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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Youth for Change

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 1476

City or town, state or province, country, and ZIP or foreign postal code
Paradise, CA 95967

F Name and address of principal officer: George Siler
same as C above

D Employer identification number
68-0238941

E Telephone number
(530) 877-8187

G Gross receipts $ 11,214,672.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.youth4change.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1991 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Our mission is to support individuals, children and families to live happy, healthy and safe

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	202
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,125.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,348,096.	10,866,095.
9	Program service revenue (Part VIII, line 2g)	1,472.	586.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,929.	58,976.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	234,805.	238,258.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,601,302.	11,163,915.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,096,614.	1,336,736.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,215,505.	7,286,349.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,222,551.	2,095,024.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,534,670.	10,718,109.
19	Revenue less expenses. Subtract line 18 from line 12	66,632.	445,806.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,708,830.	6,294,785.
21	Total liabilities (Part X, line 26)	2,718,491.	2,858,640.
22	Net assets or fund balances. Subtract line 21 from line 20	2,990,339.	3,436,145.

JUN 09 2015

Part II Signature Block

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

Sign Here
▶ Signature of officer — Date 5/5/15
▶ George Siler, Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Sean E. Cain, CPA	Preparer's signature	Date 5/4/15	Check ☐ if self-employed	PTIN P01612986
Firm's name ▶ Harrington Group, CPAs, LLP			Firm's EIN ▶	95-4557617
Firm's address ▶ 234 East Colorado Blvd., Suite M150 Pasadena, CA 91101			Phone no.	(626) 403-6801

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission.

Youth For Change mission is "to enhance the well being of children, families, individuals, and communities".

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes [X] No

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

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

4a (Code _____) (Expenses $ 2,129,223. including grants of $ 1,336,736.) (Revenue $ _____)

Residential Group Homes - provided care, treatment and supervision of troubled children. During the 2013-2014 fiscal year, residential treatment services were provided on a monthly average to 21.69 clients out of 24 available slots. The residential utilization for the fiscal year 2012-2013 was 90.38% which reflects 7,940 days of residential care provided to troubled children.

4b (Code _____) (Expenses $ 729,745. including grants of $ _____) (Revenue $ _____)

Therapeutic Behavioral Services (TBS) provided approximately 10,520 client hours for the time frame of July 1, 2013 through June 30, 2014. These services provide one-on-one contact with children in their homes, the community or foster homes. Services were provided to clients from Butte and Glenn Counties. This intensive treatment allows children to maintain placement and/or move to a lower level of care.

4c (Code _____) (Expenses $ 776,938. including grants of $ _____) (Revenue $ _____)

SB163 Adoptions received Wraparound Services which provided family care and treatment to 21 families, resulting in avoiding approximately 139 months of placement in a facility outside their home.

4d Other program services (Describe in Schedule O)

(Expenses $ 5,713,629. including grants of $ _____) (Revenue $ 586.)

4e Total program service expenses ▶ 9,349,535.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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 temporarily restricted endowments, permanent endowments, or 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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) and 501(c)(4) 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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
35a	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 in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	129		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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	202		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	N/A	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	**Section 501(c)(7) organizations.** Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	N/A	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	N/A	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b		
c	Enter the amount of reserves on hand		13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or 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:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in 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 exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

Andy Martinez- Youth for Change - (530) 877-8187
P.O. Box 1476, Paradise, CA 95967

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

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

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

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

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

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tadd Brothers President/Director	2.00	X		X				0.	0.	0.
(2) Dennis Cargile Treasurer/Secretary/Direct	2.00	X		X				0.	0.	0.
(3) Gerald Carrigan Director	2.00	X						0.	0.	0.
(4) Michele Carter Director	2.00	X						0.	0.	0.
(5) Mark Chrisco Director	2.00	X						0.	0.	0.
(6) Dennis Ivey Director	2.00	X						0.	0.	0.
(7) Keith Robbins Director	2.00	X						0.	0.	0.
(8) Alan White Director	2.00	X						0.	0.	0.
(9) George Siler Executive Director	32.00			X				99,000.	0.	34,799.
(10) Jeffery Thacker Chief Operation Officer	32.00			X				86,207.	0.	9,303.
(11) Andres Martinez Chief Financial Officer	40.00			X				81,962.	0.	18,278.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								267,169.	0.	62,380.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								267,169.	0.	62,380.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Miguel Alvarellos, MD, 900 Hopyard Rd., Ste. 1030, Pleasanton, CA 94588	Psychiatric Services	171,116.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,727,370.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	138,725.			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	10,866,095.			
Program Service Revenue			**Business Code**				
	2a	Program services fees	900099	586.	586.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶	586.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	45,701.			45,701.
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents	145,164.				
	b	Less: rental expenses	46,066.				
	c	Rental income or (loss)	99,098.				
	d	Net rental income or (loss)	▶	99,098.		7,125.	91,973.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	17,966.				
	b	Less. cost or other basis and sales expenses	4,691.				
	c	Gain or (loss)	13,275.				
	d	Net gain or (loss)	▶	13,275.			13,275.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	**Business Code**				
	11a	Miscellaneous income	900099	139,160.			139,160.
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶	139,160.			
	12	**Total revenue.** See instructions.	▶	11,163,915.	586.	7,125.	290,109.

Part IX | Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,336,736.	1,336,736.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	329,548.	65,907.	263,641.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,023,156.	4,529,772.	493,384.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	247,829.	235,568.	12,261.	
9 Other employee benefits	1,201,926.	1,032,277.	169,649.	
10 Payroll taxes	483,890.	415,854.	68,036.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,215.	837.	378.	
c Accounting	25,500.		25,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	301,111.	301,061.	50.	
12 Advertising and promotion	6,174.	3,376.	2,798.	
13 Office expenses	303,879.	257,551.	46,328.	
14 Information technology	58,190.	35,506.	22,684.	
15 Royalties				
16 Occupancy	316,501.	280,679.	35,822.	
17 Travel	361,705.	330,747.	30,958.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	140,337.	133,867.	6,470.	
20 Interest	62,568.	45,377.	17,191.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	167,667.	105,315.	62,352.	
23 Insurance	77,921.	50,313.	27,608.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Repairs and maintenance	125,689.	100,707.	24,982.	
b Miscellaneous	47,660.	24,380.	23,280.	
c Expendable equipment	31,846.	22,748.	9,098.	
d Staff training	20,382.	13,624.	6,758.	
e All other expenses	46,679.	27,333.	19,346.	
25 **Total functional expenses.** Add lines 1 through 24e	10,718,109.	9,349,535.	1,368,574.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		956,749.	1	1,527,673.
	2	Savings and temporary cash investments		505,330.	2	505,676.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,388,244.	4	1,518,108.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		82,944.	9	64,158.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,844,772.			
	b	Less: accumulated depreciation	10b 2,277,071.	2,670,352.	10c	2,567,701.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		105,211.	15	111,469.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,708,830.	16	6,294,785.
Liabilities	17	Accounts payable and accrued expenses		968,227.	17	1,255,120.
	18	Grants payable			18	
	19	Deferred revenue		10,151.	19	0.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,675,939.	23	1,554,277.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		64,174.	25	49,243.
	26	**Total liabilities.** Add lines 17 through 25		2,718,491.	26	2,858,640.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,963,231.	27	3,436,145.
	28	Temporarily restricted net assets		27,108.	28	0.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,990,339.	33	3,436,145.
	34	Total liabilities and net assets/fund balances		5,708,830.	34	6,294,785.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,163,915.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,718,109.
3	Revenue less expenses. Subtract line 2 from line 1	3	445,806.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,990,339.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,436,145.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
Youth for Change	68-0238941

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	7,877,107.	9,924,084.	10,766,036.	10,348,096.	10,866,095.	49,781,418.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7,877,107.	9,924,084.	10,766,036.	10,348,096.	10,866,095.	49,781,418.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						49,781,418.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	7,877,107.	9,924,084.	10,766,036.	10,348,096.	10,866,095.	49,781,418.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	115,071.	111,747.	57,791.	52,922.	137,674.	475,205.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					7,125.	7,125.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	17,363.	33,295.	225,530.	193,595.	139,160.	608,943.
11 **Total support.** Add lines 7 through 10						50,872,691.

12 Gross receipts from related activities, etc (see instructions) . . 12 1,471,726.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .	14	97.85 %
15 Public support percentage from 2012 Schedule A, Part II, line 14 .	15	97.77 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .. . . . ▶ ☒

b **33 1/3% support test - 2012.** 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 - 2013.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10% -facts-and-circumstances test - 2012.** 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 IV 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 ▶ ☐

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Youth for Change

Employer identification number
68-0238941

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,242.	6,902.	6,344.	6,656.	5,604.
b Contributions					
c Net investment earnings, gains, and losses	792.	384.	724.	<152.>	1,207.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		44.	166.	160.	155.
g End of year balance	8,034.	7,242.	6,902.	6,344.	6,656.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

	Yes	No
(i) unrelated organizations 3a(i)		X
(ii) related organizations 3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		929,037.		929,037.
b Buildings		2,871,228.	1,459,136.	1,412,092.
c Leasehold improvements		503,946.	426,761.	77,185.
d Equipment		126,146.	119,024.	7,122.
e Other		414,415.	272,150.	142,265.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,567,701.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to government	49,243.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	49,243.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	11,209,981.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	46,066.		
e	Add lines 2a through 2d			2e	46,066.
3	Subtract line 2e from line 1			3	11,163,915.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	11,163,915.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	10,764,175.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	46,066.		
e	Add lines 2a through 2d			2e	46,066.
3	Subtract line 2e from line 1			3	10,718,109.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	10,718,109.

Part XIII Supplemental Information.

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 X, Line 2:

Explanation: Youth for Change is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by Youth for Change in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. Youth for Change's returns are subject to examination by federal and state taxing authorities, generally for

Part XIII Supplemental Information *(continued)*

three and four years, respectively, after they are filed.

Part XI, Line 2d - Other Adjustments:

Rental expenses	46,066.

Part XII, Line 2d - Other Adjustments:

Rental expenses	46,066.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

Youth for Change

Employer identification number

68-0238941

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . ▶

3 Enter total number of other organizations listed in the line 1 table ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2013)**

332101
10-29-13

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Child-related expenses	416	1,255,695.	81,041.	At cost	

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Form 990, Schedule I

Explanation: The assistance to various individuals includes child-related expenses, foster parent payments and food.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: Youth for Change

Employer identification number: 68-0238941

Form 990, Part I, Line 1, Description of Organization Mission:

lives by providing services that promote dignity, self-determination and well being.

Form 990, Part III, Line 4d, Other Program Services:

Strong Starts programs serves ages 0-12 who have emotional and behavioral needs. The therapeutic treatment includes various modalities: Parent-Child Interaction Therapy (PCIT) to increase healthy attachment and bonding between toddlers and their caregivers, as well as strategies to deal with acting out behaviors such as aggression, tantrums and defiance; individual and family therapy; play therapy, art, Theraplay activities, and much more; Infant mental health, infant massage instruction, baby sign language. Treatment may be done at the office or in the home and usually involves a parent or primary caregiver, as well. Approximately 2,908 hours of service were provided to children and families for the time frame of July 1, 2013 to June 30, 2014.

Expenses $ 447,572. including grants of $ 0. Revenue $ 586.

SB163 Wraparound Services provided family care and treatment to 26 families in Butte County, resulting in avoiding approximately 134 months of placement in a facility outside their home.

Expenses $ 379,823. including grants of $ 0. Revenue $ 0.

The SB163/FOCUS Wraparound program provides extensive Mental Health Services to the families it serves. The following services are

provided: Intensive Care Coordination (ICC) Plan Development Sessions - Facilitating assessment, care planning and coordination of services, including urgent services for children/youth who meet the Katie A. subclass criteria. Plan Development Sessions - Facilitating assessment, care planning and coordination of services, including urgent services for children/youth who do not meet the Katie A. subclass criteria. Intensive Home-Based Services (IHBS) - Individualized, strength-based mental health treatment interventions designed to ameliorate mental health conditions that interfere with a child's functioning. Rehab Services - Services with a client which address functional impairments: improve, maintain, or restore a functional skill, daily living skill, social and leisure skills, grooming and personal hygiene skills and/or medication education. Clinical Services - Development of individualized, strength-based mental health treatment plans. Individual and family therapy. Brokerage/Linkage - Services to coordinate and provide linkage to needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.Ø Collateral Services - Services to one or more significant support persons in the life of the client for the purpose of improving or maintaining the mental health of the client. Crisis Intervention - Unplanned services that require a more timely response than a regularly scheduled visit.Ø 24 Hour Crisis Pager - Service provided to respond to families crisis 24 hours a day/7 days a week.
Expenses $ 362,386. including grants of $ 0. Revenue $ 0.

The Foster Care Transitional Housing Program began in 2001 offering an experience of independent living for current young adults in the foster care system. This housing opportunity is available to minors aged 17

Name of the organization: Youth for Change

Employer identification number: 68-0238941

who are soon emanciapting from state care. The program provides basic living assistance including rent, food, clothing, household supplies, transportation assistance, etc., as well as support from a program case manager, mentor, county social worker and independent living advisor. In fiscal year 2013-2014, the Foster Care Transitional Housing Program provided support to 25 youth and approximately 5,311 days of care. Expenses $ 343,387. including grants of $ 0. Revenue $ 0.

The LINK program, or 6th Street Center for Youth, addresses the immediate and long-range needs of homeless and runaway youth in Butte County. We provide basic needs: showers, laundry services, nutritious food, warm clothing, computer access and a safe haven to give them respite from violence and exploitation. We also provide individual case management/counseling services to address immediate needs and personal goals such as: counseling, crisis intervention, tutoring, education, life skills training, employment development and family reunification. In the 2013-2014 fiscal year, services were provided to 246 unique individuals and over 200 hours monthly of outreach services in the community.

Over 3100 meals served and over 550 food bags provided - 26 youth housing; 28 youth obtained employment; Over 18 youth enrolled in an educational institution; Over 60 youth received health and reproductive education from Planned Parenthood at 6th Street.

Over 165 youth attended weekly writing workshop

92 different groups and activities offered with 416 youth participants (not unique)

Expenses $ 308,824. including grants of $ 0. Revenue $ 0.

Name of the organization: Youth for Change

Employer identification number: 68-0238941

The African American Family Cultural Center is a program to empower and embrace African American families and community by reclaiming, restoring, and revitalizing their cultural heritage, values, and identity. This program is supported by Butte County Department of Behavioral Health and Mental Health Services Act funding. During the timeframe, the AAFCC completed 1,492 hours of community outreach. Expenses $ 269,318. including grants of $ 0. Revenue $ 0.

Foster Family Agency - averaged 25 certified homes and provided training and therapeutic services for foster parents and children. Youth For Change FFA placed 83 children resulting in a total of 11,193 bednights of care during the period covered.
Expenses $ 536,663. including grants of $ 0. Revenue $ 0.

HAP - The Hospital Alternative program responds immediately to a child/teen in crisis while at the Crisis Stabilization Unit (CSU) or following a psychiatric hospitalization to provide 24/7 access to clinical care as needed, crisis interventions and stabilization skills, safety planning and needs assessment to determine appropriate referrals to additional service providers and programs. HAP will also facilitate a Multi-Disciplinary Team meeting to individualize a treatment plan and elicit support from both formal and informal supports. The goal is to reduce the incidence of re-admission to the CSU and ultimate out of county hospitalization as well as provide a comprehensive assessment and treatment plan which supports positive functioning. The HAP program served 69 clients for the time frame of July 2013 through June 2014. The program is also credited for assisting the Butte County Department of Behavioral Health with their

Performance Improvement Plan by coordinating services for high utilizer clients in hopes to provide measures of Utilization Management.
Expenses $ 220,274. including grants of $ 0. Revenue $ 0.

In Home - the In Home Parenting Program is an in home parenting education program offered to Butte County families that have a child in treatment with a clinician. The program is voluntary and facilitated by Youth for Change in collaboration with the Butte County Department of Behavioral Health and its contracting agencies. The program utilizes many curriculums which include but are not limited to Nurturing Parenting, Conscious Discipline, and Love and Logic. The Program has provided approximately 2,266 client hours in the time frame of July 1, 2013 through June 30, 2014.
Expenses $ 215,541. including grants of $ 0. Revenue $ 0.

Youth for Change Residential Recovery and Transition Services provides therapeutic support for all youth placed in out-of-home residential care. These supports include individual, group and family counseling as well as Rehab services to assist the young person with the initial adjustment to placement and transition to lower level of care. For the fiscal year 2013-2014 Residential Recovery and Transition provided approximatly 2,635 hours of service.
Expenses $ 215,541. including grants of $ 0. Revenue $ 0.

First Five - The Paradise Ridge Strengthening Families Project was a new project of Youth for Change, started with funding from Butte County First 5 in March 2013. The project dates are March 1, 2013-June 30, 2015. Six staff, including a project director, a family support worker,

and three parent partners provide community activities and strategies to integrate the Strengthening Families Framework's 5 Protective Factors across Paradise Ridge communities. Project activities include, increasing direct services at the Paradise Ridge Family Resource Center for families with children 0-5, create a Ridge network of agencies promoting protective factors and increasing collaboration, develop an outreach plan to provide information to residents about protective factors, create a system of parent cafes, and complete assessments to further support program development on the Paradise Ridge. In FY 13-14, the program provided 219 outreach contacts, 30 organizations participating in the network, 36 individuals served with community training opportunities, 109 parents and 110 children 0-5 served through direct activities, and 3-5 parents actively participating on a parent advisory council, among other program elements

Expenses $ 209,538. including grants of $ 0. Revenue $ 0.

The Transitional Housing Plus Program (THP+) provides young adults age 18-24 who were previously in the foster care system the opportunity for emotional and financial support while pursuing goals to live self sufficiently. To be eligible for THP Plus a youth must have emancipated from the foster care system, be participating in the Butte County Independent Living Program and maintaining employment or education. Youth for Change strives to work with young adults in THP Plus for at least 6 months and up to two years to assist them in their journey to self sufficiency. For fiscal year 2013-2014 THP+ served 25 clients for a total of 5,311 bednights.

Expenses $ 205,386. including grants of $ 0. Revenue $ 0.

Name of the organization: Youth for Change

Employer identification number: 68-0238941

As a neutral party Children's Services FARE program provides case plan development, reassessment and adjustment, and placement planning for families who are involved with Children's Services. 98 families were seen from 7/1/13-6/30/14 with 321 meetings facilitated. New as of 2014, facilitation of the ISPU county meetings - 20 meetings facilitated for 2014.

Expenses $ 205,214. including grants of $ 0. Revenue $ 0.

Intensive Treatment Foster Care (ITFC) is an evidence-based, behavior modification program for youth age 12-18 that works with youth who have emotional and behavioral issues that prevent placement stability. When placed in ITFC, youth are immersed in an environment that is consistent and reinforcing of pro-social behaviors. Youth are mentored to develop academic and life skills, and their daily lives are structured with clear and consistent expectations and limits. Discipline in the ITFC Model involves specified consequences, which is delivered through a teaching approach. What makes ITFC unique is that it not only provides treatment to the youth, but also simultaneously works with their parents, relatives or other Aftercare Resource to teach and practice effective parenting. This combination allows the positive changes made while the youth is in treatment to be maintained when they return home. For fiscal year 2013-2014 ITFC served 10 clients for a total of 1,591 bednights.

Expenses $ 182,530. including grants of $ 0. Revenue $ 0.

LINK Mental Health includes access to the resources available under tier one plus mental health services including; assessment and evaluation, individual and group therapy, rehabilitation,

Name of the organization: Youth for Change

Employer identification number: 68-0238941

individualized plan development and case management. Outcome measures include FIT scores, CANS and progress towards meeting goals identified in the individual case plan. For fiscal year 2013-2014 approximately 1,003 client hours were provided.

Expenses $ 141,478. including grants of $ 0. Revenue $ 0.

The ITFC mental health services provided approximately 810 client hours for fiscaly year 2013-2014. Services included plan development, intensive home-based services, rehab services, clinical services, brokerage and linkage, collateral, and crisis.

Expenses $ 96,396. including grants of $ 0. Revenue $ 0.

The General Mental Health program serves ages 12 -17 who demonstrate emotional and behavioral needs that meet medical necessity for mental health treatment. The therapeutic treatment includes various modalities which include, but are not limited to, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Solution Focused Therapy. The program clinicians may provide individual and or family therapy; provide case management for brokerage and linkage to new services; collateral services for caregivers or other significant members of the clients life such as teachers or social workers; and rehabilitation services for skill building. The goal of mental health therapy is to reduce functional impairment. Treatment may be provided at the office or in the home. Approximately 965 hours of service were provided to children and families for the time frame of July 1, 2013 to June 30, 2014.

Expenses $ 79,549. including grants of $ 0. Revenue $ 0.

Name of the organization: Youth for Change

Employer identification number: 68-0238941

The Transition Age Youth (TAY) Transitional Housing Program provides temporary supportive housing for consumers of 6th Street Center and/or Butte County Behavioral Health TAY services. Eligible consumers are low-income TAY between 16-24 years of age who have severe emotional disorders or serious mental illness and are homeless or at risk of homelessness. Participants may remain in the Transitional Housing Program for 6-12 months. Support services focused on development of independent living skills needed to maintain safe and stable housing are provided throughout the program. Outcome measures include length of stay in housing, status at exit and progress towards meeting goals identified in the individual case plan.

Expenses $ 27,689. including grants of $ 0. Revenue $ 0.

The Master Lease Program is a way to expand housing options for unserved or underserved transition age youth who are consumers of 6th Street or Butte County Behavioral Health. In keeping with the recovery model philosophy of "whatever it takes" to help consumers on their path to recovery, having housing units available is a first step towards assisting consumers achieve self-sufficiency. The Master Lease Housing Program provides permanent supportive housing for consumers of 6th Street Center and/or Butte County Behavioral Health TAY services. Eligible consumers are low-income TAY between 16-24 years of age who have severe emotional disorders or serious mental illness and are homeless or at risk of homelessness. Support services focused on development of independent living skills needed to maintain safe and stable housing are provided throughout the program. Outcome measures include length of stay in housing, status at exit and progress towards meeting goals identified in the individual case plan.

Name of the organization: Youth for Change

Employer identification number: 68-0238941

Expenses $ 20,681. including grants of $ 0. Revenue $ 0.

The Paradise Ridge Family Resource Center, a program of Youth for Change, offers more than 20 services for people on the Ridge. In the 2013-2014 fiscal year, more than 3,242 people accessed the FRC for resources and services, such as access to computers, laundry, and Wendy's Cupboard- the FRC's food pantry. The Family Resource Center is a grant recipient of the Community Development Block Grant (CDBG) through the Town of Paradise, which allows us to assist residents with concrete supports in emergency situations. With CDBG funding and Youth for Change fundraising, approximately 394 families, or 1,059 individuals (33%) utilized Wendy's Cupboard, 13 familes (5%) sought rental assistance, and 34 families were provided utility assistance. The FRC also lends its rooms out for community usage, with a total of 384 room reservations, and 59 unique groups utilizing the space to enhance the well being of Ridge residents.

Expenses $ 497,043. including grants of $ 0. Revenue $ 0.

Medical Support Services Program provides medication support services for youth in Butte County and surrounding Counties. Medication support services include prescribing, managing, and monitoring of psychiatric medications or biologicals necessary to alleviate the symptom of mental illness. These services are provided by licensed psychiatrists and nursing staff. YFC administered these services to 64 clients. For fiscal year 2013-2014 this program provided approximately 1,642 hours of service.

Expenses $ 468,633. including grants of $ 0. Revenue $ 0.

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School Based Counseling (SBC) provides a broad range of services to school children. These include assessment, collateral support, therapy, rehabilitation, plan development and monitoring results. This program accepts referrals from the school districts and provided approximately 2,721 hours of services to our youth during the time frame of July 1, 2013 through June 30, 2014.

Expenses $ 280,163. including grants of $ 0. Revenue $ 0.

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

Explanation: The Finance Committee reviews the Form 990 and at the board meeting the board votes to acknowledge acceptance and review of the form 990 and authorizes the Executive Director or designee to submit all necessary forms as needed prior to filing.

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

Explanation: Annually, each member of the Board of Directors is required to sign a Conflict of Interest Policy.

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

Explanation: Annually, there is a compensation review of the Executive Director by the Board of Directors.

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

Explanation: The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Youth for Change	68-0238941
	Number, street, and room or suite no If a P O. box, see instructions P.O. Box 1476	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Paradise, CA 95967	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Andy Martinez- Youth for Change P.O. Box 1476 - Paradise, CA 95967
  Telephone No ▶ (530) 877-8187 Fax No. ▶ (530) 877-1653
- If the organization does not have an office or place of business in the United States, check this box . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 2015

5 For calendar year _____, or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014.

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension
We are currently undergoing a certified audit of financial statements and wish to await a completion before filing. Tax returns will be filed as expeditiously as possible.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ Executive Director Date ▶ 5/5/15