) See				

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(II) Underdistributions Pre-2023	(III) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A (Form 990 or 990-EZ) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INC	COME					
DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
TRAINING INCOME & MISC INCOME		6,069.	15,362.	17,811.		39,242.
TOTALS		6,069.	15,362.	17,811.		39,242.

23

# Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

**2023** 

**Employer identification number** Name of the organization INSIDE OUT YOUTH SERVICES 84-1407299 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

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

Schedule B (Form 990) (2023)

Name of organization INSIDE OUT YOUTH SERVICES

Employer identification number 84-1407299

Part I	Contributors	(see instructions).	Use duplicate cop	ies of Part I if additiona	al space is needed.
--------	--------------	---------------------	-------------------	----------------------------	---------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$176,106.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$158,818.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$116,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4  N/A  (b)	\$86,060.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4  N/A  (b)  Name, address, and ZIP + 4	\$ 86,060.  (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash (Complete Part II for

ivanie or organization				
	INSIDE	OUT	HTIIOY	SERVICES

Employer identification number 84-1407299

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

	INSIDE OUT YOUTH SERVICES	84-1407299
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	space is needed.

Part II Non	cash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eaea.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Name of organization **Employer identification number** INSIDE OUT YOUTH SERVICES 84-1407299 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 information once. See instructions.) \$ 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 (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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2023)

#### SCHEDULE C (Form 990)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax)	(see separate instructions), ther		Tax) (see separate in	structions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			-161 -1
	e of organization			' '	ntification number
	SIDE OUT YOUTH SERVIO				407299
	•	organization is exempt under			
1		ne organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions for
	definition of "political campa	aign activities."			
2		xpenditures. See instructions			
3	Volunteer hours for political	campaign activities. See instruction	ns		
Pai		organization is exempt under s			
1		cise tax incurred by the organizatio			
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function	
	activities			\$	
2	Enter the amount of the filin	g organization's funds contributed	to other organization	ons for section	
	527 exempt function activiti	es		\$	
3		enditures. Add lines 1 and 2. Ent			
<b>4 5</b>	Did the filing organization file Enter the names, addresses organization made payment the amount of political conf	e Form 1120-POL for this year? and employer identification numbs. For each organization listed, entributions received that were promed or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiza livered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

Grassroots ceiling amount
 (150% of line 2d, column (e))

 Grassroots lobbying expenditures

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

<i></i>	cook "Voo." responses on lines to through the below provide in Dort IV a detailed	(a	a)		(b)	)	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.					Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?	X					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X	37				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
h i	Other activities?	Х				1.	099
j	Total. Add lines 1c through 1i						099
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	1		
	501(c)(6).						
_						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Ра	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"					) io	
	answered "Yes."	ı) 7O	)) Fa	, III-A,	IIIIe .	), IS	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount	unts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible leaders with a second control of the reasonable estimate of nondeductible leaders with the reasonable estimate of the reasonable estimate estimates and the reasonable estimates are the reasonable estimates and the reasonable estimates are reasonable estimates are reasonable estimates and the reasonable estimates are reasonable estim	obbyir	ng	4			
5	and political expenditures next year?			5			
	rt IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d gro	up list	); Part	II-A, lii	nes 1	and
2 (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	_					

### Part IV Supplemental Information (continued)

SCH C PART II-B LINE 1H

OUR OUTSIDE PROGRAM STAFF PARTICIPATES IN TABLING AT EVENTS WHERE VOTER REGISTRATION IS ENCOURAGED AND STAFF DISCUSSED UPCOMING LEGISLATION THAT IS RELATED TO LGBTQ2IA+ ISSUES.

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

# 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.

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

**Open to Public** Attach to Form 990.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

INS	SIDE OUT YOUTH SERVICES	84-1407299
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
	not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified transferred extinguished.	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	<del></del>
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	anactivation accompants during the year
7	Amount of expenses incurred in monitoring, inspecting, nanding of violations, and enforcing co	biliservation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of sect	ion 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
-	sheet, and include, if applicable, the text of the footnote to the organization's financial statem	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
b	art, historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtherance 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 treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1.	\$
h	Assets included in Form 990 Part X	

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

Schedule D (Form 990) 2023

		SIDE OUT YOUTH			011		L40729	
	rt   Organizations Maintain							
3	Using the organization's acquisition		otner records, cne	ck any of ti	ne follov	ving that make sigi	nificant	use of its
_	collection items (check all that app	oly).	- Loor	or ovekene				
a	Public exhibition			or exchang	je progra	[[1]		
b	Scholarly research Preservation for future gene	rationa	e Othe	·				
C 1	Provide a description of the orga		c and avalain how	thoy furthe	or the or	ranization's evemn	t nurno	o in Port
4	XIII.	mzations collections	s and explain now	they fulfile	er trie or	ganization's exemp	t puipos	se III Fait
5	During the year, did the organization	on solicit or receive	donations of art his	torical treas	curae or	other similar		
3	assets to be sold to raise funds rat						Yes	No
Pa	rt IV Escrow and Custodial A		anca as part or the	organizatio	7113 00110	CHOTT:	103	
· u	Complete if the organiza 990, Part X, line 21.		es" on Form 990,	Part IV, lin	e 9, or r	eported an amou	nt on Fo	orm
1 a	Is the organization an agent, trus	tee, custodian or c	ther intermediary	for contribu	itions or	other assets not		
	included on Form 990, Part X?					[	Yes	No
b	If "Yes," explain the arrangement i							
						Amount	İ	
	Beginning balance				;			
d	Additions during the year			10	t			
е	Distributions during the year				•			
f	Ending balance							
	Did the organization include an am						Yes	No
	If "Yes," explain the arrangement	in Part XIII. Check h	ere if the explanation	n has been	provided	in Part XIII		
Pa	rt V Endowment Funds	-4:	" F 000	Doubly Lin	- 10			
	Complete if the organiza		1	(c) Two ye		(4) There we are book	(-) =	
		(a) Current year	(b) Prior year	(C) TWO YE	ars Dack	(d) Three years back	(e) Four	years back
1 a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
_	and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g 2	End of year balance	of the current year	end balance (line 1	n column (a	)) held as	·		
	Board designated or quasi-endown		%	g,(	,,			
b	Permanent endowment	%						
С	Term endowment%	)						
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.					
3a	Are there endowment funds not in	the possession of t	he organization tha	t are held a	nd admi	nistered for the	_	
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
b	If "Yes" on line 3a(ii), are the relat	•	•				3b	
4	Describe in Part XIII the intended							
Pa	rt VI Land, Buildings, and Eq Complete if the organiz	<b>uipment</b> ation answered "V	es" on Form 990	Part IV lin	ne 11a	See Form 990 Pa	art X lin	e 10
	Description of property	(a) Cost o	r other basis (b) Cos	t or other basis	(c) Ac	cumulated (6	d) Book va	

depreciation (investment) (other) 1a Land NONE NONE **b** Buildings NONE 1,880. 1,880. c Leasehold improvements NONE 35,844 **d** Equipment 35,844. NONE

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

NONE Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 INSIDE OUT YOU	JTH SERVICES	84-14072	299 Page 3
Part VII Investments - Other Securities	d "Ves" on Form 990	), Part IV, line 11b. See Form 990, Part X, I	line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	1116 12.
(1) Financial derivatives		,	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related	d "Ves" on Form 990	), Part IV, line 11c. See Form 990, Part X, I	line 13
(a) Description of investment	(b) Book value	(c) Method of valuation:	10.
(a) Description of investment	(D) Book value	Cost or end-of-year market value	
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
	d "Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, I	line 15.
	escription		ook value
(1)RIGHT-OF-USE LEASED ASSETS		2	224,235.
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u> <u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15,	col. (B))		224,235.
Part X Other Liabilities			
line 25.	d "Yes" on Form 990	O, Part IV, line 11e or 11f. See Form 990, P	'art X,
	otion of liability	<b>(b)</b> Bo	ook value
(1) Federal income taxes			
(2)RIGHT-OF-USE LEASE LIABILITY			218,926.
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	<u> </u>		218,926.

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 . [X]

Part 1	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	1,928,773.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments							
b	Donated services and use of facilities							
C	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d	2e	76,571.					
3	Subtract line 2e from line 1	3	1,852,202.					
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							
b	Other (Describe in Part XIII.)							
С	Add lines 4a and 4b	4c	182.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,852,384.					
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n						
1	Total expenses and losses per audited financial statements	1	1,882,204.					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities							
b	Prior year adjustments							
С	Other losses							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d	2e	76,571.					
3	Subtract line 2e from line 1	3	1,805,633.					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIII.)	4.0	100					
с 5	Add lines <b>4a</b> and <b>4b</b>	4c 5	182. 1,805,815.					
Part		<u> </u>	1,005,015.					
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	art V, ation	line 4; Part X, line					
SEE	SUPPLEMENTAL PAGE							

#### Part XIII Supplemental Information (continued)

SCH D PART X LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCH D PART XI LINE 2D

OTHER: \$63,015 FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSES IN THE AUDITED FINANCIAL STATEMENTS, RECLASSIFIED TO REVENUE FOR THE TAX RETURN.

SCH D PART XII LINE 2D

OTHER: \$63,015 FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSES IN THE AUDITED FINANCIAL STATEMENTS, RECLASSIFIED TO REVENUE FOR THE TAX RETURN.

#### **SCHEDULE G** (Form 990)

Department of the Treasury

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

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

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization					Employer identification	on number
INSIDE OUT YOUTH SERVICES					84-140729	
Part I Fundraising Activities. Comp				Yes" on Form 99	90, Part IV, line 1	7.
Form 990-EZ filers are not red	·					
1 Indicate whether the organization rais	_		_			
a Mail solicitations				non-government g		
b Internet and email solicitations	f		-	government grants	S	
c Phone solicitations	g	Spec	ciai tundrai	ising events		
<ul><li>d In-person solicitations</li><li>2a Did the organization have a written or</li></ul>	a ral a a ra a ma a nt v	مناييم طفاي	ما امیاماندا	aludiaa afficara d	lina atawa tuwata aa	
or key employees listed in Form 990,  b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the compensated.	Part VII) or entity iduals or entities	in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT INFORMATION		Yes	No		001. (1)	
1		100				
2						
3						
4						
5						
6						
7						
8						
9						
10						
「otal					47,500.	
3 List all states in which the organizat	ion is registered of	or licensed	to solicit	contributions or		
registration or licensing.						
CO,						

Schedule G	(Form 990) 2023	ASIDE OUT YOU	JIH SERV.	ICES			84-	140/2	99 F	age Z
Part II	Fundraising Events. Co	omplete if the or	ganization	answered "Yes'	on Form	n 990, Part IV,	line 18	or rep	orted	more
	than \$15,000 of fundrais gross receipts greater than	0	outions and	I gross income	on Form	990-EZ, lines	1 and 6	b. List	events	with
		(a) E	Event #1	(b) Even	nt #2	(c) Other ever	nts	(d) Tot	al event	·s

1 Gross receipts   143,013   143   143   143   143   143   144   145			grood receipte greater than we,eet	J.			
1 Gross receipts					<b>(b)</b> Event #2	` '	(d) Total events
2 Less: Contributions   101,983,   103 3 Gross income (line 1 minus line 2)   41,030.   4:  4 Cash prizes   5 Noncash prizes   5 Noncash prizes   5 Noncash prizes   9,482.					(event type)		col. (c))
2 Less: Contributions   101,983,   103 3 Gross income (line 1 minus line 2)   41,030.   4:  4 Cash prizes   5 Noncash prizes   5 Noncash prizes   5 Noncash prizes   9,482.   7 Food and beverages   9,482.   9,482.   9 Other direct expenses   48,838.   44   10 Direct expense summary. Add lines 4 through 9 in column (d)   63, 11 Net income summary. Subtract line 10 from line 3, column (d)   63, 11 Net income summary. Subtract line 10 from line 3, column (d)   63, 11 Net income summary. Subtract line 10 from line 3, column (d)   63, 11 Gross revenue   (e) Pull tabe/instant bingo/progressive bingo   (e) Other gaming   (e) Total gaming   (e) Other gaming	ne						
2 Less: Contributions   101,983,   103 3 Gross income (line 1 minus line 2)   41,030.   4:  4 Cash prizes   5 Noncash prizes   5 Noncash prizes   5 Noncash prizes   9,482.   7 Food and beverages   9,482.   9,482.   9 Other direct expenses   48,838.   44   10 Direct expense summary. Add lines 4 through 9 in column (d)   63, 11 Net income summary. Subtract line 10 from line 3, column (d)   63, 11 Net income summary. Subtract line 10 from line 3, column (d)   63, 11 Net income summary. Subtract line 10 from line 3, column (d)   63, 11 Gross revenue   (e) Pull tabe/instant bingo/progressive bingo   (e) Other gaming   (e) Total gaming   (e) Other gaming	Revel	1	Gross receipts	143,013.			143,013.
minus line 2)				101,983.			101,983.
5 Noncash prizes 6 Rent/facility costs 2,900. 7 Food and beverages 9,482. 8 Entertainment 1,795. 9 Other direct expenses ummary. Add lines 4 through 9 in column (d) 63, 11 Net income summary. Subtract line 10 from line 3, column (d) 63, 11 Net income summary. Subtract line 10 from line 3, column (d) 63, 11 Net income summary. Subtract line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (c) (a) through 1 Grows revenue (d) Total gaming (e) Other direct expenses (e) Other direct expenses (e) Other direct expenses (f) No		<u> </u>		41,030.			41,030.
6 Rent/facility costs 2,900. 7 Food and beverages 9,482. 8 Entertainment 1,795. 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 63. 11 Net income summary. Subtract line 10 from line 3, column (d) -21.  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through 1 Gross revenue 1 Gros		4	Cash prizes				
9 Other direct expenses		5	Noncash prizes				
9 Other direct expenses	enses	6	Rent/facility costs	2,900.			2,900.
9 Other direct expenses	t Exp	7	Food and beverages	9,482.			9,482.
10 Direct expense summary. Add lines 4 through 9 in column (d)  11 Net income summary. Subtract line 10 from line 3, column (d)  22 Cash prizes  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses summary. Add lines 2 through 5 in column (d)  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  9 Yes	Direc	8	Entertainment	1,795.			1,795.
Part III   Saming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.    Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.    Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.    Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.    Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.    Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.    Part III   Gaming. Complete if the organization file in 6a.   Part III   Gaming. Complete in file		9	Other direct expenses	48,838.			48,838.
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through the organization answered "Yes" on Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through the organization answered "Yes" on Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through 5 in Column (d) Yes (d) Total gaming col. (a) through 5 through 5 or the organization spaning activities in each of these states?  (b) If "No," explain:  Yes (d) Total gaming (c) Other gaming (d) Total gaming col. (a) through 5 or t		10 11	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 through 9 in coluine 10 from line 3, col	umn (d) umn (d)		63,015.
Canal Bingo	Pa	rt II	Gaming. Complete if the org	anization answered "	Yes" on Form 990, I	Part IV, line 19, or	reported more than
1 Gross revenue bingo/progressive bingo col. (a) through col. (b) through col. (a) through col. (b) through col. (b) through col. (c) through col. (a) through col. (b) through col. (c) through			\$15,000 on Form 990-EZ, lin	e 6a.			(NT ( ) ( ) ( )
2 Cash prizes	enne			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes	Rev	1	Gross revenue				
5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes	ses	2	Cash prizes				
5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes	Exper	3	Noncash prizes				
5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes	<b>Direct</b>	4	Rent/facility costs				
7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes		5	Other direct expenses				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes		6	Volunteer labor				
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  Yes  Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes		7					
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes		8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
h If IIV and a simple in	а	ıI	s the organization licensed to con	duct gaming activities	in each of these state	es?	Yes No
	_		f    \( \frac{1}{2} = \frac{1}	-		uring the tax year?	Yes No

Schedule G (Form 990) 2023

12 l	le G (Form 990 or 990-EZ) 2023 INSIDE OUT YOUTH SERVICES	84-140	11299	Page 3
12 l	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_	
	formed to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	3a		%
		3b		<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books			/0
	records:	anu		
١	Name ►			
A	Address ▶			
	Does the organization have a contract with a third party from whom the organization receives ga		٦ ٢	<b>_</b>
r	revenue?		Yes	No
b l	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ar	nd the		
	amount of gaming revenue retained by the third party ▶ \$			
c l	If "Yes," enter name and address of the third party:			
١	Name ▶			
A	Address ▶			
16 (	Gaming manager information:			
١	Name ▶			
(	Gaming manager compensation ▶\$			
Г	Description of services provided ▶			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
17 N	Is the organization required under state law to make charitable distributions from the gaming proc	oods to		
		eeus io_		
a l	retain the state gaming license?		Yes	No
a l	retain the state gaming license?	[	Yes	No
a la r b E	Enter the amount of distributions required under state law to be distributed to other exempt organ or spent in the organization's own exempt activities during the tax year ▶ \$	nizations		No

Schedule G (Form 990 or 990-EZ) 2023

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

DH LEONARD CONSULTING & GRANT WRITING SERVICES

ADDRESS:

15227 HERITAGE DRIVE CLAYTON, OH 13624

ACTIVITY :

GRANT WRITING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 47,500.

#### SCHEDULE J (Form 990)

# **Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

INSIDE OUT YOUTH SERVICES

84-1407299

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  Health or social club dues or initiation fees  Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b				
2	explain					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  X Approval by the board or compensation committee	2				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	4a		X		
а	Receive a severance payment or change-of-control payment?					
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:					
а	The organization?	5a		Х		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					
а	The organization?	6a		X		
b	Any related organization?	6b		Х		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2023

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JESSICA POCOCK	(i)	132,340.	12,500.		4,238.	14,989.	164,067.	
1 EXECUTIVE DIRECTOR	(ii)							
	(i)							
_ 2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 7

THE EXECUTIVE DIRECTOR RECEIVED A BONUS AT THE DISCRETION OF THE BOARD OF

DIRECTORS.

Page 3

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

INSIDE OUT YOUTH SERVICES 84-1407299

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

FORM 990 IS PREPARED BY AN OUTSIDE, INDEPENDENT CPA FIRM AND REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO BEING FILED. SPECIFIC ATTENTION IS GIVEN TO THE REVIEW BY THE PRESIDENT AND EXECUTIVE DIRECTOR.

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

THE CONFLICT OF INTEREST POLICY IS REGULARLY MONITORED BY AND ENFORCED BY
THE EXECUTIVE DIRECTOR. ANY DEFICIENCIES OR CONCERNS ARE TAKEN TO THE
BOARD FOR REVIEW AND THE BOARD THEREAFTER ADDRESSES THE POTENTIAL
CONFLICT AND MAKES ANY NECESSARY ADJUSTMENTS. AT EACH BOARD MEETING, IF
THERE IS A DISCUSSION OF SELECTING OR ENGAGING A VENDOR OR SERVICE
PROVIDER, ALL IN ATTENDANCE ARE ASKED TO RECUSE THEMSELVES FROM THIS
DISCUSSION IF THERE COULD BE A PERCEIVED CONFLICT.

#### FORM 990, PART VI, SECTION B, LINE 15 A & B

THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION FOR THE EXECUTIVE

DIRECTOR BY COMPARING HER COMPENSATION TO THE COMPENSATION OF INDIVIDUALS

IN LIKE POSITIONS, IN COMPARABLE ORGANIZATIONS USING FORMS 990,

COMPENSATION STUDIES, AND OTHER AVAILABLE DATA. THE BOARD THEN APPROVES

ANY CHANGES IN COMPENSATION BASED ON THIS INFORMATION. THE ORGANIZATION

HAS NO OTHER PAID OFFICERS OR EMPLOYEES MEETING THE IRS DEFINITION OF A

KEY EMPLOYEE.

#### FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION WILL PROVIDE IN A TIMELY MANNER, COPIES OF ALL GOVERNING DOCUMENTS, INCLUDING ITS CONFLICT-OF-INTEREST POLICIES AND FINANCIAL STATEMENTS WHEN REQUESTED IN WRITING OR IN PERSON.

#### FORM 990, PART X, LINE 2, 11

### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

2023

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Department of the Treasury Internal Revenue Service

Name of the organization

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Employer identification number

INSIDE OUT YOUTH SERVICES

84-1407299

COLUMN (A) BEGINNING YEAR BALANCE: LINE 2, SAVINGS AND TEMPORARY CASH

INVESTMENTS WAS ADJUSTED TO RECLASSIFY POOLED INVESTMENTS TO INVESTMENTS

- PUBLICALY TRADED, LINE 11.

#### FORM 990, PART XII, LINE 2 C

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR SELECTING THE INDEPENDENT AUDITOR FOR THE FINANCIAL STATEMENT AUDIT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

\_\_\_\_\_\_ \_\_\_\_\_

Name of the organization	Employer identification	n number		
INSIDE OUT YOUTH SERVICE	S		84-1407299	
FORM 990, PART IX - OTHER FEES				
DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
SECURITY CONTRACTED SERVICES	 49,121. 163,525.	49,121. 118,467.	45,058.	NONE
TOTALS	212,646.	167,588.	45,058.	NONE

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