

Form 990-EZ
C&E
911
Department of the Treasury
Internal Revenue Service

990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information. 1912

A For the 2019 calendar year, or tax year beginning January 1, 2019, and ending December 31, 20 19

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ? Yew Mountain Center | | D Employer identification number ? 81-2386215 |
| | Number and street (or P.O. box if mail is not delivered to street address) ? Room/suite | | E Telephone number (304) 653-4079 |
| | 9494 Lobelia Road | | F Group Exemption Number ? 03 |
| | City or town, state or province, country, and ZIP or foreign postal code Hillsboro, WV 24946 | | |

G Accounting Method: Cash Accrual Other (specify) H Check if the organization is not required to attach Schedule B **?** (Form 990, 990-EZ, or 990-PF)

I Website: yewmountain.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **?**

Check if the organization used Schedule O to respond to any question in this Part I

| Line | Description | Amount |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1 | Contributions, gifts, grants, and similar amounts received | 68,262 |
| 2 | Program service revenue including government fees and contracts | 38,113 |
| 3 | Membership dues and assessments | 0 |
| 4 | Investment income | 0 |
| 5a | Gross amount from sale of assets other than inventory | 0 |
| 5b | Less: cost or other basis and sales expenses | 0 |
| 5c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 0 |
| 6 | Gaming and fundraising events | |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 0 |
| 6b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 0 |
| 6c | Less: direct expenses from gaming and fundraising events | 0 |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 0 |
| 7a | Gross sales of inventory, less returns and allowances | 0 |
| 7b | Less: cost of goods sold | 0 |
| 7c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 0 |
| 8 | Other revenue (describe in Schedule O) | 0 |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 106,375 |
| 10 | Grants and similar amounts paid (list in Schedule O) | 0 |
| 11 | Benefits paid to or for members | 0 |
| 12 | Salaries, other compensation, and employee benefits ? | 42,763 |
| 13 | Professional fees and other payments to independent contractors ? | 21,042 |
| 14 | Occupancy, rent, utilities, and maintenance | 4,775 |
| 15 | Printing, publications, postage, and shipping | 279 |
| 16 | Other expenses (describe in Schedule O) ? | 31,006 |
| 17 | Total expenses. Add lines 10 through 16 | 99,865 |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | 6,510 |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 15,350 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | 0 |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21,860 |

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|---------------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments | 34,608 | 39,023 |
| 23 Land and buildings | 0 | 0 |
| 24 Other assets (describe in Schedule O) | 2,700 | 63,000 |
| 25 Total assets | 37,308 | 102,023 |
| 26 Total liabilities (describe in Schedule O) | 21,958 | 80,163 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 15,350 | 21,860 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Educational

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|---------------|
| 28 <u>Forest Farming: YMC cultivates and educates the public about native medicinal plants that grow in Appalachian forests. Participants included school field trips and workshops for the general public. In 2019 approximately 150 people benefitted from forest farming programs.</u> | <input type="checkbox"/> | 28a | 12,596 |
| (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | | | |
| 29 <u>Special Events</u> <u>YMC offers cultural programs such as concerts, dinners, and speakers. In 2019, approximately 200 people benefitted from these programs.</u> | <input type="checkbox"/> | 29a | 12,947 |
| (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | | | |
| 30 <u>General Educational Programs</u> <u>YMC offers nature retreats and educational workshops based on Appalachian ecology, culture, and arts. In 2019, approximately 200 people benefitted from general programs.</u> | <input type="checkbox"/> | 30a | 53,845 |
| (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | | | |
| 31 <u>Other program services (describe in Schedule O)</u> | <input type="checkbox"/> | 31a | |
| (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | | | |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 | 79,388 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Erica Marks Director | 30 | 26,530 | 0 | 0 |
| Robert Must Board President | 5 | 0 | 0 | 0 |
| Michelle Jeffers Board Secretary | 2 | 0 | 0 | 0 |
| Beth Little Board Treasurer | 2 | 0 | 0 | 0 |
| Katie Brown Board Member | 2 | 0 | 0 | 0 |
| Ruthana Beezley Board Member | 2 | 0 | 0 | 0 |
| Will Lewis Board Member, Forest Farming Coordinator | 10 | 4,699 | 0 | 0 |
| Adam Cate Board Member | 2 | 0 | 0 | 0 |
| | | | | |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2019) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, expenditures, loans, and organizational details. Includes a table with Yes/No columns and input fields for amounts and dates.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| | Yes | No |
| 47 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 <i>Will Lewis</i> | Date <i>5/28/21</i> |
| | Type or print name and title <i>Will Lewis - Treasurer</i> | |

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|-------------------------------------------------|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | Firm's EIN ▶ | | | |
| | Firm's address ▶ | Phone no | | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Yew Mountain Center

Employer identification number

81-2386215

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 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 ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/> | | |
| b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | 24,668 | 14,459 | 37,374 | 68,262 | 144,763 |
| 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 | | 0 | 15,359 | 23,564 | 38,113 | 77,036 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | 0 | 0 | 0 | 0 | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | 0 | 0 | 0 | 0 | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | 0 | 0 | 0 | 0 | |
| 6 Total. Add lines 1 through 5 | | 24,668 | 29,818 | 60,938 | 106,375 | 221,799 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | 2,040 | 1,529 | 531 | 1,819 | 5,919 |
| 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 | | 10,594 | 0 | 33,488 | 36,507 | 80,589 |
| c Add lines 7a and 7b | | 12,634 | 1,529 | 34,019 | 38,326 | 86,508 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 135,291 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | 24,668 | 29,818 | 60,938 | 106,375 | 221,799 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | 0 | 0 | 0 | 0 | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | 0 | 0 | 0 | 0 | |
| c Add lines 10a and 10b | | 0 | 0 | 0 | 0 | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | 0 | 0 | 0 | 0 | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | 0 | 0 | 0 | 0 | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | 24,668 | 29,818 | 60,938 | 106,375 | 221,799 |
| 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 ▶ <input checked="" type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|-----------------------------------------------------------------------------------------------------------|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|----------------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

- 19a 33 1/3% support tests—2019.** 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—2018.** 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 ▶

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Yew Mountain Center

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

81-2386215

PART 1 Expenses

12 Other Expenses:

| | |
|-------------------------------|-------------|
| Marketing & Advertising | \$1605.01 |
| Insurance | \$2,893.00 |
| Supplies | \$16,386.72 |
| Travel | \$1,112.14 |
| Subscriptions, Fees, Taxes | \$1,268.79 |
| AmeriCorps Member sponsorship | \$3,000.00 |
| Food | \$4,602.79 |
| Other | \$137.53 |

Part II, 26 & 27

| Other Assets | Beginning of Year | End of Year |
|----------------------------|-------------------|-------------|
| Accounts/Grants Receivable | \$360.00 | \$61,000.30 |
| Security Deposits | \$2340.00 | \$2000 |

| Liabilities | Beginning of Year | End of Year |
|------------------------------------|-------------------|-------------|
| Accounts Payable | \$491.79 | \$0 |
| Payroll/Direct Deposit Liabilities | \$0 | \$34.79 |
| Deferred Income: Grants | \$21,466.57 | \$80,128.40 |

END SCHEDULE O