			** PUBLIC DISCLOSURE Short Form	CO	PY *	*			OMB No. 1545-1150
Forn	<b>.9</b>	90-E2	Return of Organization Exemp	t Fi	rom	Income	e Ta	ax	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Reve						" <b>2017</b>
			Do not enter social security numbers on this for	orm as	s it may	be made pu	blic.		Open to Public
		of the Treasury venue Service	► Go to www.irs.gov/Form990EZ for instruction	s and	the late	st informati	on.		Inspection
A	or th	e 2017 calen	dar year, or tax year beginning		and end	ling			
Bc	heck if	f C	Name of organization				D Emp	oloyer i	dentification number
		ress change							
	Nam		FAMILY AND YOUTH INITIATIVE, INC.						828204
		literun	umber and street (or P.O. box, if mail is not delivered to street address)			Room/suite		•	
		inated	515 M STREET, SE			217			) 863-0975
	Ame	nacarctan	ity or town, state or province, country, and ZIP or foreign postal code					up Exer	•
		sation ponuting	WASHINGTON, DC 20003					nber 🕨	
		nting Method							if the organization is
			W.DCFYI.ORG (check only one) $ X$ 501(c)(3) 501(c) ( ) $\blacktriangleleft$ (insert no.)	40	)/7/a)/1)	or 507		•	d to attach Schedule B
-				4: Other	947(a)(1)	or 527	(F0	nn 990,	, 990-EZ, or 990-PF).
		•	d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o		or if tota	lassets (Part			
			are \$500,000 or more, file Form 990 instead of Form 990-EZ					▶ \$	123,878.
	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund	l Bal	ances	(see the instru	uctions		
		Check if t	he organization used Schedule O to respond to any question in this Part I						X
	1		ns, gifts, grants, and similar amounts received					1	108,102.
	2		rvice revenue including government fees and contracts					2	
	3	Membershi	p dues and assessments					3	
	4	Investment	income	E S	CHED	ULE O		4	56.
	5a		Int from sale of assets other than inventory						
	b		or other basis and sales expenses	5b					
	C		s) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c	
	6	-	I fundraising events						
Revenue		\$15,000)	ne from gaming (attach Schedule G if greater than	6a					
leve	b	Gross incor	ne from fundraising events (not including \$ 43 , 250 .	of co	ntribution	s			
ш		from fundra	ising events reported on line 1) (attach Schedule G if the sum of such						
			ne and contributions exceeds \$15,000)	6b		15,7			
			expenses from gaming and fundraising events	6c		9,9			F 010
			or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	1	ne 6c)			6d	5,818.
			of inventory, less returns and allowances	7a					
	b		of goods sold or (loss) from sales of inventory (Subtract line 7b from line 7a)	7b				70	
	с 8							7c 8	
	9		ue (describe in Schedule O) ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	113,976.
	10		similar amounts paid (list in Schedule O)					10	
	11		d to or for members					11	
ş	12	Salaries, oth	ner compensation, and employee benefits					12	99,911.
nse	13		I fees and other payments to independent contractors					13	5,279.
Expenses	14	Occupancy,	rent, utilities, and maintenance					14	23,040.
ш	15	Printing, pu	blications, postage, and shipping					15	3,303.
	16		ises (describe in Schedule O) SE	ES	CHED	ULE O		16	34,532.
	17	I	nses. Add lines 10 through 16					17	166,065.
ţ	18		deficit) for the year (Subtract line 17 from line 9)					18	-52,089.
Net Assets	19		or fund balances at beginning of year (from line 27, column (A))						165 707
эt А	0.0		e with end-of-year figure reported on prior year's return)					19	<u>165,797.</u> 0.
ž	20 21		yes in net assets or fund balances (explain in Schedule O)				•	20 21	113,708.
			Reduction Act Notice, see the separate instructions.					21	Form <b>990-EZ</b> (2017)

Form 990-EZ (2017) FAMILY AND YOUTH INITIATI	VE, INC.		38-382	8204	Page <b>2</b>
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to resp	ond to any questior	n in this Part II			X
		A) Beginning of year		( <b>B)</b> End c	
22 Cash, savings, and investments		157,041	• 22	10	9,115.
23 Land and buildings		•	23		•
24         Other assets (describe in Schedule 0)         SEE         SCHEDULE         O		9,343			5,493.
		166,384			4,608.
		587			900.
		165,797		11	3,708.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			• 27		-
Part III Statement of Program Service Accomplishmer	<b>`</b>	,		Expen ired for s	
Check if the organization used Schedule O to resp	ond to any question	n in this Part III			501(c)(4)
What is the organization's primary exempt purpose? <b>SEE SCHEDULE O</b>			organ	izations;	optional for
Describe the organization's program service accomplishments for each of its three largest program s		es. In a clear and concise	others	5.)	
manner, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title.				
28 SEE SCHEDULE O			_		
(Grants \$ 0 • ) If this amount includes foreign g	rants, check here		<b>28a</b>	12	26,045.
29	· ·	· · ·			
			-		
			-		
	rants, check here	<b>-</b>	29a		
30		·····			
50			-		
			-		
		<b>`</b>			
(Grants \$ ) If this amount includes foreign g			<u> </u>		
31 Other program services (describe in Schedule O)					
(Grants \$ ) If this amount includes foreign g	rants, check here		<u> </u>	1 0	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E			🕨 32		26,045.
Dart IV   List of ()thicars I)iractors Irustees and Kev H					
			see the instruct	ions for Pa	art IV)
Check if the organization used Schedule O to resp	ond to any question			<u></u>	
	oond to any question (b) Average hours	n in this Part IV (c) Reportable	(d) Health ben	efits, (e	e) Estimated
	<b>(b)</b> Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ben contributions employee ben	efits, (e to lefit am	e) Estimated nount of other
Check if the organization used Schedule O to resp (a) Name and title	oond to any question (b) Average hours	n in this Part IV (C) Reportable compensation (Forms	(d) Health ben contributions	efits, (e to lefit am	e) Estimated
Check if the organization used Schedule O to resp (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ben contributions employee ber plans, and defe compensatio	efits, to lefit erred on	e) Estimated nount of other ompensation
Check if the organization used Schedule O to resp (a) Name and title LISA AGUIRRE DIRECTOR AND TREASURER	<b>(b)</b> Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ben contributions employee ber plans, and defe compensatio	efits, (e to lefit am	e) Estimated nount of other
Check if the organization used Schedule O to resp (a) Name and title	(b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ben contributions employee ber plans, and defe compensatio	efits, to lefit erred on	e) Estimated nount of other ompensation
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Check if the organization used Schedule O to resp (a) Name and title LISA AGUIRRE DIRECTOR AND TREASURER SARAH BUCKBEE	bond to any question (b) Average hours per week devoted to position 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health ben contributions employee ber plans, and defe compensatio	efits, to lefit erred on 0.	e) Estimated rount of other propensation
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Pa	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
			Yes	_
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			v
97.0	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a 0</b> . Did the organization file <b>Form 1120-POL</b> for this year?	37b		x
	Did the organization her <b>Form Fize-Fol</b> for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made	370		- 23
00 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>138b N/A</b>			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	i I		
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958			
h	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
u				
e	by the organization $\blacktriangleright$ U • All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ŭ	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed <b>NONE</b>		<u> </u>	<u> </u>
	The organization's books are in care of ► SUSAN PUNNETT Telephone no. ► (202)	863	-09	75
	Located at ▶ 515 M STREET, SE, SUITE 217, WASHINGTON, DC ZIP+4 ▶ 2	000	3	
b	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		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
-	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40-		x
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here			
70		N/A		
		I	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
45	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
U	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," Form 990 and Schedule B may need to be completed instead of Form 990-FZ (see instructions)	45b		

FAMILY AND YOUTH INITIATIVE, INC.

Form 990-EZ (2017)
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38-3828204 Page 3

3

732173 11-22-17

Form 990-EZ (2017)

Form 990-EZ (	(2017) FAMILY AND YOUT	H INITIATI	VE, INC.	•		38-3	8282	04	Page 4
							_	Y	es No
	organization engage, directly or indirectly, in po								
	complete Schedule C, Part I							46	X
	Section 501(c)(3) organizations	-	101 1 50						
	All section 501(c)(3) organizations must a								
	Check if the organization used Schedule	O to respond to any	question in this	S Part VI					es No
47 Did the o	organization engage in lobbying activities or hav	ve a section 501(h) elect	tion in effect durin	ng the tax year?	f "Yes " complete	Sch C	Part II	47	X
	ganization a school as described in section 170							48	X
	organization make any transfers to an exempt n							9a	X
	was the related organization a section 527 orga							9b	
50 Complete	e this table for the organization's five highest co	ompensated employees	(other than office	ers, directors, tru	stees, and key e	mployee	s) who eac	h recei	ved more
than \$10	00,000 of compensation from the organization.	If there is none, enter "N	lone."						
	(a) Name and title of each employee		(b) Average		(C) Reportable npensation (Forms		th benefits, utions to		stimated
			per week dev positio		V-2/1099-MISC)	plans, ar	ee benefit id deferred		it of other ensation
	NON	IE	positio	···		compe	ensation	comp	onsation
	mber of other employees paid over \$100,000 e this table for the organization's five highest co	ompensated independer		A second received in the second se	more than \$100	000 of c	omneneati	on from	the
	tion. If there is none, enter "None." NON			U GAGII I GUGIVGU I	ποτε παπ φτου,		Jinpensau		
	Name and business address of each independe	-		( <b>b</b> ) Type	e of service		(c) Co	mpens	ation
	·			.,					
d Total nur	mber of other independent contractors each red	ceiving over \$100,000			•				
	organization complete Schedule A? Note: All se								
	ed Schedule A						. <b>•</b> X	Yes	No No
	es of perjury, I declare that I have examined this					st of my	knowledge	e and b	elief, it is
true, correct, a	and complete. Declaration of preparer (other tha	an officer) is based on a	ll information of w	vhich preparer h	as any knowledg	e.			
						Dete			
Sign	Signature of officer					Date			
Here	SUSAN PUNNETT, PRES	SIDENT							
		Droporar's signature		Data	Check	if ↓ī			
	Print/Type preparer's name	Preparer's signature		Date	self- emplo		PTIN		
Paid	JENNIFER S. HAN			09/17/1		,00	P006	2221	14
Preparer	Firm's name HAN GROUP LL				Firm's EIN		1000		
Use Only	Firm's address ► 1020 19TH S		SUITE 8	300	Phone no.		(2) 2	93-'	7000
	WASHINGTON,					120			
May the IRS di	iscuss this return with the preparer shown above						X	Yes	No
, u							-		-EZ (2017)
							10		(

732174 11-22-17

SCHEDULE A	
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Department of the Treasury

# 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.

OMB No. 1545-0047
2017
Open to Public Inspection

Internal Revenue Service				► Go to www.irs.go	v/Form990 for instruction	ons and tl	he latest i	nformation.			Inspection
Nan	e of t	the organizati			TH INITIATIV	т F TN	'n				ntification number 3828204
Pa	rt I	Reason			All organizations must co			oinstruction		0	3020204
						-			5.		
	organ				(For lines 1 through 12, c						
1	$\square$				on of churches described			I)(A)(I).			
2	$\square$				(Attach Schedule E (Forn						
3	$\square$				anization described in <b>se</b>						1
4			÷	ation operated in co	onjunction with a hospital	aescribed	a in sectio	n 170(d)(1)(#	(III). Enter	τne	nospitars name,
_		city, and stat				-				a al l	
5		-	-		ollege or university owned	a or opera	ted by a g	overnmental	unit describ	ea	IN
~				Complete Part II.)	an a state to see the state of a state of the		70/1-1/41/41	4.5			
6					mental unit described in s						the state sufficient in
7	Δ				antial part of its support f	rom a gov	ernmentai	unit or from	the general	puc	Dic described in
•				complete Part II.)							
8	$\square$				(1)(A)(vi). (Complete Par				1	11	
9		-	-	-	d in section 170(b)(1)(A)(		-		-		-
			or a non-land-(	grant college of agric	culture (see instructions).	Enter the	name, city	/, and state c	or the colleg	e or	
10		university:			then 00 1/00/ of its over				alaia faca a		
10					e than 33 1/3% of its sup						
					ect to certain exceptions,						-
				mplete Part III.)	e (less section 511 tax) fr		sses acqu	lifed by the o	ryanization	ane	er Julie 30, 1975.
11				,	sively to test for public sa	foty Soo	saction 50	)Q(a)(4)			
12	$\square$	0	0	•	sively for the benefit of, to	•			arry out the		rposes of one or
12		-	-	-	ed in <b>section 509(a)(1)</b> o				-		
					of supporting organizatio					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
а			-		supervised, or controlled		-		-	, aiv	ina
				-	egularly appoint or elect a	•				-	-
			-	complete Part IV, S		a majority -				- app	, or thing
b		7 7		-	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	vinc	r
	-				anization vested in the s			-		-	
			-	t complete Part IV,					5 1		
с		7 7		-	ng organization operated	in connec	tion with. a	and functiona	ally integrate	ed v	vith.
			-		s). You must complete I				, ,		,
d		-			oorting organization oper				orted organi	zatio	on(s)
					zation generally must sat				· ·		
			•		mplete Part IV, Sections	-		-			
е		-			written determination fro				e II, Type III		
		functionally	/ integrated, o	r Type III non-functio	onally integrated support	ing organi:	zation.				
f	Ente	er the number	of supported of	organizations							
g	Prov	vide the follow	ing information	n about the support	ed organization(s).						
	(	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed	(v) Amount c	,		vi) Amount of other
		organizatior	ו		above (see instructions))	Yes	No	support (see i	nstructions)	sup	port (see instructions)
Tota	1										
1010											

Schedule A (Form 990 or 990-EZ) 2017 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 5

## Schedule A (Form 990 or 990 EZ) 2017 FAMILY AND YOUTH INITIATIVE, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	60,467.	49,470.	104,160.	130,381.	108,102.	452,580.	
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 $\dots$							
4	Total. Add lines 1 through 3	60,467.	49,470.	104,160.	130,381.	108,102.	452,580.	
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)						56,864. 395,716.	
	Public support. Subtract line 5 from line 4.						395,716.	
-	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a)2013 60,467.	(b) 2014 49,470.	(c) 2015 104,160.	(d) 2016 130,381.	(e)2017 108,102.	(f) Total 452,580.	
	Amounts from line 4	00,40/.	49,470.	104,100.	130,301.	100,102.	452,500.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	19.	38.	50.	53.	56.	216.	
_	and income from similar sources	19.	50.	50.	55.	.00	210.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						452,796.	
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	oto (oco instructiv				12	452,750.	
12	First five years. If the Form 990 is for	•	,	d fourth or fifth to				
13	organization, check this box and stop	-			-			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	<u></u>				
-	Public support percentage for 2017 (I			column (f))		14	87.39 %	
	Public support percentage from 2016		-			15	54.00 %	
	<b>33 1/3% support test - 2017.</b> If the c							
	stop here. The organization qualifies							
b	<b>33 1/3% support test - 2016.</b> If the c							
	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"				-	-		
b	10% -facts-and-circumstances tes	-	-	• • • •				
	more, and if the organization meets th							
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s 🕨 🗌	
	Schedule A (Form 990 or 990-EZ) 2017							

732022 10-06-17

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## Schedule A (Form 990 or 990 EZ) 2017 FAMILY AND YOUTH INITIATIVE, INC. 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	7 (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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5			1	1		
	Amounts included on lines 1, 2, and			+			
10	3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received			+	+		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
<u>3</u>	Public support. (Subtract line 7c from line 6.)						
		( ) 0010	(1) 001 (	( ) 0015	( 1) 0010	() 004-	
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	7 (f) Total
	Amounts from line 6						
0a	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						
1	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
2	Other income. Do not include gain			1			
	or loss from the sale of capital						
2	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	l a firat accord thi	I rd fourth or fifth t		1 = 501(a)(2) = a	rappization
•	check this box and stop here	the organization			-		
	ction C. Computation of Publi	c Support Pe					
	Public support percentage for 2017 (li			column (f))		15	0/
-							%
6	Public support percentage from 2016 ction D. Computation of Invest					16	%
	•					1 4 -	0/
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
9a	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
0	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
202	23 10-06-17			_	Sch	edule A (Fori	m 990 or 990-EZ) 2017
				./			
	)918 140308 FYI			, FAMILY AN			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990-EZ) 2017 FAMILY AND YOUTH INITIATIVE, INC. 38-3828204 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9	90 or 99	90-EZ)	2017

2017.03030 FAMILY AND YOUTH INITIATIVE FYI\_\_\_\_1

9

## Schedule A (Form 990 or 990-EZ) 2017 FAMILY AND YOUTH INITIATIVE, INC.

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

ection	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ne	et short-term capital gain	1		
<b>2</b> Re	ecoveries of prior-year distributions	2		
<b>3</b> Ot	ther gross income (see instructions)	3		
<b>4</b> Ac	dd lines 1 through 3	4		
5 De	epreciation and depletion	5		
6 Pc	ortion of operating expenses paid or incurred for production or			
со	ollection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
<b>7</b> Ot	ther expenses (see instructions)	7		
8 Ac	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ag	ggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	verage monthly value of securities	1a		
<b>b</b> Av	verage monthly cash balances	1b		
<b>c</b> Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	iscount claimed for blockage or other			
fac	ctors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Ac	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> Su	ubtract line 2 from line 1d	3		
<b>4</b> Ca	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	ee instructions)	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> Mu	ultiply line 5 by .035	6		
<b>7</b> Re	ecoveries of prior-year distributions	7		
8 Mi	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
<b>1</b> Ac	djusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> En	nter 85% of line 1	2		
<b>3</b> Mi	inimum asset amount for prior year (from Section B, line 8, Column A)	3		
<b>4</b> En	nter greater of line 2 or line 3	4		
5 Inc	come tax imposed in prior year	5		
6 Di	istributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

## Schedule A (Form 990 or 990-EZ) 2017 FAMILY AND YOUTH INITIATIVE, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>    i</u>	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

09540918 140308 FYI

	Supplemental	Z) 2017 FAMIL						172 or 17h	-3828204	1.0
	Part IV. Section A.	lines 1, 2, 3b, 3c, 4	b. 4c. 5a. 6	. 9a. 9b. 9c. 1	1a. 11b. and <sup>-</sup>	11c: Part	IV. Section	B. lines 1 and	<ol><li>Part IV. Section</li></ol>	on C
	line 1; Part IV, Sect	tion D, lines 2 and 3	3; Part IV, Se	ection E, lines	s 1c, 2a, 2b, 3a	a, and 3b	; Part V, line	1; Part V, Sec	tion B, line 1e; P	Part V
	Section D, lines 5, 6	6, and 8; and Part	V, Section E	, lines 2, 5, a	nd 6. Also com	plete this	s part for an	y additional in	formation.	
	(See instructions.)									
028 10-06-1	7				4.0			Schedule A (F	orm 990 or 990	-EZ
		_			12					
0918	140308 FY	I	2017	/.03030	FAMILY	AND	YOUTH	INITIA	<b>FIVE FYI</b>	

Schedule B

## \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

Employer identification number

(Form 990, 990-EZ, or 990-PF)	
Department of the Treasury Internal Revenue Service	
Name of the organization	

	FAMILY	AND	YOUTH	INITIATIVE,	INC.	38-3828204					
Organization type (check one):											
Filers of:	Section	1:									

Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

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 or 990-EZ), 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, II, and III.

L 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  $\dots$  ......

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

09

Employer identification number

38-3828204

FAMILY AND YOUTH INITIATIVE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01-17	14	Schedule B (Form	990,990-EZ,or990-PF)(2017)
540918 14	40308 FYI 2017.03030 FAM	ILY AND YOUTH INITI	

Employer identification number

38 - 3828204

## FAMILY AND YOUTH INITIATIVE, INC.

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

(b) scription of noncash property given (b) scription of noncash property given (b) scription of noncash property given	\$	- (d) Date received (d) Date received
(b) cription of noncash property given (b) cription of noncash property given	FMV (or estimate) (See instructions.)         (See instructions.)         \$	Cate received (d) Date received
cription of noncash property given	(c) FMV (or estimate) (See instructions.) (c) (c) FMV (or estimate)	Date received
cription of noncash property given	FMV (or estimate) (See instructions.) \$	Date received
	(c) FMV (or estimate)	
	FMV (or estimate)	
	\$	
(b) cription of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	-
(b) cription of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   \$	m 000 000 EZ 000 DE
	(b) scription of noncash property given	(b) (c) FMV (or estimate)

Page 3

	AND YOUTH INITIATIVE,	+ LINC • tributions to organizations described in	<u>38 - 3828204</u> 1 section 501(c)(7), (8), or (10) that total more than \$1,000				
art III	the year from any one contributor. Complete	columns (a) through (e) and the following	ng line entry. For organizations				
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition		ss for the year. (Enter this info. once.)				
a) No. from Part I -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- art r 							
		(e) Transfer of gift					
-	Transferee's name, address, a		Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- 							
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	f gift Relationship of transferor to transferee				
-							

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ental Information Regardir e organization answered "Yes" o organization entered more than s Attach to Form 9 Go to www.irs.gov/Form990	on Form \$15,000 90 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.		or if the	OMB No. 1545-0047
Name of the organization	FAMILY	AND YOUTH INITIAT					Employer ide 38-3828	ntification number
		. Complete if the organization ans						
<ul> <li>Indicate whether the</li> <li>a Mail solicitation</li> <li>b Internet and e</li> <li>c Phone solicitation</li> <li>d In-person solid</li> <li>2 a Did the organization</li> <li>key employees lister</li> </ul>	organization rais ons mail solicitations ations citations have a written o d in Form 990, P nighest paid indiv	sed funds through any of the follow e Solici s f Solici g Spec or oral agreement with any individu vart VII) or entity in connection with viduals or entities (fundraisers) put	tation of tation of ial fundra ual (incluent profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees,	Yes	
(i) Name and address or entity (fundr		(ii) Activity	(iii) fundi have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (or fi	mount paid retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whic or licensing.	h the organizatio	on is registered or licensed to solic	it contrib	oution	s or has been notified	d it is e	exempt from r	egistration
LHA For Paperwork Red	duction Act Not	ice, see the Instructions for For	m 990 or	990-	EZ. 8	Sched	ule G (Form 9	990 or 990-EZ) 2017

732081 09-13-17

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 ESTABLISHING ROOTS	(b) Event #2 RAFFLE	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
	1	Gross receipts	53,635.	5,335.		58,970
:	2	Less: Contributions	43,250.			43,250
;	3	Gross income (line 1 minus line 2)	10,385.	5,335.		15,720
4	4	Cash prizes				
4	5	Noncash prizes		6,058.		6,058
	6	Rent/facility costs	1,765.			1,765
	7	Food and beverages	1,012.			1,012
		Entertainment				1,065
		Other direct expenses Direct expense summary. Add lines 4 throug			•	9,902
1.1		Net income summary. Subtract line 10 from				5,818
ar	t II	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	· · · ·
-		\$15,000 on Form 990-EZ, line 6a.				
Г		······································	(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ac
		••••	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
		••••	(a) Bingo		(c) Other gaming	
	1	Gross revenue			(c) Other gaming	
					(c) Other gaming	
	2	Gross revenue			(c) Other gaming	
	2 3	Gross revenue			(c) Other gaming	
	2 3 4	Gross revenue Cash prizes Noncash prizes		bingo/progressive bingo		
	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
;	2 3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	bingo/progressive bingo	Yes% No	
	2 3 4 5 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	yh 5 in column (d)	bingo/progressive bingo	Yes% No	
	2 3 4 5 6 7 8	Gross revenue	The formula of the fo	bingo/progressive bingo	Yes% No	col. (a) through col. (
	2 3 4 5 6 7 8 Ente	Gross revenue	yes% No yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (
	2 3 4 5 6 7 8 Ente s th f "N	Gross revenue	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities:activities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 FAMILY AND YOUTH INITIATIVE, INC. 38-3	8282	04 Page 3
11	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	<b>Y</b>	es 🗌 No
	to administer charitable gaming?	<b>Y</b>	es 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
	· · · ·	13a	%
	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?	Y	es 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<b>Y</b>	es 🗌 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 <b>&gt;</b> \$		
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9, 9	b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
7320	33 09-13-17 Schedule G (Form	1 990 or	990-EZ) 2017
	19		

Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	FAMILY AN	D YOUTH	INITIATIV	/E, INC.	38-3828204 Page 4
Part IV Supplemental Info	rmation (continued	d)			
					Schedule G (Form 990 or 990-EZ
732084 04-01-17			20		
540918 140308 FYI	20	017.0303	0 FAMILY	AND YOUTH	INITIATIVE FYI1

09

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service			0-EZ or to pro ► Attach to Fo	wide any addition rm 990 or 990-E2 990 for the lates	nal information Z.				en to P pection	
Name of the organization			-	IATIVE, 1				eridentific 38282(	ation	
FORM 990-EZ,	PART I, I	JINE 4, (	OTHER IN	VESTMENT	INCOME:					
DESCRIPTION	OF PROPERT	Y:						AMO	DUNT	C:
INVESTMENT I	NCOME									56.
FORM 990-EZ,	PART I, I	JINE 16,	OTHER E	XPENSES:						
DESCRIPTION	OF OTHER H	EXPENSES						AMO	DUNI	C :
IT AND WEBSI	TE								8,	,488.
PROGRAM EVEN	TS								6,	,050.
INSURANCE									5,	,787.
DEPRECIATION									5,	,097.
OFFICE EXPEN	SES								4,	,225.
BANK AND MER	CHANT FEES	5							1,	,625.
VOLUNTEER RE	CRUITING A	AND TRAIN	IING						1,	,449.
OTHER EXPENS	ES								1,	,361.
CONFERENCE A	ND MEETING	S								450.
TOTAL TO FOR	M 990-EZ,	LINE 16							34,	,532.
FORM 990-EZ,	PART II,	LINE 24	, OTHER	ASSETS:						
DESCRIPTION					BEG.	OF	YEAR	END	OF	YEAF
OTHER DEPREC	IABLE ASSI	ITS				9,	343.		5,	,493.
FORM 990-EZ,	PART II,	LINE 26	OTHER	LIABILITI	IES:					
DESCRIPTION					BEG.	OF	YEAR	END	OF	YEAF
OTHER LIABIL	ITIES						587.			900.
FORM 990-EZ,										ARE Z) (2017

09540918 140308 FYI 2017.03030 FAMILY AND YOUTH INITIATIVE FYI\_\_\_\_1

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

FAMILY AND YOUTH INITIATIVE, INC.

FIND FAMILY & LIFELONG CONNECTIONS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TO HELP TEENS FIND FAMILIES AND DEVELOP LASTING

CONNECTIONS WITH OTHER CARING ADULTS, WE HOLD MONTHLY

PROGRAM EVENTS FOR TEENS AND ADULTS; RECRUIT AND TRAIN

HOST FAMILIES AND MENTORS, AND THEN MATCH ADULTS WITH TEENS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

732212 09-07-17