

| Form | 99 | 0 |
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Department of the Treasury Internal Revenue Service

T

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



| AI | For the | e 2022 calendar year, or tax year beginning and | ending | | |
|-------------------------|-------------------------|--|---------------|------------------------------|-----------------------------|
| B | Check if applicabl | e: C Name of organization | | D Employer identific | cation number |
| | Addre chang | | | | |
| | Name chang | | | 84-14072 | 99 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| | Final return | 223 North Wahsatch Ave., Ste 101 | | 719-328-3 | 1056 |
| | termir ated | , , , , , , , , , , , , , , , , , , , | | G Gross receipts \$ | 2,280,248. |
| | Amen return | Colorado Springs, CO 80903 | | H(a) Is this a group re | |
| | Applic tion pendi | | | for subordinates | ? Yes 🔀 No |
| | - | same as C above | | H(b) Are all subordinates in | cluded? Yes No |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 527 | | list. See instructions |
| | Websi | | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1997 N | State of legal domicile: CO |
| Pa | art I | Summary | | | |
| é | 1 | Briefly describe the organization's mission or most significant activities: $\underline{To \ b}$ | uiid a | ccess, equit | cy, and |
| Activities & Governance | | power with LGBTQIA2+ young people. | | | -1- |
| ērn | 2 | Check this box if the organization discontinued its operations or dispose | | | ets. 10 |
| So So | 3 | | | | 10 |
| ৵ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | ····· | 20 | |
| ties | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | 147 | |
| tivit | 6 | Total number of volunteers (estimate if necessary) | | | 0. |
| Ac | /a h | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | <u>ہ</u> | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 1,284,987. | 2,230,694. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 2,000. | 3,000. |
| evel Svel | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 3,583. | 4,374. |
| ě | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 71,983. | 7,924. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,362,553. | 2,245,992. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ŝ | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 663,566. | 947,086. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| g | . ь | Total fundraising expenses (Part IX, column (D), line 25) 71, 30 | 62. | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 249,184. | 379,337. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 912,750. | 1,326,423. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 449,803. | 919,569. |
| S OL | 3 | | Be | ginning of Current Year | End of Year |
| Assets | 20 | Total assets (Part X, line 16) | | 1,399,393. | 2,275,983. |
| it As | 21 | Total liabilities (Part X, line 26) | | 65,801. | 52,718. |
| ERe L | | Net assets or fund balances. Subtract line 21 from line 20 | | 1,333,592. | 2,223,265. |
| Pa | art II | Signature Block | | | |

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

| Sign | Signature of officer | | Date | | | | | | | |
|--|---|-----------------------------------|---------------------|-----------|--|--|--|--|--|--|
| | Kathy Edwards, Board Chair | r | | | | | | | | |
| | Type or print name and title | | | | | | | | | |
| | Print/Type preparer's name | Preparer's signature A / / / Date | Check | PTIN | | | | | | |
| Paid | Bret Wichert | Out Unhat | if self-employed | ₽00576888 | | | | | | |
| Preparer | Firm's name BiggsKofford, P.C | • | Firm's EIN 84- | -0884124 | | | | | | |
| Use Only | Firm's address 630 Southpointe Co | ourt, Suite 200 | | | | | | | | |
| Colorado Springs, CO 80906 Phone no.719.579.9090 | | | | | | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | |
| 232001 12-1 | 32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) | | | | | | | | | |

| Form | 1990 (2022) Inside Out Youth Services 84-1407299 Page 2 | 2 |
|------|--|---|
| Pa | rt III Statement of Program Service Accomplishments | - |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: | - |
| | To build access, equity, and power with LGBTQIA2+ young people. | |
| | | - |
| | | _ |
| | | _ |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | |) |
| | Provide a safe and accepting space where lesbian, gay, bisexual, | |
| | transgender, queer, questioning, intersex, allies, two-spirit youth, | |
| | and LGBTQIA2+ youth can express their feelings, build their | _ |
| | self-reliance, and connect to trusted adults for support and advocacy. | - |
| | Out in the community we advance understanding and equality so that | - |
| | LGBTQIA2+ youth can be themselves. We serve youth ages 13-24 with | - |
| | programs including support and discussion groups, supervised drop-in | - |
| | recreation center, community outings, leadership development | - |
| | opportunities, sexual health education, suicide and substance | - |
| | prevention education, career and financial skills building, therapy, | - |
| | and a food pantry and clothing closet. | - |
| | | - |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | _ |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | - |
| | | - |
| 4d | Other program services (Describe on Schedule O.) | - |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 1, 129, 427. | - |
| - | 000 (2000 | - |

| orm | 000 | (2022) | |
|-----|-----|--------|--|
| orm | 990 | (2022) | |

Form 990 (2022) Inside Out Youth Services Part IV Checklist of Required Schedules

| | | | Yes | No |
|----------|---|------------|-----|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X 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 X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| _ | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | v |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | х | |
| Ŀ. | Part VI | <u>11a</u> | | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 4.4% | | x |
| • | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| C | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11c | | x |
| А | assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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 | | | - 23 |
| u | | 11d | | x |
| <u>م</u> | Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 110 | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | <u> </u> | | |
| | Schedule D, Parts XI and XII | 12a | х | |
| 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 |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | <u>-</u> - |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | X |

Form 990 (2022)

| Form | 990 | (2022) |
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| | 330 | (2022) |

| | | | 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 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 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 non-cash 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, 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 |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | 37 | |
| Pa | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| ra | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 0 | - | | |
| | | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

(gambling) winnings to prize winners?

1c

| Form | 990 (2022) Inside Out Youth Services 84-1407 | 299 | Р | _{age} 5 |
|--------|--|----------|------|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 20 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | 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 | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | v |
| _ | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | v |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7. | | x |
| | to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 70 | | |
| - | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | <u> </u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | <u> </u> |
| g b | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | х | <u> </u> |
| - | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 711 | - 23 | |
| 8 | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organization have excess business holdings at any time during the year? | 0 | | |
| a | | 9a | | |
| b | Did the sponsoring organization make any taxable distributions under section 4966? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 0.5 | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 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 | | X |
| | 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 | | X |
| | 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? | 17 | | |
| | If "Yes." complete Form 6069. | | | |

| Form 990 (| 2022) |
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|------------|-------|

Inside Out Youth Services

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

84-1407299 Page 6

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. X

| Sec | tion A. Governing Body and Management | | | |
|-----|---|----------|---------|-----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 10 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | |
| | 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 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| 0 | exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed <u>CO</u> | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) | s only) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 40 | X Own website Another's website X Upon request Other (explain on Schedule O) | 1.0 | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | a finano | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | <u>Jessie Pocock - 719-328-1056</u> 223 N Wahsatch 101, Colorado Springs, CO 80903 | | | |
| | 225 M Mansacch IVI, COIVIAGO Springs, CO 00905 | | | |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, 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) | (B) | | (C) | | (D) | (E) | (F) | | | | | |
|------------------------|------------------------|---|-----------------------|----------|---|--|------------|---------------------|----------------------------------|--------------------------|--------------|-----------|
| Name and title | Average | Position (do not check more than one | | Position | | Reportable | Reportable | Estimated | | | | |
| | hours per | box | box, unless pe | | box, unless person is both an officer and a director/trustee) | | | s both | n an | compensation | compensation | amount of |
| | week | | | | | 1/ | | from | from related | other | | |
| | (list any hours for | lirecto | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the | | |
| | related | e or c | stee | | | Isatec | | (W-2/1099-MISC/ | 1099-NEC) | organization | | |
| | organizations | truste | al tru: | | yee | um per | | 1099-NEC) | , | and related | | |
| | below | Individual trustee or director | Institutional trustee | er | Key employee | Highest compensated employee | ner | | | organizations | | |
| | line) | Indiv | Insti | Officer | Key | Highemp | Former | | | | | |
| (1) Jessica Pocock | 40.00 | | | | | | | | | | | |
| Executive Director | | х | | X | | | | 123,218. | 0. | 18,685. | | |
| (2) Geri Johnson | 5.00 | | | | | | | | | - | | |
| Former Board Member | | Х | | | | | | 0. | 0. | 0. | | |
| (3) Kathy Edwards | 5.00 | | | | | | | | | - | | |
| Board Chair | | Х | | X | | | | 0. | 0. | 0. | | |
| (4) MacKenzie Campbell | 5.00 | | | | | | | | | _ | | |
| Treasurer | | Х | | X | | | | 0. | 0. | 0. | | |
| (5) Joseph Foecking | 5.00 | | | | | | | | | | | |
| Former Board Chair | | х | | | | | | 0. | 0. | 0. | | |
| (6) Chelsea Gondeck | 2.00 | | | | | | | | | | | |
| Vice Chair | | Х | | X | | | | 0. | 0. | 0. | | |
| (7) Marco Antillion | 1.00 | | | | | | | | | | | |
| Former Board Member | | Х | | | | | | 0. | 0. | 0. | | |
| (8) Joanna Rendon | 2.00 | | | | | | | | | | | |
| At Large Board Member | | Х | | | | | | 0. | 0. | 0. | | |
| (9) Tre Wentling | 2.00 | | | | | | | | | | | |
| At Large Board Member | | Х | | | | | | 0. | 0. | 0. | | |
| (10) Jeffrey Jensen | 2.00 | | | | | | | | | | | |
| At Large Board Member | | Х | | | | | | 0. | 0. | 0. | | |
| (11) Marius Nielsen | 2.00 | | | | | | | | | | | |
| At Large Board Member | | Х | | | | | | 0. | 0. | 0. | | |
| (12) Dom Angiollo | 2.00 | | | | | | | | | | | |
| At Large Board Member | | Х | | | | | | 0. | 0. | 0. | | |
| (13) Cody Logsdon | 2.00 | | | | | | | | | | | |
| Secretary | | Х | | X | | | | 0. | 0. | 0. | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

| art VII Section A. Officers, Directors, T | rustees, key Emp | pioye | ees, | ano | IHI | gnes | t Co | pmpensated Employee | s (continuea) | | | |
|--|--|--|------------------------|---------|--------------|---------------------------------|--------|---|---|-------|--|--|
| (A) Name and title | (B) Average hours per week | Average Position (do not check more than on box, unless person is both a | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | | (F) Estimated amount of other | |
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISO 1099-NEC) | | comp fro orga anc | pensatio om the anizatior d related nization |
| | | | | | | | | | | _ | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | _ | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Subtotal Total from continuation sheets to Par Total (add lines 1b and 1c) | t VII, Section A | | | | | | | 123,218. 0. 123,218. | | 0.0.0 | | 8,685 (8,685 |
| Total number of individuals (including b compensation from the organization | | | | | | | | ceived more than \$100, | 000 of reportable | | | |
| Did the organization list any former offi | | | ey e | mpl | oye | e, or | higł | nest compensated emp | loyee on | [| 3 | Yes N |
| For any individual listed on line 1a, is th and related organizations greater than \$ | 150,000? If "Yes, | " со | mple | ete S | Sche | edule | J fo | or such individual | - | | 4 | 2 |
| Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes." (| | | | | | | | | | | 5 | 2 |
| Complete this table for your five highest the organization. Report compensation | | | | | | | | | | ensat | ion fro | m |
| (A) Name and busin | | | ONE | | | | | (B) Description of s | | C | (C omper | ;) nsation |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | | | | Yo | uth Serv | ices | | 84-1407 | 299 Page 9 |
|---|-------|--------|--|----------|-------------------|------------|--------------------|----------------------|--------------------------|------------------|-----------------------------------|
| Pa | rt VI | | Statement of Re | ven | ue | | | | | | |
| | | | Check if Schedule O o | conta | ains a respo | nse (| or note to any lin | | (5) | (0) | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded |
| | | | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| s u | 1. | | Federated campaigns | | 1a | | | | | | |
| ant unt: | | | Membership dues | | | | | | | | |
| n Gr | | | Fundraising events | | | | 149,233. | | | | |
| ifts ar A | | | Related organizations | | | | • | | | | |
| s, G mila | | | Government grants (contri | | | | 300,000. | | | | |
| ion: Sil | 1 | | All other contributions, gifts, | | | | | 1 | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | similar amounts not included | abov | /e 1f | 1, | 781,461. | | | | |
| d O | 9 | g | Noncash contributions included in | lines 1 | a-1f 1g \$ | 5 | 17,216. | | | | |
| Co an | 1 | h | Total. Add lines 1a-1f | | | <u></u> | | 2,230,694. | | | |
| | | | 1 | ~ | | | Business Code | | | | |
| ce | 2 8 | а | LGBTIQ Youth | Se: | rvices | | 624100 | 3,000. | 3,000. | | |
| ervi | 1 | b | | | | | | | | | |
| n S /eni | | с | | | | | | | | | |
| grar Rev | | d | | | | | | | | | |
| Program Service Revenue | | e ¢ | All other program service | | | | | | | | |
| - | | | Total. Add lines 2a-2f | | | | | 3,000. | | | |
| | 3 | y | Investment income (includ | | | | | 3,000. | | | |
| | | | | | | | | 4,374. | 4,374. | | |
| | 4 | | Income from investment o | | | | | | | | |
| | 5 | | Royalties | | - | - | | | | | |
| | | | | | (i) Real | | (ii) Personal | | | | |
| | 6 a | а | Gross rents | 6a | | | | | | | |
| | I | b | Less: rental expenses \dots | 6b | | | | | | | |
| | | | Rental income or (loss) | 6c | | | | | | | |
| | | | Net rental income or (loss) | ····· | | | | | | | |
| | 7 8 | а | Gross amount from sales of | | (i) Securit | les | (ii) Other | | | | |
| | | | assets other than inventory | 7a | | | | | | | |
| đ | | D | Less: cost or other basis | 76 | | | | | | | |
| svenue | | ~ | and sales expenses Gain or (loss) | 7b 7c | | | | | | | |
| Reve | | | Net gain or (loss) | - | | | | | | | |
| er F | | | Gross income from fundraisir | | | <u> </u> | | | | | |
| Other | _ | | including \$ 149 | | | | | | | | |
| | | | contributions reported on | | | | | | | | |
| | | | Part IV, line 18 | | | 8a | | | | | |
| | ł | b | Less: direct expenses | | | 8b | 34,256. | | | | |
| | | | Net income or (loss) from | | - | | | -6,889. | | | -6,889. |
| | 9 a | а | Gross income from gamin | - | | | | | | | |
| | | | Part IV, line 19 | | | <u>9a</u> | | | | | |
| | | | Less: direct expenses | | | 9b | | | | | |
| | | | Net income or (loss) from | - | - | ° | | | | | |
| | 10 a | а | Gross sales of inventory, I | | | 100 | | | | | |
| | | h | and allowances Less: cost of goods sold | | | 10a 10b | | | | | |
| | | | Net income or (loss) from : | | | | 1 | | | | |
| | | - | | 54100 | | 1 | Business Code | | | | |
| snc | 11 : | а | Training Inco | me | | | 624100 | 13,609. | 13,609. | | |
| ane | I | | Miscellaneous | | ncome | | 624100 | 1,204. | 1,204. | | |
| Miscellaneous Revenue | | с | | | | | | | | | |
| Alisc | | d | All other revenue | | | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | 14,813. | | | |
| | 12 | | Total revenue. See instruction | ns | | | | 2,245,992. | 22,187. | 0. | -6,889. |

 Form 990 (2022)
 Inside Out Youth Services

 Part IX
 Statement of Functional Expenses

| 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 12 Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list ine 11g expenses on Sch 0) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization file 24e expenses on line 24e. (file 11g expenses on Schedule 0.) a Training | |
|--|-------------|
| and domestic governments. See Part IV, line 21 | es |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons described in section 4986(13)(8) 8 05 , 183 . 7 Other employee banefits 9 Othere employee banefits <td< td=""><td></td></td<> | |
| individuals. See Part IV, line 22 individuals. See Part IV, line 15 and 16 Grants and other assistance to foreign individuals. See Part IV, lines 15 and 16 individuals. See Part IV, lines 15 and 16 Benefits paid to or for members individuals. See Part IV, lines 15 and 16 Benefits paid to or for members individuals. See Part IV, lines 15 and 16 Compensation not included above to disgualified persons (as defined under section 4858(r)(19) and persons described in section 4958(r)(3)(8) 805,183. 722,125. 27,631. 55 Other satisfies and wages individuals. individuals. individuals. 55 Persion plan acruals and contibutions (include section 401(k) and 403(k) employer contributions) individuals. individuals. individuals. Payroll taxes individuals. individuals. individuals. individuals. I heegal 62,874. 56,534. 6,082. individuals. I horestional fundraling services. See Part IV, line 17 investment management fees individuals. individuals. individuals. individuals. G Other, (if ine 11g anount acceds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0. individuals. indididials. individuals. indididial | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 Image: Compensation of current officers, directors, trustees, and key employees 4 Benefits paid to or for members 141,903. 85,142. 56,761. 5 Compensation of current officers, directors, trustees, and key employees 141,903. 85,142. 56,761. 6 Demonsition of included above to disguilled persons (as defined under section 4958(c)(3)(8) 805,183. 722,125. 27,631. 55 7 Other salaries and wages 9 | |
| organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members. 141,903. 85,142. 56,761. Compensation of current officers, directors, trustees, and key employees 141,903. 85,142. 56,761. Compensation on to include above to disqualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(3)(B) 805,183. 722,125. 27,631. 55 Other satients and wages 9 | |
| individuals. See Part IV, lines 15 and 16 | |
| Benefits paid to or for members Image: State | |
| 5 Compensation of current officers, directors, trustese, and key employees 141,903. 85,142. 56,761. Compensation not included babove to disguilled persons described in section 4958(r)(1) and persons described in section 4958(r)(3)(8) 805,183. 722,125. 27,631. 55 Other salenes and wages 9 | |
| trustees, and key employees 141,903. 85,142. 56,761. Compensation not included above to disqualified persons (as defined under section 4958(P(1)) and persons described in the section 4958(P(1)) and person | |
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| persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 805,183. 722,125. 27,631. 55 Other salaries and wages 9 | |
| persons described in section 4958(c)(3)(B) 805,183. 722,125. 27,631. 55 Other salaries and wages | |
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| a Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) b Other employee benefits payroll taxes | ,427 |
| Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Accounting d Lobbying f Investment management fees g Other, (If line 11g amount, list line 11g expenses on Sch 0.) Advertising and promotion e Office expenses information technology f Royatties coupancy 56, 235, 55, 242. 993. Travel Payments to affiliates perpensition, depletion, and amortization f straining funct micro expenses on Sch 0. 97. 77. 71. 72. 73. 73. 74. 74. 74. 74. 75. 75. 75. 75. 75. 75. 75. 75. 75. 75. | |
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| b Legal 62,874. 56,534. 6,082. c Accounting 62,874. 56,534. 6,082. d Lobbying 9 62,874. 56,534. 6,082. e Professional fundraising services. See Part IV, line 17 412. 412. 9 f Investment management fees 9 412. 412. 9 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 954. 863. 91. e Advertising and promotion 954. 863. 91. 954. 93. e Office expenses 954. 863. 91. 954. 93. i Royatties 56,235. 55,242. 993. 93. i Travel 56,235. 55,242. 993. 93. i Travel 56,235. 55,242. 993. 93. i Interest 9 9 9 9 9 9 i Interest 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 <t< td=""><td></td></t<> | |
| c Accounting 62,874. 56,534. 6,082. d Lobbying 62,874. 56,534. 6,082. e Professional fundraising services. See Part IV, line 17 412. 412. f Investment management fees 412. 412. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 954. 863. 91. column (A), amount, list line 11g expenses on Sch 0.) 954. 863. 91. column (A), amount, list line 11g expenses on Sch 0.) 954. 863. 91. column (A), amount, list line 11g expenses on Sch 0.) 954. 863. 91. corpancy 56,235. 55,242. 993. cocupancy 56,235. 55,242. 993. cocupancy 56,235. 55,242. 993. confreences, conventions, and meetings 1 1 1 Interest 9 1 1 1 Payments to affiliates 6,128. 6,128. 1 Insurance 15,080. 14,696. 384. 1 0ther expenses. Itemize expenses on Schedule 0.) 29,170. 28,714. | |
| d Lobbying | 258 |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0. Advertising and promotion 954. Office expenses 91. Information technology 954. Royalties 0 Occupancy 56,235. Payments of travel or entertainment expenses formation, depletion, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on line 24. If line 24e expenses on Schedule 0.) a Training 29,170. 28,714. 412. 412. | |
| f Investment management fees 412. 412. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 138, 391. 124, 435. 13, 389. Advertising and promotion 954. 863. 91. Office expenses 956, 235. 55, 242. 993. Information technology 56, 235. 55, 242. 993. Royalties 993. 956. 993. Occupancy 56, 235. 55, 242. 993. Travel 993. 993. 993. Payments of travel or entertainment expenses for any federal, state, or local public officials 6, 128. 993. Conferences, conventions, and meetings 115, 080. 14, 696. 384. Insurance 15, 080. 14, 696. 384. Other expenses on line 24. 15, 080. 14, 696. 384. Other expenses on schedule 0.) 29, 170. 28, 714. 456. a 26, 579. 25, 608. 0. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 138,391. 124,435. 13,389. Advertising and promotion 954. 863. 91. Office expenses 954. 863. 91. Information technology 954. 863. 91. Royalties 956,235. 55,242. 993. Travel 56,235. 55,242. 993. Travel 9 9 9 9 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 9 9 Conferences, conventions, and meetings 15,080. 14,696. 384. Insurance 15,080. 14,696. 384. Other expenses itemize expenses on line 24e. If line 24e expenses on Schedule 0.) 29,170. 28,714. 456. a Training 26,579. 25,608. 0. | |
| column (A), amount, list line 11g expenses on Sch 0.) 138,391. 124,435. 13,389. Advertising and promotion 954. 863. 91. Office expenses 954. 863. 91. Information technology 56,235. 55,242. 993. Travel 56,235. 55,242. 993. Payments of travel or entertainment expenses for any federal, state, or local public officials 6,128. 6,128. Conferences, conventions, and meetings 15,080. 14,696. 384. Other expenses. Itemize expenses on Schedule 0.) a Training 6,128. 6,128. 15,080. 14,696. a Training 26,579. 25,608. 0. 0. | |
| 3 Office expenses | 567 |
| Office expenses Information technology Information technology Secondary Royalties Secondary Occupancy 56,235. Travel Secondary Payments of travel or entertainment expenses for any federal, state, or local public officials Secondary Conferences, conventions, and meetings Secondary Interest Secondary Payments to affiliates Secondary Depreciation, depletion, and amortization Secondary Insurance Secondary Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) Secondary a Training 29,170. 28,714. b Supplies 26,579. 25,608. 0. | 50 |
| Information technology Secure 2 Royalties Secure 2 Occupancy Secure 2 Travel Secure 2 Payments of travel or entertainment expenses for any federal, state, or local public officials Secure 2 Conferences, conventions, and meetings Secure 2 Interest Secure 2 Payments to affiliates Secure 2 Depreciation, depletion, and amortization Secure 2 Insurance Secure 2 Other expenses. Itemize expenses on tocvered above. (List miscellaneous expenses on Schedule 0.) Secure 2 a Training Secure 2 b Supplies Secure 2 | |
| is Royalties is Occupancy 56,235. 55,242. 993. is Travel Payments of travel or entertainment expenses for any federal, state, or local public officials is Conferences, conventions, and meetings Interest Payments to affiliates Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on time 24e. If line 24e amount expenses on Schedule 0.) a Training b Supplies | |
| 5 Occupancy 56,235. 55,242. 993. 7 Travel | |
| Travel Image: Conferences of travel or entertainment expenses for any federal, state, or local public officials Image: Conferences, conventions, and meetings Conferences, conventions, and meetings Image: Conferences, conventions, and meetings Image: Conferences, conventions, and meetings Interest Payments to affiliates Image: Conferences, convention, and amortization Image: Conferences, convention, and amortization Insurance Conferences, convention, and amortization Image: Conferences, convention, and amortization Insurance Image: Conferences, convent expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) Image: Conferences, convent exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Training 29,170. 28,714. 456. b Supplies 26,579. 25,608. 0. | |
| B Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Payments to affiliates Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Training b Supplies | |
| for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Pepreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Training b Supplies | |
| Conferences, conventions, and meetings Interest Interest Payments to affiliates Depreciation, depletion, and amortization 6,128. Insurance 6,128. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 15,080. 14,696. 384. a Training 29,170. 28,714. 456. b Supplies 26,579. 25,608. 0. | |
| Interest Payments to affiliates Payments to affiliates 6,128. Depreciation, depletion, and amortization 6,128. Insurance 15,080. 14,696. Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 29,170. 28,714. 456. a Training 26,579. 25,608. 0. | |
| Payments to affiliates6,128.Depreciation, depletion, and amortization6,128.Insurance15,080.Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)15,080.aTrainingbSupplies26,579.25,608. | |
| Depreciation, depletion, and amortization Insurance6,128.6,128.Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)15,080.14,696.384.a Training29,170.28,714.456.b Supplies26,579.25,608.0. | |
| Insurance15,080.14,696.384.Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)15,080.14,696.384.aTraining29,170.28,714.456.bSupplies26,579.25,608.0. | |
| Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)29,170.28,714.456.aTraining b Supplies26,579.25,608.0. | |
| above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)29,170.28,714.456.a Training b Supplies26,579.25,608.0. | |
| a Training 29,170. 28,714. 456. b Supplies 26,579. 25,608. 0. | |
| b Supplies 26,579. 25,608. 0. | |
| c In Kind Expense 17,216. 4.695. 12 | 074 |
| cin Kina Expense 17,216. 4,695. 12 | 971 |
| | , 521 |
| | <u>,241</u> |
| e All other expenses 9,667. 3,030. 6,260. | 37 |
| Total functional expenses. Add lines 1 through 24e 1,326,423. 1,129,427. 125,634. 71 | ,362 |
| Joint costs. Complete this line only if the organization | |
| reported in column (B) joint costs from a combined | |
| educational campaign and fundraising solicitation. | |

| Inside Out Youth Services |
|---------------------------|
|---------------------------|

84-1407299 Page 11

| | | Check if Schedule O contains a response or no | te to any | line in this Part X | | | |
|-----------------------------|-----|---|------------|---------------------|---------------------------------|-----|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 747,770. | 1 | 1,437,205. |
| | 2 | Savings and temporary cash investments | 552,574. | 2 | 606,015. | | |
| | 3 | Pledges and grants receivable, net | | | 89,169. | 3 | 223,469. |
| | 4 | Accounts receivable, net | | | 0. | 4 | 0. |
| | 5 | Loans and other receivables from any current o | | | | | |
| | | trustee, key employee, creator or founder, subs | | | | | |
| | | controlled entity or family member of any of the | | 5 | | | |
| | 6 | Loans and other receivables from other disqual | | | | | |
| | | under section 4958(f)(1)), and persons describe | | 6 | | | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Description of all second se | | | 0. | 9 | 5,542. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 37,724. | | | |
| | b | Less: accumulated depreciation | | 33,972. | 9,880. | 10c | 3,752. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 1,399,393. | 16 | 2,275,983. |
| | 17 | Accounts payable and accrued expenses | 45,130. | 17 | 42,718. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | 20,671. | 19 | 10,000. | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability. Complete | | 21 | | | |
| S | 22 | Loans and other payables to any current or forr | ner office | r, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subs | | | | | |
| lide | | controlled entity or family member of any of the | | 22 | | | |
| Ľ | 23 | Secured mortgages and notes payable to unrel | | 23 | | | |
| | 24 | Unsecured notes and loans payable to unrelate | | 24 | | | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on line | | | | | |
| | | of Schedule D | | 25 | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 65,801. | 26 | 52,718. |
| | | Organizations that follow FASB ASC 958, ch | eck here | X | | | |
| ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | 785,593. | 27 | 1,677,355. | | |
| Bal | 28 | Net assets with donor restrictions | 547,999. | 28 | 545,910. | | |
| pu | | Organizations that do not follow FASB ASC 9 | | | | | |
| Εu | | and complete lines 29 through 33. | | | | | |
| ŗ | 29 | Capital stock or trust principal, or current funds | \$ | | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated ir | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 1,333,592. | 32 | 2,223,265. |
| ~ | 33 | Total liabilities and net assets/fund balances | | | 1,399,393. | 33 | 2,275,983. |

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

| Form | aan | (2022 |
|------|-----|-------|
| FOUL | 990 | (2022 |

| Form | 1990 (2022) Inside Out Youth Services | 84-14 | 07299 | Pag | ge 12 | | |
|------|--|----------|-------|------|--------------|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,245 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,326 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 919 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,333 | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -17 | 7,20 | 68. | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | 28. | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | |
| | column (B)) | 10 | 2,223 | 3,2 | 65. | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | |
| | 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 oversight of the | e audit, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | x | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | Х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | |

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(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 |
|------------------------------|
| 2022 |
| Open to Public Inspection |

н

| Name of the organization |
|--------------------------|
|--------------------------|

| Nam | e of t | the organization | _ | | | | | | identification number | | | |
|----------|-----------|---|-------------------------|--|------------------------|--------------------|------------------|---------------|----------------------------|--|--|--|
| | | Insi | de Out You | th Services | | | | | 4-1407299 | | | |
| Pa | rt I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | | | | |
| The | organ | ization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only | one box.) | | | | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | I)(A)(i). | | | | | |
| 2 | | A school described in section | | · · | | | | | | | | |
| 3 | | A hospital or a cooperative | | | | | | | | | | |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | | | |
| | | city, and state: | | | | | | | | | | |
| 5 | | An organization operated for | | lege or university owned | l or operat | ed by a go | overnmental u | nit describe | ed in | | | |
| | | section 170(b)(1)(A)(iv). (C | | | | | | | | | | |
| 6 | | A federal, state, or local gov | - | | | | | | | | | |
| 7 | X | An organization that norma | - | ntial part of its support fi | om a gove | ernmental | unit or from th | ne general j | public described in | | | |
| • | | section 170(b)(1)(A)(vi). (C | | | | | | | | | | |
| 8 | | A community trust describe | | | | | | 1 | | | | |
| 9 | | An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or | | | | | | | | | | |
| | | | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | eor | | | |
| 10 | | university: An organization that norma | Illy receives (1) more | than 33 1/304 of its supr | ort from o | ontributior | no momborsh | in food and | d gross receipts from | | | |
| 10 | | activities related to its exem | | | | | | | | | | |
| | | income and unrelated busir | | | | | | | - | | | |
| | | See section 509(a)(2). (Con | | | | oco doqui | | Janization | | | | |
| 11 | | An organization organized a | | velv to test for public sa | fetv. See | section 50 |)9(a)(4). | | | | | |
| 12 | \square | An organization organized a | - | • | • | | | rrv out the | purposes of one or | | | |
| | | more publicly supported or | - | - | - | | | • | | | | |
| | | lines 12a through 12d that | describes the type of | f supporting organizatior | and com | plete lines | 12e, 12f, and | 12g. | | | | |
| а | | Type I. A supporting orga | anization operated, si | upervised, or controlled | by its supp | ported org | anization(s), ty | pically by | giving | | | |
| | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | upporting | | | |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | ion with its | s supporte | ed organizatio | n(s), by hav | /ing | | | |
| | | control or management o | of the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported | | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functional | ly integrate | ed with, | | | |
| | _ | its supported organization | n(s) (see instructions) |). You must complete I | Part IV, Se | ctions A, | D, and E. | | | | | |
| d | | Type III non-functionally | integrated. A supp | orting organization oper | ated in co | nnection w | vith its suppor | ted organiz | zation(s) | | | |
| | | that is not functionally int | | | • | | - | an attentiv | veness | | | |
| | | requirement (see instructi | | - | | | | | | | | |
| е | | Check this box if the orga | | | | | Туре I, Туре | II, Type III | | | | |
| _ | | functionally integrated, or | | nally integrated supporti | ng organiz | ation. | | | Г | | | |
| | | er the number of supported o | • | | | | | | | | | |
| <u> </u> | | vide the following information i) Name of supported | ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | anization listed | (v) Amount of | fmonetary | (vi) Amount of other | | | |
| | `` | organization | (, | (described on lines 1-10 | in your governi Yes | ng document? No | support (see ir | | support (see instructions) | | | |
| | | | | above (see instructions)) | 103 | | | | | | | |
| | | | | | | | | | | | | |
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| Tota | | | | | | | | | | | | |

| | | nside Out | | | | 84-140 | |
|------------------------------|---|--|--|-----------------------|----------|----------|------------|
| Pa | (Complete only if you checked fails to qualify under the tests | d the box on line 5 | , 7, or 8 of Part I o | r if the organization | | | - |
| Sec | ction A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 328,916. | | 947,425. | | | 53 |
| 2 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 328,916. | 583,364. | 947,425. | 1284987. | 2213478. | 53 |
| 5 | The portion of total contributions by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 53 |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | - 2 |
| | Amounts from line 4 | 328,916. | 583,364. | 947,425. | 1284987. | 2213478. | 53 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 2,482. | 3,862. | 460. | 3,583. | 3,962. | 1 |
| • | and income from similar sources | 2,402. | 5,002. | 400. | 5,565. | 5,902. | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | |
| 10 | | | | | | | |
| 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. | 3 |
| | Total support. Add lines 7 through 10 | | | 0,005. | 15,502. | 17,011. | 54 |
| 11 | Gross receipts from related activities, | etc. (see instructio | ne) | | | 12 | <u> </u> |
| | First 5 years. If the Form 990 is for th | | , | fourth or fifth tax y | | | |
| 12 | | is signification 3 m | | - | | | |
| 12 | - | here | | | | ····· | |
| 12 13 | organization, check this box and stop | | | | | | |
| 12 13 Sec | organization, check this box and stor ction C. Computation of Publi | c Support Per | centage | | | 14 | 99 |
| 12 13 <u>Sec</u> 14 | organization, check this box and stop | c Support Per ine 6, column (f), d | centage ivided by line 11, c | column (f)) | | 14 15 | 99 98 |

.....X b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization _____L

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

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

Schedule A (Form 990) 2022

(f) Total

5358170.

5358170.

5358170.

(f) Total

5358170.

14,349.

39,242 5411761

99.01

98.98

%

%

rt III. If the organization

Schedule A (Form 990) 2022 Inside Out Youth Services 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.)

| Section A. Public Support | | | | | | |
|--|--|---------------------|----------------------|---------------------|----------------|--------------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 202 | 22 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under caption 512 | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | . | 1 | 1 | | | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 202 | 22 (f) Total |
| 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b 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 (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) orga | anization, |
| check this box and stop here | - Current Day | | | | | |
| Section C. Computation of Public | | | | | .= | |
| 15 Public support percentage for 2022 (| , (), | , | ()) | | 15 | % |
| 16 Public support percentage from 2021 | | | | | 16 | % |
| Section D. Computation of Inves | | | | | | |
| 17 Investment income percentage for 20 | | | | | 17 | % |
| 18 Investment income percentage from | | | | | 18 | % |
| 19a 33 1/3% support tests - 2022. If the | | | | | | |
| more than 33 1/3%, check this box at | - | - | | | | |
| b 33 1/3% support tests - 2021. If the | - | | | | | |
| line 18 is not more than 33 1/3%, che | | | - | | - | |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | his box and see ins | structions | |

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.)

Inside Out Youth Services

Section A. All Supporting Organizations

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

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

1

2

3a

Yes

No

| A (Form 990) 2022 I: | nside | Out | Youth | Services |
|----------------------|-------|-----|-------|----------|
|----------------------|-------|-----|-------|----------|

1

2

Yes No

Yes No

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 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, | | | |

| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's oncers, |
|---|--|
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |
| | organization, describe how the powers to appoint and/or remove 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. |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated |

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

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|------------|-----------|---------------|-------|-------------|
| Section C. | Týpe II S | upporting | Organ | izations |

Part IV Supporting Organizations (continued)

Schedule

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

| Section D. All Type III Supporting Organizations | i |
|--|---|
|--|---|

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section 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 ye | ear (see instructions) |
|---|--|---|
| - | Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye | <i>far (</i> eee |

- a 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 g | governmental entity. | Describe in Part VI how | vou supported a governmenta | l entitv (see instructions). |
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------|------------------------------|
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------|------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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* **Part VI.**
- **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* **Part VI** *the role played by the organization in this regard.*

2a

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust o | n Nov. 20, 1970 (<i>explain in</i> P | ar |
|-----|---|---------|--|----|
| | All other Type III non-functionally integrated supporting organizations must | complet | te Sections A through E. | |
| Sec | tion A - Adjusted Net Income | | (A) Prior Year | |
| 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 | | |

(Form 990) 2022 Inside Out Youth Services Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V rt VI). See instructions.

Schedule A (Form 990) 2022

| 3 | Other gross income (see instructions) | 3 | | |
|------|--|-------------|-------------------------------|--------------------------------|
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| 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 | | |
| Sect | tion C - Distributable Amount | | | Current Year |
| _1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| _4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrat | ted Type III supporting organ | nization (see |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

(B) Current Year (optional)

| Sche | dule A (Form 990) 2022 Inside Out You | uth Services | | 8 | 4-1407299 Page |
|------|---|-------------------------------|---------------------------------------|------|---|
| | rt V Type III Non-Functionally Integrated 509(| | nizations (continu | ued) | |
| Sect | ion D - Distributions | | (******* | , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | ; | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 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-2022 | าร | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| C | From 2019 | | | | |
| d | From 2020 | | | | |
| e | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

| | (Fauna 000) 0000 | Inside Ou | t Vouth | Corrigon | | 84-1407299 | D |
|---------|---|--|--|--|---|---|----|
| Part VI | (Form 990) 2022 Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.) | mation. Provide , 2, 3b, 3c, 4b, 4c, 4 lines 2 and 3; Part | the explanation 5a, 6, 9a, 9b, 9c IV, Section E, lin | s required by Part II, , 11a, 11b, and 11c; ies 1c, 2a, 2b, 3a, an | Part IV, Section B, lines 1 d 3b; Part V, line 1; Part V | r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa | С, |
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

| Schedule | В |
|------------|---|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

Name of the organization

| Iı | nside Out Youth Services | 84-1407299 | | | | | | |
|-----------------------------|--|----------------------|--|--|--|--|--|--|
| Organization type (check of | Organization type (check one): | | | | | | | |
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | \fbox 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 | e. 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 totaling \$5,000 or more during the year for an *exclusively* set in the set of t

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

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

Name of organization

| Inside | -1407299 | | |
|------------|--|-----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$285,876. | 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 |
| 4 | | \$300,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Page **2**

| Inside | Out | Youth | Services |
|--------|-----|-------|----------|

| (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 |
| 223453 11-15-22 | | \$ | Schedule B (Form 990) (2022) |

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Part II

84-1407299

Employer identification number

Page 3

| Name of o | rganization | | | Employer identification number |
|---------------------------|--------------------------------|--|----------------------|--|
| Inside | e Out Youth Services | | | 84-1407299 |
| Part III | | hrough (e) and the following line entrantitable, etc., contributions of \$1,000 or I | v. For organizations | hat total more than \$1,000 for the year |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held |
| | | (e) Transfer of gif | | |
| | Transferee's name, address, an | | | ansferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held |
| | Transferee's name, address, an | (e) Transfer of gif d ZIP + 4 | | ansferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held |
| | Transferee's name, address, an | (e) Transfer of gif | | ansferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held |
| | Transferee's name, address, an | (e) Transfer of gif | | ansferor to transferee |
| - | | | | |

| SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service | 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. | | | | |
|--|--|---|----------------------|--|--|
| Name of the organizat | | | Em | | |
| - | Inside Out Youth | Services | | | |
| | ations Maintaining Donor Advis on answered "Yes" on Form 990, Part IV, | ed Funds or Other Similar Fund line 6. | s or Accour | | |
| | | (a) Donor advised funds | (b) Fun | | |
| 1 Total number at e | 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 | | | | |
| | and the feature and the second s | | teres al de sue al e | | |

Open to Public Inspection

OMB No. 1545-0047

ployer identification number

| 8 | 34-1407299 | |
|-------|-----------------|--|
| unts. | Complete if the | |

| | organization answered Tes on Form 350, Fait IV, in | (a) Donor ad | visor | funds | (h | | de and | other acco | unte |
|--------|---|--------------------------------|--------|---------------------|-----------|---------------|------------|--------------|-------------|
| | Table work on the distance | | VISEC | | (0 | y r un | | | unto |
| 1 | Total number at end of year | | | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | | | |
| 4 | Aggregate value at end of year | | | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in w | | | | | | г | _ | — |
| | are the organization's property, subject to the organization's of | | | | | | L | Yes | └── No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | | | | |
| | for charitable purposes and not for the benefit of the donor of | - | | | | • | г | _ | — |
| Pa | impermissible private benefit? | | | | | · | | Yes | No |
| | | | | " on Form 990, Pa | art IV, I | ine 7. | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | iy). | - | | | | | |
| | Preservation of land for public use (for example, recreat | tion or education) | | Preservation of a | | - | - | | a |
| | Protection of natural habitat | | | Preservation of a | certifi | ed his | toric sti | ucture | |
| | Preservation of open space | | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation cor | tribu | tion in the form of | a cons | servat | | | |
| | day of the tax year. | | | | - | - | neiu ai | | he Tax Year |
| a | | | | | ····· - | 2a | | | |
| b | | | | | | 2b | | | |
| С | Number of conservation easements on a certified historic stru | | | | ····· - | 2c | | | |
| d | Number of conservation easements included in (c) acquired a | | | | | | | | |
| | | | | | - | 2d | | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, | or te | rminated by the o | rganiza | ation | during t | he tax | |
| _ | year | | | | | | | | |
| 4 | Number of states where property subject to conservation eas | | | | | | | | |
| 5 | Does the organization have a written policy regarding the per | - | pecti | on, handling of | | | Г | | <u> </u> |
| | violations, and enforcement of the conservation easements it | | | | | | | Yes | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations | s, and | d enforcing conse | rvation | ease | ments c | luring the y | /ear |
| - | American de la companya de | line of the left of the second | | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and | a ento | orcing conservatio | on ease | ement | s auring | g the year | |
| • | Deep apph concernation appearant reported on line 2(d) about | a action the requirem | ta | of costion 170/h | (4)(D)(i) | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | | | . , | | | Г | Yes | |
| • | and section 170(h)(4)(B)(ii)? | | | | | | | res | └── No |
| 9 | In Part XIII, describe how the organization reports conservation | | | • | | | | | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization | JIIS | inancial statemen | its that | desc | nbes tri | e | |
| Pa | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art. Historical | [rea | sures, or Oth | er Sir | nilaı | Asse | ts. | |
| | Complete if the organization answered "Yes" on Form | | | | ••••• | | , | | |
| 10 | If the organization elected, as permitted under FASB ASC 956 | | rovo | nuo statomont an | d balar | | | ke | |
| Ia | of art, historical treasures, or other similar assets held for pub | · · | | | | | | N0 | |
| | · · · · · · · · · · · · · · · · · · · | | | | | e oi k | ublic | | |
| L | service, provide in Part XIII the text of the footnote to its finan | | | | | haat | | £ | |
| b | If the organization elected, as permitted under FASB ASC 956 | | | | | | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, educatio | i, or | research in iurthe | rance | or put | nic serv | ice, | |
| | provide the following amounts relating to these items: | | | | | | • | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | ۶ <u> </u> | | |
| ~ | | auroa ar athar aimil | | | | | 6 | | |
| 2 | If the organization received or held works of art, historical treat the following amounts required to be reported under FASP A | | | | jain, pr | ovide | | | |
| _ | the following amounts required to be reported under FASB A | - | | | | | • | | |
| a L | Revenue included on Form 990, Part VIII, line 1 | | | | | | | | |
| b | Assets included in Form 990, Part X | | | | | (| 6 | | |

| Sche | | Out Youth | | | | 84-14 | | |
|------|---|--|-------------------------|-------------------------|---------------------------|---------------|-----------------|------------|
| Par | t III Organizations Maintaining C | Collections of Ar | t, Historical Tr | easures, or Othe | er Simila | r Assets | (continu | ued) |
| 3 | Using the organization's acquisition, access | ion, and other record | s, check any of the | following that make | significant ι | use of its | | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | c | 🗴 📃 Loan or ex | change program | | | | |
| b | Scholarly research | e | • Other | | | | | |
| с | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | n how they further t | the organization's exe | mpt purpo | se in Part | XIII. | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, historical trea | asures, or other simila | r assets | | | |
| | to be sold to raise funds rather than to be m | | | | | | Yes | No No |
| Par | t IV Escrow and Custodial Arran | | ete if the organizati | on answered "Yes" of | n Form 990 |), Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Pa | art X, line 21. | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | liary for contribution | ns or other assets not | included | | _ | |
| | on Form 990, Part X? | | | | | | Yes | 🗌 No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table: | | | | | |
| | | | | | | | Amount | |
| с | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| е | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | _ | |
| 2a | Did the organization include an amount on F | Form 990, Part X, line | 21, for escrow or c | custodial account liab | ility? | L | Yes | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | |
| Par | t V Endowment Funds. Complete | | nswered "Yes" on F | orm 990, Part IV, line | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three y | /ears back | (e) Four | years back |
| 1a | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balanc | e (line 1g, column (a | a)) held as: | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | |
| b | Permanent endowment | % | | | | | | |
| с | Term endowment | _% | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiza | ation that are held a | and administered for t | he | | _ | |
| | organization by: | | | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organization | ations listed as requir | red on Schedule R? |) | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | | |
| Par | t VI Land, Buildings, and Equipm | nent. | | | | | | |
| | Complete if the organization answere | ed "Yes" on Form 990 |), Part IV, line 11a. | See Form 990, Part X | , line 10. | | | |
| | Description of property | (a) Cost or o basis (investr | | | Accumulate epreciation | | (d) Book | value |
| 1a | Land | | | | | | | |
| | Buildings | | | | | | | |
| | Leasehold improvements | 1, | 880. | | 1,8 | 80. | | 0. |
| | Equipment | | 844. | | 32,0 | 92. | 3 | ,752. |
| | Other | | | | | | | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, column (B), line | 10c.) | | | 3 | ,752. |

Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022 Inside Out | Youth Services | 3 | 34-1407299 Page |
|---|------------------------------|-------------------------------------|---------------------------------------|
| Part VII Investments - Other Securities. | 104011 20111002 | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| 1) Financial derivatives | | | |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) (E) | | | |
| (E) (F) | | | |
| (G) | | | |
| (H) | | | |
| iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | · | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | I1c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. | <u> </u> | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line 1 | 11d See Form 990 Part X line 15 | |
| - | Description | | (b) Book value |
| (1) | | | |
| | | | |
| (2) | | | |
| (2) | | | |
| (3) | | | |
| | | | |
| (3) (4) | | | |
| (3) (4) (5) | | | |
| (3) (4) (5) (6) | | | |
| (3) (4) (5) (6) (7) | | | |
| (3) (4) (5) (6) (7) (8) (9) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line | → 15.) | | · · · · · · · · · · · · · · · · · · · |
| (3) (4) (5) (6) (7) (8) (9) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | | | |
| (3) (4) (5) (6) (7) (8) (9) (9) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" | | | |
| (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability | | | 25. (b) Book value |
| (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) | | | |
| (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" L (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | | | |

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2022

| enses | 34,256. |
|-------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

34,256.

| Pa | rt XI Reconciliation of Revenue per Audited Financial | Statements with h | nevenue per ne | turn. | |
|---|---|---|---|--------------|--|
| | Complete if the organization answered "Yes" on Form 990, Part I | IV, line 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 3 | | 1 | 2,297,074. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -17,268. | | |
| b | Donated services and use of facilities | 2b | 34,506. | | |
| с | | | | | |
| d | | | 34,256. | | |
| е | Add lines 2a through 2d | | | 2e | <u>51,494.</u> 2,245,580. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,245,580. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 412. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 412. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line | e 12) | | 5 | 2,245,992. |
| | | | | - | |
| Ра | rt XII Reconciliation of Expenses per Audited Financial | Statements With | Expenses per R | Retur | n. |
| Ра | rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I | Statements With | Expenses per R | letur | n. |
| Ра 1 | | V, line 12a. | Expenses per R | letur | n. 1,407,401. |
| | Complete if the organization answered "Yes" on Form 990, Part I | V, line 12a. | Expenses per R | 1 | n. |
| 1 | Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | V, line 12a. | Expenses per R 34,506. | 1 | n. |
| 1 2 | Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | Statements With IV, line 12a. 2a | Expenses per R | 1 | n. |
| 1 2 a | Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | Statements With IV, line 12a. 2a 2b | Expenses per R 34,506. 12,628. | 1 | n. |
| 1 2 a b | Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | Statements With IV, line 12a. 2a 2b 2c | Expenses per R 34,506. | 1 | n. |
| 1 2 b c | Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses | Statements With IV, line 12a. 2a 2b 2c 2d | Expenses per R 34,506. 12,628. 34,256. | 1 | n. <u>1,407,401.</u> 81,390. |
| 1 2 b c d | Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | Statements With IV, line 12a. 2a 2b 2c 2d | Expenses per R 34,506. 12,628. 34,256. | 1 | n. |
| 1 2 b c d e | Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | Statements With IV, line 12a. 2a 2b 2c 2d | Expenses per R 34,506. 12,628. 34,256. | 1 2e | n. <u>1,407,401.</u> 81,390. |
| 1 2 b c d e 3 | Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | Statements With IV, line 12a. 2a 2b 2c 2d | Expenses per R 34,506. 12,628. 34,256. | 1 2e | n. <u>1,407,401.</u> 81,390. |
| 1 2 b c d 8 3 4 | Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 | Statements With IV, line 12a. 2a 2b 2c 2d | Expenses per R 34,506. 12,628. 34,256. | 1 2e | n. <u>1,407,401.</u> 81,390. |
| 1 2 d c d e 3 4 a b | Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 | Statements With IV, line 12a. 2a 2b 2c 2d 4a 4b | Expenses per R 34,506. 12,628. 34,256. 412. | 1 2e | n. <u>1,407,401.</u> <u>81,390.</u> <u>1,326,011.</u> 412. |
| 1 2 a b c d e 3 4 a b c 5 | Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) | Statements With IV, line 12a. 2a 2b 2c 2d 4a 4b | Expenses per R 34,506. 12,628. 34,256. 412. | 1 2e 3 | n. <u>1,407,401.</u> <u>81,390.</u> 1,326,011. |

Inside Out Youth Services

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 2d - Other Adjustments:

Fundraising Expenses

Schedule D (Form 990) 2022

Part XII, Line 2d - Other Adjustments:

Fundraising Expenses

| SCHEDULE G | Suppleme | ntal Information Regarding | Func | Iraisi | ing or Gaming A | ctiv | ities | OMB No. 1545-0047 |
|---|---------------------|---|---------|---------------------|--------------------------------------|--------|------------------------------|------------------------|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1! | | | | r 19, | or if the | 2022 |
| Department of the Treasury | | Attach to Form 990 c | or Forr | n 990 | -EZ. | | | Open to Public |
| Internal Revenue Service | | o www.irs.gov/Form990 for instruc | ctions | and t | ne latest information | n. | | Inspection |
| Name of the organization | | | | | | | | dentification number |
| Dout L Fundraia | | Out Youth Services | | | | | 84-140 | |
| | complete this part | Complete if the organization answe t. | red "Y | 'es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990- | EZ filers are not |
| | - | ed funds through any of the followin | - | | | | | |
| a Mail solicitat | | | | • | overnment grants | | | |
| | email solicitations | | | | nment grants | | | |
| c Phone solici | | g X Special | Tunara | aising | events | | | |
| | | or oral agreement with any individual | (incluc | ling of | ficers, directors, trus | tees, | or | |
| key employees list | ed in Form 990, Pa | art VII) or entity in connection with p | rofessi | onal fi | undraising services? | | Y | 'es 🗌 No |
| | • | viduals or entities (fundraisers) pursu | ant to | agreei | ments under which th | ne fui | ndraiser is to | be |
| compensated at le | east \$5,000 by the | organization. | | | | | | |
| | | | (iii) | Did | | | Amount paid | |
| (i) Name and addres or entity (fund | | (ii) Activity | have c | | (iv) Gross receipts from activity | | or retained by fundraiser | y) to (or retained by) |
| or entity (lune | | | contrib | ntrol of utions? | non activity | | ted in col. (i) | organization |
| | | | Yes | No | - | | | |
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| Total | | | | | | | | |
| 3 List all states in whi or licensing. | ich the organizatio | n is registered or licensed to solicit o | ontrib | utions | or has been notified | it is | exempt from | registration |
| | | | | | | | | |
| | | | | | | | | |

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

Schedule G (Form 990) 2022

Inside Out Youth Services

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

| | | | (a) Event #1 Gayla | (b) Event #2 IndyGive | (c) Other events | (d) Total events (add col. (a) through |
|----------|------------------|---|---|--|------------------|---|
| <u>p</u> | | | (event type) | (event type) | (total number) | - col. (c)) |
| | 1 | Gross receipts | 145,233. | 26,397. | 4,970. | 176,600 |
| | 2 | Less: Contributions | 145,233. | | 4,000. | 149,233 |
| | 3 | Gross income (line 1 minus line 2) | | 26,397. | 970. | 27,367 |
| | 4 | Cash prizes | 15,463. | | | 15,463 |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 3,764. | | | 3,764 |
| | 7 | Food and beverages | | | | |
| ןב | 8 | Entertainment | | | F 0.01 | 15 000 |
| | 9 | Other direct expenses | | | 5,921. | |
| | 10 11 | Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from | • | | | <u>34,256</u> -6,889 |
| _ | | | | | | |
| | 1 | \$15,000 on Form 990-EZ, line 6a. | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | |
| T | 1 | Gross revenue | | | (c) Other gaming | |
| T | 1 2 3 | Gross revenue | | | (c) Other gaming | |
| T | | Gross revenue | · | | (c) Other gaming | |
| | 3 4 | Gross revenue Cash prizes Noncash prizes | · · · · · · · · · · · · · · · · · · · | | (c) Other gaming | |
| | 3 4 5 | Gross revenue Cash prizes Noncash prizes Rent/facility costs | Yes % | bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c |
| | 3 4 5 6 | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses | Yes % | bingo/progressive bingo | % | |
| | 3 4 5 6 | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | | bingo/progressive bingo | Yes % | |

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

| 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | No |
|--|------------|
| | |
| - Is the organization a granter, beneficiary or a doce of a doc, or a member of a participality of other chury formed | |
| to administer charitable gaming? | No No |
| 13 Indicate the percentage of gaming activity conducted in: | |
| a The organization's facility13a | % |
| b An outside facility 13b | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | |
| Name | |
| Address | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | No No |
| b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | |
| of gaming revenue retained by the third party \$ | |
| c If "Yes," enter name and address of the third party: | |
| Name | |
| | |
| Address | |
| | |
| 16 Gaming manager information: | |
| Name | |
| Gaming manager compensation \$ | |
| | |
| Description of services provided | |
| | |
| | |
| Director/officer Employee Independent contractor | |
| 17 Mandatory distributions: | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| retain the state gaming license? | 🗌 No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | |
| organization's own exempt activities during the tax year \$ | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | , 9b, 10b, |
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| I altiv | Supplemental information (col | ntinued) | |
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SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 84 - 1407299

Form 990, Part VI, Section A, line 2:

Geri Johnson (At Large Board Member) and Kathy Edwards (Board Chair) are

Inside Out Youth Services

married.

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

The Board and Executive Director review the 990 prior to filing. Specific

attention is given to the review by the President and Executive Director.

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

Policies are regularly monitored by and enforced by the Executive Director.

Any deficiencies or concerns are taken to the Board for review and Board

thereafter addresses the policies and makes any necessary changes.

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

The board of directors reviews and approves the salary rate for the

Executive Director.

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

Documents required to be available for public inspection are available at

the organization office upon request

Form 990, Part IX, Line 11g, Other Fees:

Contracted Services:

Program service expenses

Management and general expenses

Fundraising expenses

3,074.

28,566.

130.

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