

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 20 20▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.****2019**Department of the Treasury
Internal Revenue Service

Name of exempt organization

FRESH LIFELINES FOR YOUTH, INC.

Employer identification number

52-2234595

Name and title of officer

**ALI KNIGHT
CEO****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ ☒	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	7,309,511
2a Form 990-EZ check here ▶ ☐	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ ☐	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ ☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ ☐	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **GRANT BENNETT ASSOCIATES** to enter my PIN **06038** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date ▶ **05/07/21****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68564450456

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **MICHAEL R MARUCHEAU**Date ▶ **05/07/21****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form **990**
(Rev. January 2020)
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

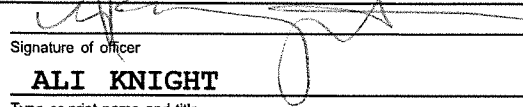
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization FRESH LIFELINES FOR YOUTH, INC.		D Employer identification number 52-2234595
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 568 VALLEY WAY		E Telephone number 408-263-2630
	City or town, state or province, country, and ZIP or foreign postal code MILPITAS CA 95035		G Gross receipts \$ 7,379,231
	F Name and address of principal officer: ALI KNIGHT 568 VALLEY WAY MILPITAS CA 95035		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)
	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ▶
J Website: ▶ FLYPROGRAM.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation: 2000
M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FRESH LIFELINES FOR YOUTH'S (FLY) MISSION IS TO PREVENT JUVENILE CRIME AND INCARCERATION THROUGH LEGAL EDUCATION, LEADERSHIP TRAINING AND ONE-ON-ONE MENTORING.			
	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	13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	95	
	6 Total number of volunteers (estimate if necessary)	6	253	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 39	7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
			5,427,719	6,808,637
	9 Program service revenue (Part VIII, line 2g)		312,425	431,727
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		75,458	69,147
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,815,602	7,309,511	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		10,000	7,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		4,212,303	4,919,616
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 891,435			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,063,096	1,190,293
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,285,399	6,116,909
19 Revenue less expenses. Subtract line 18 from line 12		530,203	1,192,602	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
			4,161,577	6,229,087
	21 Total liabilities (Part X, line 26)		467,443	1,315,888
	22 Net assets or fund balances. Subtract line 21 from line 20		3,694,134	4,913,199

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		5/7/2021 Date	
	ALI KNIGHT Type or print name and title		CEO	
Paid Preparer Use Only	Print/Type preparer's name MICHAEL R MARUCHEAU		Preparer's signature MICHAEL R MARUCHEAU	
	Date 05/07/21		Check ☐ if self-employed ☐ PTIN P01250456	
	Firm's name ▶ GRANT BENNETT ASSOCIATES 1375 EXPOSITION BLVD STE 230 SACRAMENTO, CA 95815-5143		Firm's EIN ▶ 94-2692073 Phone no. 916-922-5109	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:**FRESH LIFELINES FOR YOUTH'S (FLY) MISSION IS TO PREVENT JUVENILE CRIME AND INCARCERATION THROUGH LEGAL EDUCATION, LEADERSHIP TRAINING AND ONE-ON-ONE MENTORING.****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 ☒ 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 ☒ 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 \$ **4,936,257** including grants of \$ **7,000**) (Revenue \$ **431,727**)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 4,936,257**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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	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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		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	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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		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.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	52	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	95
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
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 on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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	
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	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	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	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	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.	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 on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	13			
b Enter the number of voting members included on line 1a, above, who are independent		13		
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, 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 on 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 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records ►

CARLOS GARCIA
MILPITAS

568 VALLEY WAY

CA 95035

408-263-2630

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

☐ 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 dotted 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) CHRISTA GANNON	40.00									
CEO	0.00			X				185,000	0	23,909
(2) ALI KNIGHT	40.00									
CEO	0.00			X				141,692	0	25,232
(3) LISA BREEN	40.00									
CDD	0.00			X				123,725	0	16,084
(4) SUSIE RIVERA	40.00									
VICE PRESIDENT	0.00			X				107,094	0	27,861
(5) CARLOS GARCIA	40.00									
CFO	0.00			X				117,100	0	15,223
(6) CASSIDY HIGGINS	40.00									
VICE PRESIDENT	0.00			X				100,500	0	13,064
(7) DIANA BELL	1.30									
DIRECTOR	0.00	X						0	0	0
(8) MEERA CHARY	1.30									
DIRECTOR	0.00	X						0	0	0
(9) GORDON DAVIDSON	1.30									
DIRECTOR	0.00	X						0	0	0
(10) ROBERT DEJESUS	1.30									
DIRECTOR	0.00	X						0	0	0
(11) MARK DONNELLY	1.30									
BOARD CHAIR	0.00	X		X				0	0	0

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 dotted 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			
(12) STUART LEE	1.30									
DIRECTOR	0.00	X						0	0	0
(13) KRISTIN MAJOR	1.30									
TREASURER/SECRETARY	0.00	X		X				0	0	0
(14) JOAN MALCOLM	1.30									
DIRECTOR	0.00	X						0	0	0
(15) MELYNIE RIZVI	1.30									
DIRECTOR	0.00	X						0	0	0
(16) RICO ROSALES	1.30									
DIRECTOR	0.00	X						0	0	0
(17) JUDGE PATRICK TONDREAU	1.30									
DIRECTOR	0.00	X						0	0	0
(18) JUNE WANG	1.30									
VICE CHAIR	0.00	X		X				0	0	0
(19) DICK WATTS	1.30									
CHAIR EMERITUS	0.00	X		X				0	0	0
1b Subtotal								775,111		121,373
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								775,111		121,373

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 **6**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

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 **0**

Part VIII Statement of RevenueCheck 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	585,131				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,115,130				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,108,376				
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,760				
	h Total. Add lines 1a-1f			6,808,637			
	Program Service Revenue	2a PROGRAM SERVICE FEES	Business Code	900099	431,727	431,727	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				431,727			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			43,892		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)			25,255			25,255
	8a Gross income from fundraising events (not including \$ 585,131 of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses			68,547			
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			7,309,511	431,727	0	69,147

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,000	7,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	884,041	551,347		332,694
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	3,219,577	2,659,272	177,472	382,833
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	146,263	123,842	7,244	15,177
9 Other employee benefits	322,496	293,769	23,203	5,524
10 Payroll taxes	347,239	291,441	14,048	41,750
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	37,611	3,997	33,026	588
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 Schedule O.)	225,572	176,194	6,609	42,769
12 Advertising and promotion				
13 Office expenses	87,231	72,399	4,101	10,731
14 Information technology				
15 Royalties				
16 Occupancy	95,569	89,448	1,278	4,843
17 Travel	94,658	91,669	822	2,167
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,323	25,020	1,407	11,896
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,398	4,503	222	673
23 Insurance	21,868	18,759	989	2,120
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM ACTIVITIES & TRNG	222,690	221,779	237	674
b EQUIPMENT RENTAL & MAINT.	81,112	67,743	3,685	9,684
c PROGRAM SUPPLIES	65,947	57,557	353	8,037
d STIPENDS	33,544	33,544		
e All other expenses	180,770	146,974	14,521	19,275
25 Total functional expenses. Add lines 1 through 24e	6,116,909	4,936,257	289,217	891,435
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 SheetCheck 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	749,648	1	2,442,253
	2 Savings and temporary cash investments	156,805	2	256,759
	3 Pledges and grants receivable, net	840,945	3	1,096,938
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	56,137	9	46,060
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 426,685		
	b Less: accumulated depreciation	10b 393,321	10c 20,514	33,364
	11 Investments—publicly traded securities	2,326,180	11	2,342,365
	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	11,348	15	11,348
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,161,577	16	6,229,087	
Liabilities	17 Accounts payable and accrued expenses	467,443	17	593,588
	18 Grants payable		18	
	19 Deferred revenue		19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	722,300
	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		25	
	26 Total liabilities. Add lines 17 through 25	467,443	26	1,315,888
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		3,097,509	27	3,297,771
28 Net assets with donor restrictions		596,625	28	1,615,428
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		3,694,134	32	4,913,199
33 Total liabilities and net assets/fund balances		4,161,577	33	6,229,087

Part XI Reconciliation of Net AssetsCheck 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	7,309,511
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,116,909
3	Revenue less expenses. Subtract line 2 from line 1	3	1,192,602
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,694,134
5	Net unrealized gains (losses) on investments	5	26,463
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,913,199

Part XII Financial Statements and ReportingCheck 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 on 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 on Schedule O and describe any steps taken to undergo such audits	3b	

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

FRESH LIFELINES FOR YOUTH, INC.

Employer identification number

52-2234595**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						

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

Schedule A (Form 990 or 990-EZ) 2019

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.")	4,413,002	4,025,519	4,757,419	5,427,719	6,808,637	25,432,296
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	4,413,002	4,025,519	4,757,419	5,427,719	6,808,637	25,432,296
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						25,432,296

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	4,413,002	4,025,519	4,757,419	5,427,719	6,808,637	25,432,296
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	54,295	49,243	79,748	75,458	69,147	327,891
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						25,760,187
12 Gross receipts from related activities, etc. (see instructions)					12	1,661,252
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 2019 (line 6, column (f) divided by line 11, column (f))	14	98.73 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	98.58 %
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 ► ☒		
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 ► ☐		
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 ► ☐		
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 ► ☐		
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 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.")						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
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 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 ▶ ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	☐	The organization satisfied the Activities Test. Complete line 2 below.
b	☐	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	☐	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization

Employer identification number

FRESH LIFELINES FOR YOUTH, INC.

52-2234595

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

FRESH LIFELINES FOR YOUTH, INC.**52-2234595****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMERSON COLLECTIVE 555 BRYANT STREET, SUITE 259 PALO ALTO CA 94301	\$ 300,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	FRANKLIN & CATHERINE JOHNSON FOUNDATION 2100 GENG ROAD, SUITE 200 PALO ALTO CA 94303	\$ 150,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	ISHIYAMA FOUNDATION 465 CALIFORNIA STREET SAN FRANCISCO CA 94104	\$ 150,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	TIPPING POINT FOUNDATION 220 MONTGOMERY STREET, SUITE 850 SAN FRANCISCO CA 94104	\$ 800,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	KOSHLAND FOUNDATION P.O. BOX 7310 MENLO PARK CA 94026	\$ 350,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	SOBRATO FAMILY FOUNDATION 599 CASTRO STREET, SUITE 400 MOUNTAIN VIEW CA 94041	\$ 250,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FRESH LIFELINES FOR YOUTH, INC.**52-2234595****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD., STE 510 NEWPORT BEACH CA 92660	\$ 207,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	THE CENTER/SIERRA HEALTH FOUNDATION 1321 GARDEN HIGHWAY SACRAMENTO CA 95833	\$ 372,208	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

2019**Open to Public
Inspection**▶ **Complete if the organization is described below.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.****If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

FRESH LIFELINES FOR YOUTH, INC.

Employer identification number

52-2234595**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing
organization's totals

(b) Affiliated
group totals

- 1a** Total lobbying expenditures to influence public opinion (grassroots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,637
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			1,637
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART IV, ADDITIONAL INFORMATION

MEETING/CALLING GOVERNMENT OFFICIALS TO SHARE TRENDS, NEEDS, AND OFFERINGS OF BOTH THE NONPROFIT COMMUNITY AND FLY AS AN ORGANIZATION. AS A CBO, WHO'S PRIMARY CLIENTS ARE JUVENILE JUSTICE INVOLVED, FLY HAS BEEN ABLE TO UPDATE THESE ENTITIES ON THE EMERGING TRENDS IN POLICY AND PRACTICE EFFECTING THE JUVENILE JUSTICE FIELD.

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ 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

Employer identification number

FRESH LIFELINES FOR YOUTH, INC.**52-2234595****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$
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 make 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 program
☐ **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" on 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶ %
b Permanent endowment ▶ %
c Term endowment ▶ %

The percentages on 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)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 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" on 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				
b Buildings				
c Leasehold improvements				
d Equipment		426,685	393,321	33,364
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				33,364

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on 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" on 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	7,583,279
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	26,463
b	Donated services and use of facilities	2b	247,305
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	273,768
3	Subtract line 2e from line 1	3	7,309,511
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,309,511

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

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

1	Total expenses and losses per audited financial statements	1	6,364,214
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	247,305
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	247,305
3	Subtract line 2e from line 1	3	6,116,909
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,116,909

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 - FIN 48 FOOTNOTE

FLY IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE CODE AND THEREFORE HAS MADE NO PROVISIONS FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. FLY IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER SECTION 23701 (D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. MANAGEMENT BELIEVES FLY HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2020.

Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019Open to Public
Inspection

Name of the organization

FRESH LIFELINES FOR YOUTH, INC.

Employer identification number

52-2234595**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations e ☐ Solicitation of non-government grants
- b ☐ Internet and email solicitations f ☐ Solicitation of government grants
- c ☐ Phone solicitations g ☐ Special fundraising events
- d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		▶				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL SHOWCASE (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	653,678			653,678
	2 Less: Contributions	585,131			585,131
	3 Gross income (line 1 minus line 2)	68,547			68,547
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages ..				
	8 Entertainment				
	9 Other direct expenses	68,547			68,547
	10 Direct expense summary. Add lines 4 through 9 in column (d)				68,547
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	☐ Yes %	☐ Yes %	☐ Yes %		
	☐ No	☐ No	☐ No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- DAA

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

FRESH LIFELINES FOR YOUTH, INC.

Employer identification number

52-2234595

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? ☒ **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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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 ▶

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 EDUCATIONAL STIPENDS	8	7,000			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PRIOR TO THE START OF THE FISCAL YEAR, PROGRAMS ARE GIVEN SPECIFIC STIPEND

AND SCHOLARSHIP BUDGET. STIPENDS MUST BE APPROVED BY THE APPROPRIATE

PROGRAM SUPERVISORS AS WELL AS THE ORGANIZATION'S CHIEF FINANCIAL OFFICER.

IN ADDITION, IN ORDER TO RECEIVE A SCHOLARSHIP, CLIENTS MUST SUBMIT A

SCHOLARSHIP APPLICATION AS WELL AS CURRENT COURSE SCHEDULE. ONLY THE

MANAGING COUNTY DIRECTOR CAN APPROVE A SCHOLARSHIP AWARD.

SCHEDULE J
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

 Open to Public
 Inspection

FRESH LIFELINES FOR YOUTH, INC.

Employer identification number

52-2234595
Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | |
|--|-----------|----------|
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|------------------------------------|-----------|----------|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|------------------------------------|-----------|----------|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
1 CHRISTA GANNON CEO	(i) 185,000 (ii) 0	0	0	0	5,925	17,984	208,909	0
2 ALI KNIGHT CEO	(i) 141,692 (ii) 0	0	0	0	1,100	24,132	166,924	0
3	(i) (ii)							
4	(i) (ii)							
5	(i) (ii)							
6	(i) (ii)							
7	(i) (ii)							
8	(i) (ii)							
9	(i) (ii)							
10	(i) (ii)							
11	(i) (ii)							
12	(i) (ii)							
13	(i) (ii)							
14	(i) (ii)							
15	(i) (ii)							
16	(i) (ii)							

Part III Supplemental Information

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

This image shows a full page of a worksheet designed for handwriting practice. It features a series of evenly spaced, horizontal dashed lines across the entire page, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text present.

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

OMB No. 1545-0047

2019

 Open to Public
 Inspection

Name of the organization

FRESH LIFELINES FOR YOUTH, INC.

Employer identification number

52-2234595
FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

PROGRAMS ALL PROGRAMS HAVE REMAINED OPERATIONAL DURING THE COVID-19
 PANDEMIC IN ACCORDANCE WITH LOCAL HEALTH ORDERS. CURRENTLY FLY'S MAIN
 PROGRAMS INCLUDE: FLY LAW PROGRAM IN THE FLY LAW PROGRAM, OUR STAFF AND
 CAREFULLY RECRUITED, HIGHLY TRAINED VOLUNTEERS TEACH A FUN, INTERACTIVE 12
 -WEEK COURSE USING OUR NATIONALLY RECOGNIZED LEGAL EDUCATION CURRICULUM,
 WHICH COVERS RELEVANT TOPICS SUCH AS POLICE ENCOUNTERS, ACCOMPLICE
 LIABILITY, THREE STRIKES, THEFT, VANDALISM, DRUGS, GANGS, AND POLICE
 ARRESTS. THE LAW CURRICULUM IS INTERESTING AND ENGAGING TO THE YOUTH, AND
 IS ALSO AN EXCELLENT VEHICLE FOR US TO TEACH CRITICAL LIFE SKILLS LIKE
 ANGER MANAGEMENT, PROBLEM SOLVING, CONFLICT RESOLUTION, AND RESISTING
 NEGATIVE PEER PRESSURE. EVERYTHING IS TAUGHT IN A NONJUDGMENTAL MANNER WITH
 NO STIGMA IS ATTACHED, WHICH MAKES THE YOUTH MORE WILLING TO LEARN. MID-WAY
 THROUGH THE SEMESTER, YOUTH TAKE A FIELD TRIP TO A LOCAL UNIVERSITY LAW
 SCHOOL WHERE THEY TOUR THE CAMPUS AND ACT OUT A MOCK TRIAL IN THE MOOT
 COURTROOM. THE LAW PROGRAM CLASSES ARE TAUGHT IN SCHOOLS, COMMUNITY
 CENTERS, JUVENILE HALLS, AND JUVENILE CAMPS AND RANCHES. FLY LEADERSHIP
 TRAINING PROGRAM THE LEADERSHIP TRAINING PROGRAM TARGETS YOUTH WHO ARE AT
 MODERATE TO HIGH RISK FOR JUSTICE SYSTEM INVOLVEMENT AND SUPPORTS THEM IN
 BUILDING THE SKILLS AND ATTITUDES THEY NEED TO LIVE A CRIME-FREE, SELF-
 SUFFICIENT LIFE. THE PROGRAM HAS TRADITIONALLY KICKED OFF WITH A THREE-DAY
 WILDERNESS RETREAT THAT ENABLES YOUTH TO BREAK AWAY FROM NEGATIVE
 INFLUENCES AND STRESSES IN ORDER TO BEGIN BONDING WITH FLY STAFF AND PEERS
 AND DEVELOPING TRUST AND TEAMWORK SKILLS. (DURING THE PANDEMIC, VIRTUAL OR
 SOCIALLY DISTANCED ACTIVITIES HAVE REPLACED THE RETREATS.) YOUTH THEN MEET

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52-2234595

MONTHLY TO SUPPORT EACH OTHER IN GROUP SETTINGS AND TO DESIGN PROJECTS IN WHICH THEY ADVOCATE FOR POSITIVE CHANGE AND GIVE BACK TO THEIR COMMUNITIES. EACH LEADERSHIP YOUTH RECEIVES INTENSIVE COACHING FROM A FLY CASE MANAGER TO IDENTIFY AND ADDRESS THEIR GREATEST BARRIERS TO LIVING A HEALTHY, PRODUCTIVE LIFE. FLY'S COURT APPOINTED FRIEND AND ADVOCATE (CAFA) MENTOR PROGRAM FLY'S CAFA MENTOR PROGRAM PAIRS CARING, TRAINED ADULT VOLUNTEERS WITH YOUTH ON PROBATION FOR A YEAR-LONG MENTORING RELATIONSHIP. BEFORE THEY ARE MATCHED WITH A YOUTH, CAFA MENTORS COMPLETE 26 HOURS OF INITIAL TRAINING AND ORIENTATION AND COMMIT TO FOLLOW-UP TRAININGS ONCE EVERY THREE MONTHS. ONCE MATCHED, MENTORS BUILD POSITIVE RELATIONSHIPS WITH YOUTH THROUGH WEEKLY 1-ON-1 MEETINGS AND ACTIVITIES, HELPING THEM TO DEVELOP NEW AMBITIONS, SET AND ACHIEVE GOALS, AND LEARN TO HAVE FUN IN A POSITIVE, SOBER WAY. IN ADDITION TO BEING FRIENDS AND ROLE MODELS TO YOUTH, FLY CAFA MENTORS ARE SPECIALLY APPOINTED BY A JUVENILE COURT JUDGE SO THAT THEY CAN ADVOCATE FOR THEIR MENTEE BY ATTENDING JUVENILE COURT PROCEEDINGS, SUBMITTING COURT REPORTS, AND ADDRESSING THE COURT ON BEHALF OF THE YOUTH. EACH MENTOR/MENTEE MATCH HAS A FLY CASE MANAGER FOR SUPPORT AND ALSO ATTENDS MONTHLY GROUP ACTIVITIES ORGANIZED BY FLY. FLY MIDDLE SCHOOL PROGRAM THE FLY MIDDLE SCHOOL PROGRAM HELPS INTERRUPT THE SCHOOL-TO-PRISON PIPELINE IN WHICH KIDS WITH ISSUES AT SCHOOL ARE DISCIPLINED AND PUSHED INTO THE JUVENILE JUSTICE SYSTEM INSTEAD OF BEING OFFERED THE SERVICES THEY NEED. OUR PROGRAM HELPS SEVENTH AND EIGHTH GRADERS WHO ARE REFERRED BY SCHOOL OFFICIALS IN SANTA CLARA COUNTY TO STAY ENGAGED IN SCHOOL AND OUT OF THE SYSTEM. THE PROGRAM OFFERS AN AGE-APPROPRIATE VERSION OF FLY'S LAW PROGRAM ALONG WITH ONE-ON-ONE SUPPORT FROM A FLY CASE MANAGER FOR YOUTH AND POSITIVE SOCIAL ACTIVITIES AND CIVIC ENGAGEMENT OPPORTUNITIES PROVIDED THROUGH FLY FLY REENTRY PROGRAM YOUTH SEEKING TO REENTER THE COMMUNITY

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FRESH LIFELINES FOR YOUTH, INC.

52-2234595

AFTER INCARCERATION TYPICALLY FACE A HOST OF BARRIERS TO A SUCCESSFUL TRANSITION. REENTRY ASSISTANCE IS A CRITICAL SERVICE THAT'S BEEN PROVEN TO HELP YOUTH MOVE FORWARD IN A POSITIVE DIRECTION AND AVOID GOING BACK INTO THE SYSTEM. THE FLY REENTRY PROGRAM SERVES YOUTH IN LONGER TERM INCARCERATION IN SANTA CLARA AND SAN MATEO COUNTIES. THE PROGRAM PROVIDES 12 WEEKS OF LAW CLASSES TAUGHT BY FLY STAFF WHILE THE YOUTH ARE IN CUSTODY. AFTER YOUTH ARE RELEASED, THEY RECEIVE INTENSIVE ONE-ON-ONE SUPPORT FROM A FLY CASE MANAGER TO HELP WITH THEIR TRANSITION BACK INTO THE COMMUNITY. FLY'S CAREER PATHWAYS NAVIGATORS CAREER PATHWAYS NAVIGATORS (CPNS) PARTNER WITH FLY CASE MANAGERS IN OTHER PROGRAMS TO SUPPORT YOUTH IN PURSUING THEIR ACADEMIC AND CAREER DEVELOPMENT GOALS. THE CPN IN EACH COUNTY WORKS WITH YOUTH TO PROVIDE CONNECTIONS TO EDUCATIONAL, CAREER, AND BASIC NEEDS RESOURCES WITHIN THAT COUNTY. THEY ALSO PROVIDE GUIDANCE ON NAVIGATING THE CHALLENGES FLY YOUTH FACE WITHIN THE EDUCATION SYSTEM. STAY FLY PROGRAM THE STAY FLY PROGRAM IS A REENTRY PROGRAM THAT DEVELOPS SOCIAL EMOTIONAL LEARNING (SEL) SKILLS AND KNOWLEDGE OF THE LAW IN TRANSITION AGED YOUTH (TAY). THESE YOUNG PEOPLE, AGES 18-21, RECEIVE SUPPORT BEGINNING IN CUSTODY, AND CONTINUE TO BE SUPPORTED BY FLY STAFF AS THEY TRANSITION BACK INTO THE COMMUNITY. YOUTH ADVISORY COUNCIL THE YOUTH ADVISORY COUNCIL (YAC) IS A COLLABORATIVE EFFORT BETWEEN THE SANTA CLARA COUNTY PROBATION DEPARTMENT AND FRESH LIFELINES FOR YOUTH TO INTRODUCE POSITIVE SYSTEM CHANGE THROUGH THE INCLUSION OF YOUTH VOICE. THE YAC PROVIDES YOUTH WHO FORMERLY PARTICIPATED IN JUVENILE JUSTICE SERVICES WITH A UNIQUE OPPORTUNITY TO PROVIDE INPUT ON CURRENT SYSTEM PROCESSES, POLICIES, AND PRACTICES. . YOUNG PEOPLE WHO SERVE ON THE COUNCIL ARE SWORN IN AS YOUTH JUSTICE CONSULTANTS BY OUR PRESIDING JUVENILE COURT JUDGE. ADDITIONALLY, YAC ALLOWS YOUTH THE OPPORTUNITY TO USE THEIR STORIES AND EXPERIENCES TO

Name of the organization

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FRESH LIFELINES FOR YOUTH, INC.

52-2234595

INSPIRE HOPE AND ENCOURAGE CHANGE IN THE LIVES OF YOUTH WHO ARE CURRENTLY INVOLVED IN THE JUVENILE JUSTICE SYSTEM. YAC ALSO HAS THE OBJECTIVE OF ENHANCING THE PROFESSIONAL DEVELOPMENT AND LEADERSHIP SKILLS OF ITS MEMBERS. FLY'S SPEECH COMMITTEE FLY'S SPEECH COMMITTEE IS COMPRISED OF FLY ALUMNI AGES 17 TO 24 WHO HAVE A DESIRE TO USE THEIR VOICES TO AFFECT POSITIVE CHANGE AND SUPPORT FLY AFTER THEIR TIME IN PROGRAMS HAS ENDED. THE YOUTH COMMIT TO UNDERGOING SPEECH COACHING AND PROFESSIONAL DEVELOPMENT TRAINING, AS WELL AS JOINING IN HEALING CIRCLE ACTIVITIES, TO LEARN TO TELL THEIR STORY IN A STRENGTHS-BASED AND POWERFUL WAY. YOUTH SPEAK ON BEHALF OF THEMSELVES, THEIR COMMUNITIES, AND FLY IN A VARIETY OF DIFFERENT SPACES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED IN DETAIL BY SELECTED MEMBERS OF INTERNAL MANAGEMENT AS WELL AS THE AUDIT COMMITTEE OF THE GOVERNING BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE CONFLICT OF INTEREST POLICY COVERS ALL OFFICERS, DIRECTORS, PRINCIPAL OFFICERS AND MEMBERS OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS AND EMPLOYEES (COLLECTIVELY "RESPONSIBLE PERSONS") UNDER THE POLICY, RESPONSIBLE PERSONS ARE REQUIRED TO DISCLOSE THE EXISTENCE AND NATURE OF ANY MATERIAL FINANCIAL INTEREST AND BE GIVEN AN OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE CHAIRPERSON OF THE GOVENING BOARD OR COMMITTEE SHALL APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR A DESIGNATED COMMITTEE SHALL DETERMINE BY A VOTE OF DISINTERESTED

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DIRECTORS ON WHETHER THE RELATED TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF THE ORGANIZATION, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. THE RESPONSIBLE PERSON IS REQUIRED TO LEAVE THE MEETING DURING THE DISCUSSION OF THE VOTE ON THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. IN ADDITION, EACH RESPONSIBLE PERSON IS REQUIRED TO ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THEIR ACKNOWLEDGEMENT OF RECEIPT OF A COPY OF THE POLICY, THEIR UNDERSTANDING OF THE POLICY AND THEIR AGREEMENT TO COMPLY WITH THE POLICY, AND PROVIDES AN OPPORTUNITY TO DECLARE ANY POTENTIAL CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ALL SALARIES MUST BE APPROVED BY ALL MEMBERS OF THE BOARD OF DIRECTORS. YEARLY COMPENSATION AND BENEFITS STUDIES ARE PROVIDED BY NON PROFIT COMPENSATION ASSOCIATES FAIR PAY STUDY. COMPENSATION IS DETERMINED USING A COMBINATION OF THE FAIR PAY STUDY AND AN ANNUAL PERFORMANCE EVALUATION. THIS IS DONE ANNUALLY BY THE ORGANIZATION AND WAS LAST DONE IN MAY 2019.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS ALL SALARIES MUST BE APPROVED BY ALL MEMBERS OF THE BOARD OF DIRECTORS. YEARLY COMPENSATION AND BENEFITS STUDIES ARE PROVIDED BY NON PROFIT COMPENSATION ASSOCIATES FAIR PAY STUDY. COMPENSATION IS DETERMINED USING A COMBINATION OF THE FAIR PAY STUDY AND AN ANNUAL PERFORMANCE EVALUATION. THIS IS DONE ANNUALLY BY THE ORGANIZATION AND WAS LAST DONE IN MAY 2019.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S

Name of the organization

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FRESH LIFELINES FOR YOUTH, INC.

52-2234595

WEBSITE.

Federal Statements**Taxable Interest on Investments**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 43,892		14			
TOTAL	<u>\$ 43,892</u>					

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 225,572	\$ 176,194	\$ 6,609	\$ 42,769
TOTAL	<u>\$ 225,572</u>	<u>\$ 176,194</u>	<u>\$ 6,609</u>	<u>\$ 42,769</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PRINTING AND PUBLICATION	\$ 19,438	\$ 16,130	\$ 902	\$ 2,406
YOUTH ADVISORY/SPEECH	10,102	8,398	470	1,234
IN-KIND SUPPLIES	1,813	1,507	84	222
MISCELLANEOUS	149,417	120,939	13,065	15,413
TOTAL	<u>\$ 180,770</u>	<u>\$ 146,974</u>	<u>\$ 14,521</u>	<u>\$ 19,275</u>

IB6038 Fresh Lifelines for Youth, Inc.

52-2234595

FYE: 6/30/2020

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	
FOUNDATIONS	\$ 2,115,130
CORPORATIONS	3,460,175
MISC. INCOME/DONATION	100,000
INDIVIDUALS	1,090
ANNUAL SHOWCASE EVENT	547,111
CASH CONTRIBUTION	
	585,131
TOTAL	\$ <u>6,808,637</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM SERVICE FEES	
ANNUAL SHOWCASE EVENT	\$ 431,727
	68,547
TOTAL	\$ <u>500,274</u>

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

FRESH LIFELINES FOR YOUTH, INC.		Check if: ☐ Change of address ☐ Amended report
Name of Organization		
List all DBAs and names the organization uses or has used 568 VALLEY WAY		State Charity Registration Number 114833 Corporation or Organization No. 2080111 Federal Employer ID No. 52-2234595
Address (Number and Street) MILPITAS CA 95035		
City or Town, State, and ZIP Code 408-263-2630		
Telephone Number INFO@FLYPROGRAM.ORG		
E-mail Address		

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/19 ending 06/30/20) list:

Gross Annual Revenue \$ 7,309,511 Noncash Contributions \$ 9,760 Total Assets \$ 6,229,087
Program Expenses \$ 4,936,257 Total Expenses \$ 6,116,909

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.			Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?			X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?			X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?			X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?			X
5.	During this reporting period, did the organization receive any governmental funding? STMT 1		X	
6.	During this reporting period, did the organization hold a raffle for charitable purposes?			X
7.	Does the organization conduct a vehicle donation program?			X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X	
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?			X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent

ALI KNIGHT

Printed Name

CEO

Title

Date

5/7/2021

Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding**Description**

CITY OF SAN JOSE

200 EAST SANTA CLARA STREET, 9TH FLOOR

SAN JOSE, CA 95113

JIMMY CHAN (408) 795-1618

COUNTY OF SANTA CLARA

2314 NORTH FIRST STREET

SAN JOSE CA 95131

SARA CODY (408) 435-2078

COUNTY OF SANTA CLARA - YOUTH ADVISORY COUNCIL (YAC)

2314 NORTH FIRST STREET

SAN JOSE CA 95131

DELORES MORALES (408) 278-5919

COUNTY OF SANTA CLARA - GENERAL FUND

70 WEST HEDDING STREET

SAN JOSE CA 95110

MARIA MARINOS

COUNTY OF SANTA CLARA - SOCIAL SERVICES

333 WEST JULIAN STREET

SAN JOSE CA 95110

SHEILA PERALTA (408) 755-7754

REDWOOD CITY - HHS-HUMAN FINANCIAL SERVICES

2600 MIDDLEFIELD ROAD

REDWOOD CITY CA 94063

TERI CHIN (650) 780-7510

SANTA CLARA OFFICE OF EDUCATION

1290 RIDDER PARK DR.

SAN JOSE, CA 95131-2304

TIANA HAYDEN (408) 453-6968

SAN MATEO COUNTY PROBATION - YOBG

222 PAUL SCANNELL DRIVE

SAN MATEO, CA 94402

DARLENE HANSON (650) 312-5227

CITY OF OAKLAND - OAKLAND FUND FOR CHILDREN AND YOUTH

ONE FRANK H. OGAWA PLAZA

OAKLAND, CA 94612

JANICE EDWARDS (510) 238-7496

CITY OF OAKLAND - CDBG

ONE FRANK H. OGAWA PLAZA

OAKLAND, CA 94612

DEBRA CHESTER (510) 238-7972

CITY OF EAST PALO ALTO - MES C

2415 UNIVERSITY AVENUE, 2ND FLOOR

EAST PALO ALTO 94303

KARLA PRINCE (650) 853-3132

Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding (continued)

Description

BOARD OF STATE COMMUNITY AND CORRECTIONS (CALVIP)
2590 VENTURE OAKS WAY, STE. 200
SACRAMENTO CA 95883
ANGELA ARDISANA (916) 323-8580

ALAMEDA COUNTY PROBATION DEPARTMENT
1111 JACKSON STREET
OAKLAND CA 94604-2059
SADAF SIDDIQ (510) 268-7669

UNION CITY - DPN SUBCONTRACT #2
34009 ALVARADO?NILES RD, UNION CITY, 94587
PEDRO NARANJO (510) 675.5407

ALAMEDA COUNTY OFFICE OF EDUCATION
313 W. WINTON AVE., RM 241
HAYWARD, CA 94544
VALENTINO RECONOSE (510) 670-7739

COUNTY OF SANTA CLARA - MEASURE A
70 WEST HEDDING STREET
SAN JOSE CA 95110
MARIA MARINOS

COUNTY OF SANTA CLARA - DEJ
2314 NORTH FIRST STREET
SAN JOSE CA 95131
BERNADETTE GONZALEZ (408) 435-2078

BOARD OF STATE COMMUNITY AND CORRECTIONS - TITLE 2
2590 VENTURE OAKS WAY, SUITE 200
SACRAMENTO, CA 95833
DEANNA RIDGWAY (916) 322-8088

CALIFORNIA COMMUNITY REINVESTMENT GRANTS PROGRAM
CALIFORNIA GOVERNOR'S OFFICE OF BUSINESS & ECONOMIC DEVELOPMENT
CARA ROTHENBAUM (916) 719-1906

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2019

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

FRESH LIFELINES FOR YOUTH, INC.

Identifying number

52-2234595

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	7,379,231
2	Total gross income (Form 199, line 8)	2	7,378,058
3	Total expenses and disbursements (Form 199, Line 9)	3	6,185,456

Part II Settle Your Account Electronically for Taxable Year 2019

4	☐ Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	--	-----------	---------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number	7	Type of account: ☐ Checking ☐ Savings
6	Account number		

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign
Here


Signature of officer

05/07/21
Date

CEO
Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO
Must
Sign

ERO's-
signature  MICHAEL R MARUCHEAU

Date

05/07/21

Check if
also paid
preparer☒Check
if self-
employed☐

ERO's PTIN

P01250456

Firm's name (or yours
if self-employed)
and address

GRANT BENNETT ASSOCIATES
1375 EXPOSITION BLVD STE 230
SACRAMENTO CA

Firm's FEIN

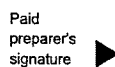
94-2692073

ZIP code

95815-5143

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid
Preparer
Must
Sign

Paid
preparer's
signature 

Date

Check
if self-
employed☐

Paid preparer's PTIN

Firm's name (or yours
if self-employed)
and address

Firm's FEIN

ZIP code

TAXABLE YEAR **California Exempt Organization**
2019 Annual Information Return

FORM

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) **07/01/2019**, and ending (mm/dd/yyyy) **06/30/2020**

Corporation/Organization name

FRESH LIFELINES FOR YOUTH, INC.

California corporation number

2080111

Additional information. See instructions.

FEIN

52-2234595

Street address (suite or room)

568 VALLEY WAY

PMB no.

City

MILPITAS

State

CA

Zip code

95035

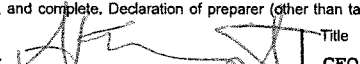
Foreign country name

Foreign province/state/county

Foreign postal code

A First Return ☐ Yes ☒ No
B Amended Return ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust ☐ Yes ☒ No
D Final Information Return?
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) •
E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
F Federal return filed? (1) ☐ 990T (2) ☐ 990PF (3) ☐ Sch H (990)
(4) ☐ Other 990 series
G Is this a group filing? See instructions ☐ Yes ☒ No
H Is this organization in a group exemption ☐ Yes ☒ No
If "Yes," what is the parent's name?
I Did the organization have any changes to its guidelines not reported
to the FTB? See instructions ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization
engaged in political activities? See instructions. ☒ Yes ☐ No
K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember
sources \$
L If organization is a public charity exempt under R&TC
Section 23701d and meets the filing fee exception,
check box. No filing fee is required. ☒
M Is the organization a Limited Liability Company? .. ☐ Yes ☒ No
N Did the organization file Form 100 or Form 109 to
report taxable income? ☐ Yes ☒ No
O Is the organization under audit by the IRS or has the
IRS audited in a prior year? ☐ Yes ☒ No
P Is federal Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	570,594	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	6,808,637	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	7,379,231	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	1,173	00
	7 Total costs. Add line 5 and line 6	7	1,173	00
	8 Total gross income. Subtract line 7 from line 4	8	7,378,058	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	6,185,456	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,192,602	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15		00
	16 Penalties and Interest. See General Information J	16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result 	17		00
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer 	Title CEO	Date 5/7/2021	Telephone 408-263-2630
Paid Preparer's Use Only	Preparer's signature 	Date 05/07/2021	Check if self-employed ☐	PTIN P01250456
	Firm's name (or yours, if self-employed) and address GRANT BENNETT ASSOCIATES 1375 EXPOSITION BLVD STE 230 SACRAMENTO, CA 95815-5143			Firm's FEIN 94-2692073
				Telephone 916-922-5109
May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

FRESH LIFELINES FOR YOUTH, INC.

52-2234595

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	431,727	00
	2	Interest	•	2	43,892	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions) SEE STATEMENT 1	•	6	26,428	00
	7	Other income. Attach schedule SEE STATEMENT 2	•	7	68,547	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	570,594	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 3	•	9	7,000	00
Expenses and Disbursements	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 4	•	11	884,041	00
	12	Other salaries and wages	•	12	3,219,577	00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15	95,569	00
	16	Depreciation and depletion (See instructions)	•	16	5,398	00
	17	Other Expenses and Disbursements. Attach schedule SEE STATEMENT 5	•	17	1,973,871	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,185,456	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1 Cash			906,453	•	2,699,012
2 Net accounts receivable			840,945	•	1,096,938
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations STMT 6			2,326,180	•	2,342,365
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments. Attach schedule				•	
10 a Depreciable assets		408,437		426,685	
b Less accumulated depreciation		387,923	20,514	393,321	33,364
11 Land				•	
12 Other assets. Attach schedule STMT 7			67,485	•	57,408
13 Total assets			4,161,577		6,229,087
Liabilities and net worth					
14 Accounts payable			467,443	•	593,588
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities. Attach schedule STMT 8				•	722,300
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund			3,694,134	•	4,913,199
22 Total liabilities and net worth			4,161,577		6,229,087

Schedule M-1 Reconciliation of income per books with income per return
 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1 Net income per books	•	1,219,065	7 Income recorded on books this year not included in this return. Attach schedule SEE STMT 10	•	273,768
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		273,768
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6		1,192,602
5 Expenses recorded on books this year not deducted in this return. Attach schedule STMT 9	•	247,305			
6 Total. Add line 1 through line 5		1,466,370			

California Statements

FYE: 6/30/2020

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description	How Received		Whom Sold To		Net Basis
	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr
SECURITIES			PURCHASE		
	7/01/19	6/30/20	\$ 26,428	\$ 1,173	\$ 1,173
TOTAL			\$ 26,428	\$ 1,173	\$ 0

Statement 2 - Form 199, Part II, Line 7 - Other Income

Description	Amount
ANNUAL SHOWCASE EVENT	\$ 68,547
TOTAL	\$ 68,547

Statement 3 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City
Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount
				Book Value Explanation
				Date
		EDUCATIONAL STIPENDS		
		7,000		

Statement 4 - Form 199, Part II, Line 11 - Officer Compensation

Name		Address		City	
State	Zip	Title	Avg Hrs	Compensation Amount	
CHRISTA GANNON		568 VALLEY WAY		MILPITAS	
CA	95035	CEO	40.00	245,634	
ALI KNIGHT		568 VALLEY WAY		MILPITAS	
CA	95035	CEO	40.00	177,727	
LISA BREEN		CDD	40.00	69,287	
CARLOS GARCIA		568 VALLEY WAY		MILPITAS	
CA	95035	CFO	40.00	146,053	
SUSIE RIVERA		VICE PRESIDENT	40.00	129,317	
CASSIDY HIGGINS		VICE PRESIDENT	40.00	116,023	
MARK DONNELLY		BOARD CHAIR	1.30		
DICK WATTS		CHAIR EMERITUS	1.30		
JUNE WANG		VICE CHAIR	1.30		
KRISTIN MAJOR		TREASURER/SECRETARY	1.30		

Statement 4 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name		Address	City	
State	Zip	Title	Avg Hrs	Compensation Amount
DIANA BELL		DIRECTOR	1.30	
MEERA CHARY		DIRECTOR	1.30	
GORDON DAVIDSON		DIRECTOR	1.30	
ROBERT DEJESUS		DIRECTOR	1.30	
STUART LEE		DIRECTOR	1.30	
JOAN MALCOLM		DIRECTOR	1.30	
MELYNNE RIZVI		DIRECTOR	1.30	
RICO ROSALES		DIRECTOR	1.30	
JUDGE PATRICK TONDREAU		DIRECTOR	1.30	
TOTAL				884,041

California Statements

FYE: 6/30/2020

Statement 5 - Form 199, Part II, Line 17 - Other Expenses

<u>Description</u>	<u>Amount</u>
	\$
ANNUAL SHOWCASE EVENT	
	68,547
PAYROLL TAXES	347,239
ACCOUNTING	37,611
OTHER PROFESSIONAL	225,572
TRAVEL	94,658
CONFERENCES, MEETINGS	38,323
YOUTH ADVISORY/SPEECH	10,102
PRINTING AND PUBLICATION	19,438
EQUIPMENT RENTAL & MAINT.	81,112
PROGRAM ACTIVITIES & TRNG	222,690
PROGRAM SUPPLIES	65,947
STIPENDS	33,544
MISCELLANEOUS	149,417
TELEPHONE	66,272
OFFICE SUPPLIES	20,959
INSURANCE	21,868
	577,777
	-181,093
	-74,188
	181,093
	-34,830
IN-KIND SUPPLIES	1,813
TOTAL	\$ <u>1,973,871</u>

Statement 6 - Form 199, Schedule L, Line 5 - Federal and State Government

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
INVESTMENTS	\$ <u>2,326,180</u>	\$ <u>2,342,365</u>
TOTAL	\$ <u>2,326,180</u>	\$ <u>2,342,365</u>

Statement 7 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 11,348	\$ 11,348
PREPAID EXPENSES	56,137	46,060
TOTAL	\$ <u>67,485</u>	\$ <u>57,408</u>

California Statements

FYE: 6/30/2020

Statement 8 - Form 199, Schedule L, Line 18 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
UNSECURED NOTES AND LOANS PAYABLE	\$ <u> </u>	\$ <u>722,300</u>
TOTAL	\$ <u> 0</u>	\$ <u>722,300</u>

Statement 9 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books

<u>Description</u>	<u>Amount</u>
DONATED SERVICES	\$ <u>247,305</u>
TOTAL	\$ <u>247,305</u>

Statement 10 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS	\$ <u>26,463</u>
DONATED SERVICES	<u>247,305</u>
TOTAL	\$ <u>273,768</u>

TAXABLE YEAR

2019

Political or Legislative Activities by Section 23701d Organizations

CALIFORNIA FORM

3509

For calendar year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019, and ending (mm/dd/yyyy) 06/30/2020.

Attach to Form 199. FTB 199N filers see instructions.

Corporation/Organization name

FRESH LIFELINES FOR YOUTH, INC.

California corporation number

2080111

Street address (suite, room, or PMB no.)

568 VALLEY WAY

FEIN

52-2234595

City

MILPITAS

State

CA

ZIP code

95035

Part I – Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

- 1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? 1 ☐ Yes ☒ No
 If "Yes," describe the activities. Provide a summary of any published material relating to the activities.

- 2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? 2 ☐ Yes ☒ No
 If "Yes," describe the activities. Include the name of the individual or organization the organization contributed to, the amount paid, and date of contribution.

Part II – Legislative Activities

Complete if the organization attempted to influence legislation.

- 3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? 3 ☒ Yes ☐ No
 If "Yes," See instructions.

MEETING/CALLING GOVERNMENT OFFICIALS TO SHARE TRENDS, NEEDS, AND OFFERINGS OF BOTH THE NONPROFIT COMMUNITY AND FLY AS AN ORGANIZATION. FLY'S CLIENTS ARE JUVENILE JUSTICE INVOLVED. FLY HAS UPDATED THESE OFFICIALS ON EMERGING TRENDS IN POLICY AND PRACTICE EFFECTING THE JUVENILE JUSTICE FIELD.

- 4a Has the organization, during the 2019 taxable year, filed a federal Form 5768? 4a ☐ Yes ☒ No
 If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue Service and skip question 4b. This fulfills the organization's need to file an election for state purposes.
 If "No," go to question 4b and see instructions.
- 4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? 4b ☐ Yes ☒ No
 Note: The organization **cannot** make this election if it is a church, an integrated auxiliary of a church, a private foundation, or an affiliated organization.

Furnish the following financial information for the taxable year:

5 Exempt Purpose Expenditures

The total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose. 5 6,115,096 00

6 Lobbying Expenditures

The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation. 6 1,637 00

7 Grass Roots Expenditures

The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it. 7 00 00