	Ω	n	n
Form	J	J	U

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

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ΑF	or the	2021 calendar year, or tax year beginning and	ending	_		
B C	heck if oplicable:	C Name of organization		D Employer identif	ication number	
	Address change	YEAR ONE INC.				
	Name Change	Doing business as MILE HIGH YOUTH CORPS		84-1182631		
	Initial		Room/suite	E Telephone number		
	Final return/	1801 FEDERAL BLVD	nooni, ouno	303-433-1206		
L	termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,409,159.	
	Amende Ireturn			H(a) Is this a group r		
	Applica-			for subordinates		
	pending	SAME AS C ABOVE		H(b) Are all subordinates i		
I T	ax-exer	npt status: 🗶 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) (	or 527		a list. See instructions	
		www.MILEHIGHYOUTHCORPS.ORG		H(c) Group exemption		
		rganization: 🗶 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	I Year	<u> </u>	M State of legal domicile: CO	
		Summary				
		riefly describe the organization's mission or most significant activities: SEE SCI	HEDULE O			
Governance						
nai	<b>2</b> 0	heck this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net a	septe	
Ver		lumber of voting members of the governing body (Part VI, line 1a)			18	
ဗီ		lumber of independent voting members of the governing body (Fart VI, line 1a)			18	
s S		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			248	
Activities		otal number of volunteers (estimate if necessary)			39	
÷		otal unrelated business revenue from Part VIII, column (C), line 12				
¥		let unrelated business taxable income from Form 990-T, Part I, line 11				
-				Prior Year	Current Year	
	<b>8</b> C	ontributions and grants (Part VIII, line 1h)	2,433,326.			
Revenue		rogram service revenue (Part VIII, line 2g)		1,567,199.		
Š		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		16,707.		
۳,		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,822.	,	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,078,054.	,	
-		irants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
				0.	-	
		enefits paid to or for members (Part IX, column (A), line 4)		2,747,643.		
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ben		otal fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 302,		•.	, <b>,</b>	
Ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		969,026.	1,482,129.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,716,669.		
		evenue less expenses. Subtract line 18 from line 12		361,385.	, ,	
r ss	<b>19</b> R	evenue less expenses. Subtract line 16 from line 12		ginning of Current Year		
ance	00 T		De	3,010,443.	End of Year 3,272,334.	
Bala		otal assets (Part X, line 16)				
Net Assets or Fund Balances		otal liabilities (Part X, line 26)	······	422,333.		
		let assets or fund balances. Subtract line 21 from line 20		2,588,110.	2,876,999.	
_		Signature Block	h	and and to the base of	an haan dada ah dada bar ta	
		ies of perjury, I declare that I have examined this return, including accompanying schedule			iy knowledge and belief, it is	
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of whether the second s	lich preparer	nas any knowledge.		
		Ciapature of officer		Doto		
Sigr	n	Signature of officer		Date		

Sign	Signature of officer								
Here	LAUREN BUEHLER, CHAIR Type or print name and title								
		Preparer's signature	Date	Check	PTIN				
Paid	TIFFANY KNIGHT I	08/02/22	self-employed	₽01725779					
Preparer	Firm's name 🕒 KUNDINGER, CORDER & MONTO	DYA, P.C.	Firi	m's EIN 🕨					
Use Only	Firm's address 👞 475 LINCOLN STREET, SUITE	E 200							
	534-5953								
May the I	RS discuss this return with the preparer shown abov	ve? See instructions			X Yes	No			
						A (			

Form	990 (2021) YEAR ONE INC.	84-1182631 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	x
1	Briefly describe the organization's mission:	
•	THE MISSION OF MILE HIGH YOUTH CORPS IS TO HELP YOUTH MAKE A	
	DIFFERENCE IN THEMSELVES AND THEIR COMMUNITY THROUGH MEANINGFUL	
	SERVICE OPPORTUNITIES AND EDUCATIONAL EXPERIENCES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	? Yes X No
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, a	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:         ) (Expenses \$4, 482, 047.         including grants of \$) (Reverse)	enue \$ 2,536,331.
	FOUNDED AS YEAR ONE, INC., MILE HIGH YOUTH CORPS (MHYC) WAS ESTABLISHED	
	IN 1992 TO ADDRESS THE EDUCATIONAL AND EMPLOYMENT NEEDS OF DENVER'S	
	YOUTH WHILE CONNECTING THEM TO THEIR COMMUNITY AND THE OUTDOORS. THAT	
	FIRST YEAR, 20 YOUTH SERVED DENVER NEIGHBORHOODS THROUGH A SINGLE	
	10-WEEK PROGRAM. TODAY, MHYC IS A COMPREHENSIVE, YEAR-ROUND MODEL	
	SERVING 250 YOUNG ADULTS ANNUALLY ACROSS 23 COLORADO COUNTIES FROM	
	BROOMFIELD COUNTY ALL THE WAY SOUTH TO THE NEW MEXICO BORDER HAVING	
	THE LARGEST GEOGRAPHIC FOOTPRINT AMONGST COLORADO'S EIGHT ACCREDITED	
	YOUTH CORPS. YOUTH, AGES 18-24, RECEIVE ON-THE-JOB TRAINING AND CAREER	
	READINESS PROGRAMS LEADING TO THE OBTAINMENT OF INDUSTRY-RECOGNIZED	
	CERTIFICATIONS, AN AMERICORPS EDUCATION AWARD, AND	
	***SEE CONTINUATION ON SCHEDULE O***	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$
	( ) ( ) (	
4c	(Code:         ) (Expenses \$) (Reverse)	enue \$
4d	Other program services (Describe on Schedule O.)	
-tu	Other program services (Describe on Schedule O.)	۱. ۱
40	(Expenses \$ including grants of \$ )     (Revenue \$       Total program service expenses     4,482,047.	
4e	$101a1 program of vide experises range \pi_1 = 02, 0 = 1$	Form <b>990</b> (2021

	990 (2021) YEAR ONE INC. 84-1182631		P	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u> </u>
0				x
~	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<b> </b>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	 14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			ĺ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		<u> </u>	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
17		47		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	1
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	┣───
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Ţ
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

YEAR ONE INC.

84-1182631

	990 (2021) YEAR ONE INC. 84-1182631		P	age <b>4</b>						
Pa	t 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	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
24 0	Schedule J a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a		x						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
-	any tax-exempt bonds?	24c								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d								
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit									
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and									
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete									
	Schedule L, Part I	25b		х						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%									
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled									
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х						
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,									
	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If									
	"Yes," complete Schedule L, Part IV	28a		X						
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X						
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If									
~~	"Yes," complete Schedule L, Part IV	28c		X X						
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x						
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		X						
32		31		- 22						
52	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02								
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34		x						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x						
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity									
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?									
	If "Yes," complete Schedule R, Part V, line 2	36		х						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?									
	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	х							
Pa										
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a									
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	2								
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	X							
132004	↓ 12-09-21	Form	990	(2021)						

Vest         No.           2a         Enter the number of emptyses reported on Form W-3. Transmittal of Wage and Tax Statements.         2         3		990 (2021) YEAR ONE INC. 84-1182631		Р	age <b>5</b>							
2a         Ear the number of employees reported on Form W-3, Transmittal or Wage and Tax Statements,         Za         Za           bit at least one is reported on line 2a, did the organization field all required federal employment tax returns?         Za         Xa           3a         Data with the sign and Za is gratel transmits or 45.000 or more during the year?         Za         Xa           3b         If Yae, That the all of Sar More The this year?         Za         Xa           3b         If Yae, That the all of Sar More The this year?         Za         Xa           3c         Xa         If Yae, That the all of Sar More More The this year?         Za         Xa           3c         Xa         If Yae, That the name of the form formal accounts (FEAR).         Sa         X           3c         If Yae, The Cas and Sar Mark Statements.         Yae         Xa         Sa         X           3c         If Yae, Tothe Sar OS, did the organization that twas or is a party to a princibulate tax shear?         Sa         X           3c         If Yae, Tothe Sar OS, did the organization nature disonation and party for possing and sheat starsection?         Sa         X           3c         If Yae, Tothe Gar OS, did the organization that was or is a party to a princibulate tax year?         Sa         X           3c         If Yae, Tothe did the organization nature organization and part	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
International control of the calculation of the spectra of the sector				Yes	No							
b If a tiest one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a         3b If Yes, "Inst theid a Form 3000 Tork his year? If Yes?"       3a       3a       X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transmit of the regine carry?       3a       X         b If Yes, "Inst the Far ame of the foreign carry?       5a       X         b If Yes, "Inst the name of the foreign carry?       5a       X         b If Yes, "Inst the ranse of the organization in the regine carry?       5a       X         b If Yes, "Inst the name of the organization in the regine carry?       5a       X         b If any taxable party notify the organization that twas or is a party to a prohibited tax shelf" transaction?       5a       X         c If Yes," Id the organization include with every solicitation an express statement that such contributions on grifts were not tax deductible an entraitable contributions?       5a       X         b If Yes," idd the organization include with every solicitation and express atoment that such contributions organization neutron states and the solicitation and express atoment that such contributions organization and the organization foreid the solicitation and express atoment the solicitation and expresize during the solicitation and express atoment that such contrib	2a											
Note:         If the sum of ines 1 and 2a is greater than 220, you may be required to -file. See instructions.         Image: Section 340, Section												
3a Did the organization have unrelated business gross income of \$1,000 or more during the yea?       3a       X       X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authortly over, a financial account's (sch as a bank account, securities account, or other financial account's (FBAR).       Xa       Xa         b If "Yes," relater the name of the forsign country ▶       See instructions for fining requirements for FinCEN Form 114, Peport of Forsign Bank and Financial Accounts (FBAR).       See         b Was the organization in a try to explorate tax scheder transaction at ny time during the tax yea?       Se       X         b Of any taxable party notify the organization frame RBBR?       Se       X         c If "ves" to ite Sa or 5b, did the organization fram RBBR?       Se       X         b Ob the organization include with every solicitation an express statement that such contributions and envices growided to the party of the 'se', 'did the organization include with every solicitation and explores provided?       Ta       X         b If 'Yes," idid the organization include with every solicitation and any try for poots and services provided to the party 'Ta       X       Did the organization network any transition and/prive for poots and services provided?       Ta       X         f U the organization include with every solicitation an express statement that such contributions organization and/prive for any services provided?       Ta       X         f U the organization selve any dund, directly on	b											
b       If "Yes," that it field a Form 990-T for this year? If "No" to line 30, provide an explanation on Schedule 0       35         4       At any time during the calendar year, do the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (but as a back account source source) and the country (but as a back account source other financial accounts (FBAR).         5       See instructions for filing requirements to FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).         6       Was the organization a party to a prohibited tax shelter transaction?       5c         6       Dod any taxable party notify the organization that thas or is a party to a prohibited tax shelter transaction?       5c         6       Dod any taxable party notify the organization that thas or is a party to a prohibited tax shelter transaction?       5c         1       T'Yes," of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization select a system in excess 515 mailer party as a collibution and party for goods and services provided to the payor?       7a       X         7       Organization sele and payor as a collibution and party for goods and services provided to the payor?       7a       X         7       Did the organization and explose 315° mailer pays as collibution and party for goods and services provided to the payor?       7a       X         7       Types," indicate the number of Forms 8282 field during the year?       7d       Y												
4a       At any time during the calendar year, all the organization have an interest in, or a signature or other authority over. a financial accounts (= back as back account, securities account, or other financial accounts) (= back and Financial accountrel (= back and Financial												
financial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       bit 1*Yes, "enter the name of the foreign country be     Sau instructions for filing requirements for FinCeN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     Sau Statuctions for filing requirements for FinCeN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     Sau Statuctions for filing requirements for FinCeN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     Sau Statuctions for filing requirements for FinCeN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     Sau Statuctions for the organization that the value or is a party to a prohibited tax shelter transaction?     Sau Statuctions for the organization relater sectors that are normally greater than \$100,000, and did the organization sectors account and express statument that such contributions or gifts     Ga     X       bit 1*Yes, "did the organization include with every solicitation are express statument that such contributions or gifts     Gb     Z       bit 1*Yes, "did the organization ontrive the donor of the value of the goods or services provided to the pary?     Ta     X       bit 1*Yes, "did the organization ontrive the donor of the value of the goods or services provided to the pary?     Ta     X       f 1*Yes, "did the organization netwer pary premiums. Greatly to pary premiums on a personal benefit contract?     Ta     X       f 1*Yes, "did the organization netwer of orms 8282 field during the year     Ta     Ta     X       f 1*Yes, "did the organization netwer or dowised funds. Juppares, or othe			3b									
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 (FBAF),       5a       ×         B       Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       5a       ×         C       If "Yes" to be 5a or 5b, diff to erganization if the Form 8896, "Party to a prohibited tax shelter transaction?       5a       ×         Ga Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that ween or tax deductible?       6a       ×         7       Organization network approximation include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       ×         7       Organization netwice apprentin texsus of \$7 maid party as a contribution and party for goods and services provided to the part?       7a       ×         7       Organization networks apprentin texsus of \$7 maid party as a contribution or goods and services provided to the part?       7a       ×         7       Tax       Ta       Ta       ×       7a       ×         7       Tax       Ta       Ta <th>4a</th> <th></th> <th></th> <th></th> <th></th>	4a											
See instructions for ting requirements for FinOCEN Torm 114, Report of Toreign Bank and Financial Accounts (FBAR).       Sa       X         54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         56 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       So       So         61 TY-es' to line 6a or 5b, did the organization take annual gross receipts that are normally greater than \$100,000, and did the organization solid       So       So         61 Mice organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts       So       So         70 Organizations that may receive deductible contributions under section 170(c).       Did the organization notify the donor of the value of the goods or services provided?       Ta       X         71 Did the organization notify the donor of the value of the goods or services provided?       Ta       X         72 Did the organization and exchange, or otherwise dispose of tanglible personal property for which it was required?       Ta       X         74 Did the organization and exchange, or otherwise dispose of tanglible personal property for which it was required?       Ta       X         74 Did the organization necesses any on qualified intelectual property, did the organization file form 8282?       Kee organization are exchess anothabanes or otherwises, did the organization f												
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b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction?       Sp       X         if ''Ves' in lone Sa or 50, dot the organization the Form 886-77.       Ge       Ge       X         if ''Ves' in the organization include with every solicitation an express statement that such contributions or gits were not tax deductible as charabale contributions?       Ge       X         b       If ''Ves', ''dot the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c).       Ge       X         b       If ''ves', ''dot the organization include with every solicitation and partly for goods and services provided to the payor?       7a       X         c       Dot the organization solity the donor of the value of the goods or services provided?       7b       X         c       Dot the organization neceive any functs, directly or indirectly, to pay preniums on a personal benefit contract?       7c       X         d       If ''ves', 'indicate the number of Forms 8282 field during the year       7d       X       Y         d       If the organization receive any functs, directly or indirectly, on a personal benefit contract?       7c       X         d       If ''ves', 'indicate the number of Forms 8282 field during the year?       7d       X         f       Dot the organization nave anutability donor advised funct												
c     If Yes' to line Sa or Sb, did the organization file Form 8886 1?     Sc       6a     Dess 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 is a charatable contributions 7     Sc       6a     Dess the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170c).     Sc       b     If Yes', did the organization include with every solicitation and partly for goods and services provided to the payor?     Ta     X       b     If Yes', did the organization notify the donor of the value of the goods or services provided?     To     X       c     Did the organization notify the donor of the value of the goods or services provided?     To     X       c     Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     Te     X       d     Did the organization neceive a contribution of qualified intelectual property, did the organization file a form 1098C?     Th     X       g     If the organization neceive a contribution or advised funds. Did a donor advised fund maintained by the sponsoring organization make any block did did section 4966?     Se       g     Did the sponsoring organization make any taxable distributions under section 4966?     Se       g     Did the sponsoring organization make a distribution to a donor done advised fund maintained by the sponsoring organization make a dist					<u> </u>							
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that trees not tax deductible as chartable contributions?       Ga       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and express for the part of the part of the part of the part of the organization stat may receive deductible contributions and part for goods and services provided to the part?       7a       X         b       If "Yes," did the organization neceive a payment in excess of \$7 made partly as a contribution and part for goods and services provided to the part?       7a       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of cars, basts, airplanes, or other vehicles, did the organization file a Form 1086/2       7a       X         g       Sponsoring organization maintaining donor advised fund avides during anitation by the sponsoring organization. Take any taxable distributions and valved fund anitatine by the sponsoring organization make a distribution to a donor, donor advised fund anitatine by the sponsoring organization maintaining donor advised fund anitatine by the sponsoring organization. Enter:       11a       12a         g       Spo	b				X							
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       6b       2         7       Organization state may receive deductible contributions under soction 170(c).       7a       x         b       If the organization notify the donor of the value of the goods or services provided?       7a       x         b       If 'Yes,' did the organization notify the donor of the value of the goods or services provided?       7a       x         c       Did the organization notify the donor of the value of the goods or services provided?       7a       x         c       Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7e       x         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       x         f       The organization meceive a contribution of qualified intellectual property, did the organization file Form 1089C CT       X       X         g       If the organization meaintaining door advised funds.       Did donor advised funds.       Bid       Bid         g       Sponsoring organization maintaining door advised funds.       Bid       Bid       Bid       Bid         g       Sponsoring organization make an			5c									
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 contribution and partly for goods and services provided to the part?       7a       X         b       If "Yes," did the organization notify the doons or the value of the goods or services provided?       7d       X         c       Did the organization notify the doons or the value of the goods or services provided?       7d       X         c       Did the organization neceive any funds, directly or indirectly, no payrenulms on a personal benefit contract?       7d       X         d       Did the organization receive any funds, directly or indirectly, no payrenulms on a personal benefit contract?       7d       X         g       If the organization during the year, apyrenulms, directly or indirectly, no payrenulms, directly or indirectly on apersonal benefit contract?       7d       X         g       If the organization maintaining door advised funds maintained by the sponsoring organization maintaining door advised funds.       8       8         a       Did the sponsoring organization maintaining door advised funds.       8       9a       9a         a       Did the sponsoring organization maintaining door advised funds.       8       9a       9a         a       Did the sponsoring organization maintaining door advised funds.	6a											
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7       0     Did the organization neetive a payment in excess 0157 made partly as a contribution and partly for goods and services provided to the payor?     7     X       0     Did the organization neetive, change, or otherwise dispose of tangible personal property for which it was required to the form 8282?     7     X       1     Ty'es, "indicate the number of Forms 8282 filed during the year     7     Z     X       1     Did the organization neetive any funds, directly, or pay remums on a personal benefit contract?     7     Z       1     If the organization received a contribution of cars, boats, airplanes, or other vehicles, dif the organization file Form 8899 as required?     7     X       2     If the organization received a contribution of cars, boats, airplanes, or other vehicles, dif the organization file Form 8899 as required?     7     X       3     If the organization make any taxable distributions under section 4966?     9     8     8       9     Sponsoring organization make any taxable distributions or advised nume, or related person?     9     9       10     Section 501(c)(7) organizations. Enter:     10a     10a     10a       11     Imitation feese do lasue qualified health plans in more than one state?     13a     13a       12     Section 501(c)(2) organizations. En			6a		X							
7         Organizations that may receive deductible contributions under section 170(c).         Image: the organization receive a symmet in excess of \$75 made party as a contribution and party for goods and services provided to the party of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?         76         X           c         Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?         76         X           d         If "Yes," indicate the number of Forms 8282 filed during the year         7d         X           g         Did the organization, ting the year, pay permiums, on a personal benefit contract?         7f         X           g         If the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?, file         7g         X           g         Sponsoring organization maintaining door advised funds, did chorn advised funds.         8         9           9         Sponsoring organization make a distribution to a door, doora advised funds.         9a         9a <t< th=""><th>b</th><th></th><th></th><th></th><th></th></t<>	b											
a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       x         b If "Yes," alid the organization on Sith werkange, or therewise dispose of tangible personal property for which it was required to file Form 8282?       7c       x         c II of the organization on Excending, 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       Td       7d       x         f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       x         f Did the organization received a contribution of qualified intellectual property (did the organization file a Form 1098-C?       7h       x         8 Sponsoring organization make avantabiling donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       a         9 Sponsoring organization make any taxable distribution to a donor, donor adviser, or related person?       9a       a       a         10 the sponsoring organization makes or shareholders       10a       10b       a       a       a         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       a       a       a         11 Section 501(c)(7) organizations functione the o	_		6b									
b       If "Yes," did the organization netlify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282. filed during the year       [cd]       7t       X         e       Did the organization, during the year, pay premiums, directly or indirectly or naj personal benefit contract?       7t       X         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?       7n       X         g       If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?       7n       X         g       Sponsoring organization make any taxable distributions under section 4966?       8       8       X         g       Sponsoring organization make any taxable distributions under section 4966?       9a       X       X       X         g       Initiation fees and capital contributions included on Part VIII, line 12       10a	7		_									
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       Zd       7c       X         d       If with indicate the number of Forms 8282 filed during the year       Zd       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         g       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         g       Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9	a											
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       X         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f If the organization received a contribution of cars, boats, aiphanes, or other vehicles, did the organization file a Form 1098-C7       Th       X         g If the organization received a contribution of cars, boats, aiphanes, or other vehicles, did the organization file a Form 1098-C7       Th       X         g Sponsoring organizations maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         g Did the sponsoring organizations. Enter:       10a       10a       9b       9b         11 Section 501(c)(7) organizations. Enter:       10a	b		7b	X								
d If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       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 nidrectly, or pay sonal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 CF       Sponsoring organizations maintaining doon advised funds.       7h       X         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9b         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b <t< th=""><th>с</th><th></th><th>_</th><th></th><th></th></t<>	с		_									
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       Image: Control organization maintaining donor advised funds.         g       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       Image: Control of Control or Control of Control or Control of Control or Control of Control or Control or Control of Control organization make any taxable distribution to a donor, donor advisor, or related person?       9b       Image: Control of Control or Control of Control organizations. Enter:       Image: Control of Contr	_		7c		X							
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       79         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       71       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       71       X         g       Sponsoring organization make excess business holdings at any time during the year?       8       9         g       Did the sponsoring organization make and stribution to a donor, donor advised funds.       9a       9a       9b       10b	d		_									
In the organization received a contribution of qualified intellectual property, did the organization term of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?         Sponsoring organization make acount advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9 Did the sponsoring organization make a distribution to a donor, donor advised, received person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         11 Section 501(c)(12) organization. Enter:       10a         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       11b       12a         13 Section 501(c)(2) qualified onperitor theatth insurance issuers.       12a         a Is the organization make to issue qualified health plans in more than one state?       12a         14a       13a       13a         14a       X       14a       X         14b       13c       14a       X         15	е				<u> </u>							
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.       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         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)(7) arganizations. Enter:       10a       11a         a       Gross income from members or shareholders       11a       12a         b       Gross income from them.       11b       12a         12a       Section 501(c)(29) qualified nonprofit heatth insurance issuers.       12a       13a         13       Section 501(c)(29) qualified nonprofit heatth plans       13a       13a         13a       Note: See the instructions for additional information the organization must heap on Schedule O.       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O. <t< th=""><th>f</th><th></th><th></th><th></th><th>X</th></t<>	f				X							
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 organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a         12       Section 501(c)(12) organizations. Enter:       10b         13       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a         12a       11b       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         14       Is the organization licensed to issue qualified health plans in more than one state?       13a         14b       13c       13a         15       Is the organization is lequered to maintain by the states in which the organization is lequered to maintain by the states in which 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?       14a       X         15       Is the organization subject to the section 4960 tax	g											
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining door advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         cross income from members or shareholders       11a       10b       10b       10c         12       Section 501(c)(12) organizations. Enter:       11b       11b       12a         a       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(22) qualified nonprofit health insurance issuers.       12b       13a       12b         13       Section foor freeserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a       13a         c       Teter the amount	-		7h									
9       Sponsoring organizations maintaining donor advised funds.       9a         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:       10a       9b         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11b       12a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from members or shareholders       11a       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Did the organization licensed to issue qualified health plans in more than one state?       13a       14a       X         15       Section 501(c)(29) qualified nonprofit health plans       Immuth or schedule O       14a       X         16       If "Yes," has if filed a Form 720 to report these payments? If "No," prov	8		-									
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:       10a         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:       11a         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         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13 Section ilicensed to issue qualified health plans in more than one state?       13a       13a         14a Did the organization icensed to issue qualified health plans       13b       13c       14a       X         14 Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15	•		8									
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         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       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X			•									
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       11b         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         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a       13a         c       Enter the amount of reserves on hand       13a       13a       14a       X         14       Did the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O       14a       X         15       Is the organization and file Form 4720, Schedule N.       15       14b												
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:       11a       11b         a       Gross income from members or shareholders       11a       11b       11b         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         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       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         14a       X       If "Yes," ase the instructions and file Form 4720, Schedule N.       15       X         1			90									
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16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       Image: Complete Form 4720, Sche												
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	.,		17									
		If "Yes," complete Form 6069.										

	990 (2021) YEAR ONE INC.		84-118263			age <b>6</b>							
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	-		ra "No"	respoi	nse							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	). See	instructions.										
	Check if Schedule O contains a response or note to any line in this Part VI					X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18									
	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 0.												
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 18												
2	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?												
3													
	of officers, directors, trustees, or key employees to a management company or other person?												
4	Did the organization make any significant changes to its governing documents since the prior Form 9				Х								
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X							
6	Did the organization have members or stockholders?					x							
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap												
	more members of the governing body?	-		7a		x							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s												
~	persons other than the governing body?			7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			. 15									
	The governing body?		•	8a	х								
b	Each committee with authority to act on behalf of the governing body?				x								
9				. 00									
5	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												
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			. 9		X							
		, vonac			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	x							
	If "Yes," did the organization have written policies and procedures governing the activities of such ch												
~	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			11a	х								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,											
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye												
	on Schedule O how this was done			12c	х								
13	Did the organization have a written whistleblower policy?			13	х								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approva												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	·										
а	The organization's CEO, Executive Director, or top management official			15a	х								
	Other officers or key employees of the organization			15b	х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	rith a										
	taxable entity during the year?			16a		х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-										
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{ ext{CO}}$												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and	nd 990	-T (section 501(c)	(3)s only	) availa	able							
	for public inspection. Indicate how you made these available. Check all that apply.												
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and fina	ncial								
	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 bo	oks ar	d records 🕨										
	LISA SMITH - 303-433-1206		·										
	1801 FEDERAL BLVD, DENVER, CO 80204												

Form 990	2021) YEAR ONE INC.	84-1182631 Pa	age <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee	S	
1a Compl	ate this table for all persons required to be listed. Benort compensation for the calendar ve	ar ending with or within the organization's tay	y vear

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week	<u> </u>	officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	d ual ti	itiona		nploy	st cor	5	1000 NEO		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) BRIGID MCRAITH	40.00	_		_						
CEO		1		x				114,618.	٥.	11,763.
(2) KYLE HENDERSON	1.00									
CHAIR		x		х				0.	0.	0.
(3) LAUREN BUEHLER	1.00									
VICE CHAIR		х		х				0.	0.	0.
(4) KEVIN MCADAM	1.00									
SECRETARY		х		х				0.	٥.	0.
(5) MARK DECESARIS	1.00									
TREASURER		х		х				0.	0.	0.
(6) GABE BUZINSKI	1.00									
MEMBER		х						0.	0.	0.
(7) JIM CAPECELATRO (THRU 08/21)	1.00									
MEMBER		х						0.	0.	0.
(8) STACY CHESNEY	1.00									
MEMBER		х						0.	0.	0.
(9) TAMRA CLARK	1.00									
MEMBER		X						0.	0.	0.
(10) ROB GILLIS	1.00									
MEMBER		x						0.	0.	0.
(11) SANA IMAM	1.00									
MEMBER		х						0.	0.	0.
(12) MICHELYN JOHNSON (THRU 10/21)	1.00								_	_
MEMBER		х						0.	0.	0.
(13) DAYLE JONES	1.00									
MEMBER	-	х						0.	0.	0.
(14) NICOLE JONES	1.00									
MEMBER	1.00	X						0.	0.	0.
(15) JOJO LA	1.00	l								
MEMBER	1.00	X						0.	0.	0.
(16) LAWRENCE PHAM	1.00	<b>.</b>						0.	0.	<u>^</u>
MEMBER	1.00	X	-	├	-		<u> </u>	0.	U.	0.
(17) LESLIE PICKARD MEMBER	1.00	x						0.	0.	0.
MEMDER	1	^	I	I				υ.	<u></u> ۰.	

Form 990 (2021) YEAR ONE INC.	•								84-1182	631		Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos check ess pe nd a d	ition more rson	than is bot	h an		<b>(E)</b> Reportable compensatior from related	ı		<b>(F)</b> stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fi org an	pensa rom th Janiza d rela anizat	ation ie tion ted
(18) AARON POTTS	1.00		_		-								
	1 00	X						0.		0.			0.
(19) PAUL SCHARFENBERGER MEMBER	1.00	x						0.		0.			0.
(20) MIKE SMITH	1.00												
MEMBER		х						0.		0.			0.
(21) ALE SPRAY MEMBER	1.00	x						0.		0.			0.
										••			
1b Subtotal								114,618.		0.		11	,763.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								114,618.		0.		11	0. ,763.
2 Total number of individuals (including but n							ho r		,000 of reportable	Э			, -
compensation from the organization												Yes	1 No
<b>3</b> Did the organization list any <b>former</b> officer,												103	
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su	<i>ucn individual</i> im of reportab	 le co	 omo	ensa	atior	n and	d ot	ther compensation from	the organization		3		X
and related organizations greater than \$15											4		х
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	•							ted organization or indiv	idual for services		5		x
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		pens			
(A) Name and business	address	NO	NE					(B) Description of s	services	С		<b>C)</b> nsatio	on
2 Total number of independent contractors (i	ncluding but a		mita	d to	the	so #	etor	d above) who received a	pore than				
2 Total number of independent contractors ( \$100,000 of compensation from the organi	U U		mie	u 10		se ii 0	3180						

				E INC.					84-1182631	Page <b>9</b>
Pa	rt VI	II Statement of Re	even	lue						
		Check if Schedule O	conta	ains a respo	onse	or note to any lin				
							(A)	(B) Related or exempt	(C)	(D) Revenue excluded
							Total revenue	function revenue		
										sections 512 - 514
ts t	1 2	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues								
اع ق						22 654				
Ę,		Fundraising events				22,654.				
ia i	c	Related organizations		1d						
in's,	e	e Government grants (cont	ributi	ons) 1e		2,024,036.				
rio S	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	d abov	/e <b>1f</b>		776,709.				
ĒÓ		Noncash contributions included ir			3	-				
2 Z Z	-	Total. Add lines 1a-1f					2,823,399.			
<u> </u>		Total. Add lines 1a-11					2,023,333.			
						Business Code				
e Ce	2 a	CONTRACT REVENUE				624310	2,534,357.	2,534,357.		
e X	k	D								
s n	c	>								
Program Service Revenue	c									
P 2	e									
Pro										
-		All other program service								
	ç	<b>Total.</b> Add lines 2a-2f				🕨	2,534,357.			
	3	Investment income (inclu	ding	dividends, i	ntere	est, and				
		other similar amounts)				►	8,739.			8,739.
	4	Income from investment								
	5	Royalties								
	Ŭ		· · · · · · · · · · · · · · · · · · ·	(i) Real		(ii) Personal				
		<b>a</b> .								
		Gross rents		37,8						
	k	Less: rental expenses	6b		0.					
	c	Rental income or (loss)	6c	37,8	344.					
	c	Net rental income or (loss	s)			►	37,844.			37,844.
		Gross amount from sales of	-	(i) Securit		(ii) Other				
		assets other than inventory	7a							
		Less: cost or other basis	14							
a	Ľ		<b></b> .							
enue		and sales expenses								
	c	Gain or (loss)	7c							
۳,	c	Net gain or (loss)			. <u></u>	🕨				
Other Rev	8 8	Gross income from fundraisi	ing ev	ents (not						
₹∣		including \$	22	,654. of						
		contributions reported or								
				-	0-	2,846.				
		Part IV, line 18			8a					
		Less: direct expenses			8b	2,846.				
		Net income or (loss) from		•	_	<b>&gt;</b>	0.			
	9 a	a Gross income from gamir	ng ac	tivities. See						
		Part IV, line 19			9a					
	ŀ	Less: direct expenses			9b					
		Net income or (loss) from				<u> </u>				
					Ĩ —					
	10 8	Gross sales of inventory,								
		and allowances			10a					
	k	Less: cost of goods sold			10b					
		Net income or (loss) from	sales	<u>s of invento</u>	ry	🕨				<u> </u>
ω						Business Code				
ño	11 =	MISCELLANEOUS				900099	1,974.	1,974.		
ane.							_,			
ver	k									<u> </u>
Miscellaneous Revenue	c					├				
ΪΞ́Ξ	c	All other revenue								
_	e	• Total. Add lines 11a-11d		<u></u>	<u>.</u>	►	1,974.			
	12	Total revenue. See instruction	ons	<u></u>	<u></u>	►	5,406,313.	2,536,331.	0.	46,583.
										Form 000 (0001)

	and demostic severements. See Part IV line 01				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
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	133,581.		86,828.	46,753.
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	2,963,853.	2,753,986.	87,746.	122,121.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22,476.	19,529.	924.	2,023.
9	Other employee benefits	277,530.	255,546.	10,057.	11,927.
10	Payroll taxes	237,855.	212,810.	12,478.	12,567.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	111,902.	73,866.	22,669.	15,367.
12	Advertising and promotion	29,321.	9,808.	1,079.	18,434.
13	Office expenses				
14	Information technology	53,927.	35,947.	10,973.	7,007.
15	Royalties				
16	Occupancy	259,944.	177,560.	49,693.	32,691.
17	Travel	10,562.	7,793.	1,607.	1,162.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,683.	5,120.	1,572.	991.
21	Payments to affiliates	,	,	,	
22	Depreciation, depletion, and amortization	85,630.	57,082.	17,517.	11,031.
23	Insurance	82,768.	55,174.	16,932.	10,662.
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 0.)				
а	VEHICLE EXPENSES	263,920.	263,294.	384.	242.
b	OTHER PROGRAM SUPPLIES	235,790.	229,620.	3,108.	3,062.
c	INSTALLATION MATERIALS	172,104.	172,104.		
d	UNIFORMS AND PROTECTIVE	43,867.	42,494.	842.	531.
e	All other expenses	124,711.	110,314.	8,181.	6,216.
25 25	Total functional expenses. Add lines 1 through 24e	5,117,424.	4,482,047.	332,590.	302,787.
<u>25</u> 26	Joint costs. Complete this line only if the organization		-,2,01/.		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

1

YEAR ONE INC. Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

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

(A) Total expenses

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

**(D)** Fundraising expenses

84-1182631

(C) Management and general expenses

(B)

Program service expenses

Form 990 (		
Part X	Balance	Sheet

YEAR ONE INC.

		Check in Schedule O contains a response of hol	<u> </u>		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			498,655.	1	1,140,621.
	2	Savings and temporary cash investments	800,041.	2	20,124.		
	3	Pledges and grants receivable, net	103,418.	3	146,440.		
	4	Accounts receivable, net			148,015.	4	509,032.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se persoi	ns		5	
	6	Loans and other receivables from other disquali	fied pers				
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ស	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			48,193.	9	44,807.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,031,886.			
	b	Less: accumulated depreciation		1,620,576.	1,412,121.	10c	1,411,310.
	11	Investments - publicly traded securities	-			11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	Г		14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			3,010,443.	16	3,272,334.
	17	Accounts payable and accrued expenses	182,467.	17	261,300.		
	18	Grants payable			18		
	19	Deferred revenue		66,071.	19	6,571.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
iab		controlled entity or family member of any of the		22			
	23	Secured mortgages and notes payable to unrela	ated third	d parties	97,041.	23	76,742.
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24).	Complete Part X			
		of Schedule D			76,754.	25	50,722.
	26	Total liabilities. Add lines 17 through 25			422,333.	26	395,335.
s		Organizations that follow FASB ASC 958, che	ck here				
JCe		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions		2,124,045.	27	2,514,033.	
ä	28	Net assets with donor restrictions			464,065.	28	362,966.
un		Organizations that do not follow FASB ASC 9	58, chec	ck here 🕨 🛄			
г		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec	quipment	fund		30	
t A:	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			2,588,110.	32	2,876,999.
	33	Total liabilities and net assets/fund balances	3,010,443.	33	3,272,334.		

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

84-1182631 Page 11

Form **990** (2021)

Form	1990 (2021) YEAR ONE INC.	84-1182631		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,406	,313.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,117	,424.
3	Revenue less expenses. Subtract line 2 from line 1	3		288	,889.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,588	,110.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	,876	,999.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	le O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public

Interna	al Rever	nue Service		Go to www.irs.go		Inspection							
Nam	e of t	the organizati	on	E						identification number			
_				NE INC.						4-1182631			
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must o	complete t	his part.) S	ee instructio	ns.				
The o	organ	nization is not a	a private found	lation because it is:	tion because it is: (For lines 1 through 12, check only one box.)								
1					on of churches describe		on 170(b)(*	1)(A)(i).					
2					Attach Schedule E (Forn								
3					anization described in <b>s</b>								
4			-	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	<b>(iii).</b> Enter	the hospital's name,			
5	city, and state:												
5		0	·	Complete Part II.)			led by a g	overnmentar					
6					mental unit described in	section 17	70(b)(1)(A)	(v).					
7	X				antial part of its support i				the general	public described in			
		-		omplete Part II.)					U U				
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	Inction with a	land-grant	college			
		or university	or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, city	, and state c	of the colleg	e or			
		university:					-		-				
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from			
		activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment			
		income and ι	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.			
		See section	509(a)(2). (Cor	mplete Part III.)									
11		An organizati	on organized a	and operated exclus	sively to test for public sa	afety. See	section 50	)9(a)(4).					
12		An organizati	on organized a	and operated exclus	sively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purposes of one or			
		more publicly	v supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section</b>	509(a)(3). 🤇	Check the box on			
		lines 12a thro	ough 12d that	describes the type of	of supporting organization	n and con	nplete lines	s 12e, 12f, ar	id 12g.				
а		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving			
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting			
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.								
b		<b>Type II.</b> A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	iving			
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported			
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.								
С			-		g organization operated				ally integrat	ed with,			
		its support	ed organizatio	n(s) (see instructions	ns). You must complete Part IV, Sections A, D, and E.								
d			-	y integrated. A supporting organization operated in connection with its supported organization(s)									
			-		zation generally must sa	•		-	d an attent	iveness			
					nplete Part IV, Section								
е			•		written determination fro			а Туре I, Туре	e II, Type III				
					onally integrated support	ing organi	zation.						
		er the number	• •	•									
g		(i) Name of supp		n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other			
	,	organizatior		(1) 2.11	(described on lines 1-10	in your governi Yes	ing document? No	support (see i	,	support (see instructions)			
					above (see instructions))	100							
Tota													

YEAR ONE INC.

Page **2** 

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,413,073.	1,977,201.	2,091,130.	2,433,326.	2,823,399.	11,738,129.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,413,073.	1,977,201.	2,091,130.	2,433,326.	2,823,399.	11,738,129.
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)						766,668.
6	Public support. Subtract line 5 from line 4.						10,971,461.
	ction B. Total Support	ΙΙ					, ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,413,073.	1,977,201.	2,091,130.	2,433,326.	2,823,399.	11,738,129.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	880.	22,949.	45,936.	53,655.	46,583.	170,003.
9	Net income from unrelated business		,	,	,	,	,
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						11,908,132.
	Gross receipts from related activities,	etc. (see instructio	uns)			12	9,494,981.
	First 5 years. If the Form 990 is for th	· ·	,	ourth or fifth tax y			, ,
	organization, check this box and stop	-					
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2021 (I			olumn (f))		14	92.13 %
	Public support percentage from 2020					15	94.30 %
	<b>33 1/3% support test - 2021.</b> If the c						
	stop here. The organization qualifies	-					
b	<b>33 1/3% support test - 2020.</b> If the c		•				
	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances tes						
.,,	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
Ь	10% -facts-and-circumstances tes	-		• • • •	•	17a and line 15 is 1	► 💷
N.	more, and if the organization meets the	-					
	· •						
10	organization meets the facts-and-circle		•				
10	Private foundation. If the organizatio	IT UIU HOL CHECK a I		, 100, 178, 01 170	, CHECK THS DOX a	nu see instructions	■ ►

Schedule A (Form 990) 2021

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
U	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						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
Ċ	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	<b>33 1/3% support tests - 2021.</b> If the						
	more than 33 1/3%, check this box a						
ł	<b>33 1/3% support tests - 2020.</b> If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organizatio						
-				, ,			

Page 4

Yes No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Pa	t IV Supporting Organizations (continued)			
			Yes	N
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	icers, orted		
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		
ec	tion C. Type II Supporting Organizations			
			Yes	
	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		
С	tion D. All Type III Supporting Organizations			
			Yes	
	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		Γ
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			T
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
_	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ictions).		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	,		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	y (see instructio		
	Activities Test. Answer lines 2a and 2b below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	<b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		Γ
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a		2-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		┝
<b>k</b>	Did the examination evention a substantial denses of diverties even the set of the event of the the theory of the set of			
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

-	edule A (Form 990) 2021 YEAR ONE INC.			84-1182631 Page
1	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying the second se			Dert VI) See instructions
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ted Type III supporting or	ganization (see
	instructions)			

Schedule A (Form 990) 2021

	dule A (Form 990) 2021 YEAR ONE INC.				l-1182631	Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continue</sub>	ed)		
Secti	on D - Distributions		I		Current Y	ear
-	Amounts paid to supported organizations to accomplish exe			1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity		2			
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	-		
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	<i>"</i>	<i>(</i> 1)	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	5	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
-	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	YEAR ONE		84-1182631	Page <b>8</b>
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D,	2, 3b, 3c, 4b ines 2 and 3;	ovide the explanations required by Part II, line 10; Part II, line 17a b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par , Section E, lines 2, 5, and 6. Also complete this part for any addi	s 1 and 2; Part IV, Section rt V, Section B, line 1e; Pa	n C, irt V,
	(See instructions.)				

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

## Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.						
Name of the organizatio	 אח	Emj	l ployer identification numb				
	YEAR ONE INC.	84	4-1182631				
Organization type (che	ck one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( <sup>3</sup> ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	tion					
	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	501(c)(3) taxable private foundation					
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributio any one contributor. Complete Parts I and II. See instructions for determining a c						
Special Rules							
X For an organiz sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/39 a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, uring the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amo D-EZ, line 1. Complete Parts I and II.	or 16b, and tha	t received from any one				
contributor, du literary, or edu	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.						
year, contribut is checked, en purpose. Don'	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece tions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions iter here the total contributions that were received during the year for an <i>exclusive</i> t complete any of the parts unless the <b>General Rule</b> applies to this organization b itable, etc., contributions totaling \$5,000 or more during the year	totaled more th by religious, char because it receiv	an \$1,000. If this box ritable, etc.,				
Caution: An organizatio	on that isn't covered by the General Rule and/or the Special Rules doesn't file Sch	1edule B (Form §	990). but it <b>must</b>				

( answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B

(Form 990)

	B (Form 990) (2021)	Page 2
Name of o	rganization	Employer identification number
YEAR ONE	INC.	84-1182631
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) (d) Total contributions Type of contribution
1		\$ 720,201.       Person X         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 92,604.     Person X       \$ 92,604.     Payroll       (Complete Part II for noncash contributions.)

	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization	Emplo	oyer identification number
YEAR ONE	INC.	84-	-1182631
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$65,945.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021)		Page <b>3</b>
Name of o	rganization		Employer identification number
YEAR ONE	INC.		84-1182631
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is neede	ed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	1 Data recoived
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

lame of or	rganization			Employer identification number
YEAR ONE	INC.			84-1182631
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	hrough <b>(e) and</b> the following line e aritable, etc., contributions of <b>\$1,000 c</b>	ntry For organizations	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				,
-		(e) Transfer of g	 ift	
-	Transferee's name, address, and	3 ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I		(c) Use of girt	(u) Desi	
		(e) Transfer of g		
	Transferee's name, address, and			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
ľ		(e) Transfer of g	ift	
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(o) Transfer of m		
	Transferee's name, address, and	(e) Transfer of g		ansferor to transferee

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)	
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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.

**Open to Public** Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.	_			je ene e			
		►	Go to www.irs.	gov/Form990 for	r instructions	and the late	est information.

Name of the organization YEAR ONE INC Employer identification number 84-1182631

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advise	d 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 a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 🛛 Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form c	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic sta	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic 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 conse	ervation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items	5.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	erance 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 tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB $\ensuremath{\sc A}$	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

LHA	For Paperwork Reduction Act Notice, s	see the Instructions for Form 990.
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Sche	dule D (Form 990) 2021 YEAR ONE IN							4-11826			ge <b>2</b>
Pa	rt III   Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	er Simila	r Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following that	t make s	significant (	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	er simila	r assets		-		
	to be sold to raise funds rather than to be m								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod								-		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:							
									Amoun	t	
С	Beginning balance						<b>1</b> c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						<b>1</b> f				
	Did the organization include an amount on F							L	Yes		No
_	If "Yes," explain the arrangement in Part XIII										
Pa	rt V Endowment Funds. Complete								( ) 5		
		(a) Current year	(b) P	rior year	(c) Two year	S DACK	(d) Three ye	ears dack	(e) Four	years t	раск
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	· · · · · · · · · · · · · · · · · · ·	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	ind administe	red for t	he organiz	ation	г	V I	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pa	t VI Land, Buildings, and Equipn										
	Complete if the organization answere				1						
	Description of property	(a) Cost or c			or other	• •	ccumulate	d	( <b>d)</b> Boo	k value	;
		basis (investr	ment)	basis	(other)	de	oreciation				
	Land				437,950.					437,	
	Buildings			1	.,920,606.		1,078,	783.		841,	823.
	Leasehold improvements										
d	Equipment				240,097.		226,9			13,	
	Other				433,233.		314,8	891.		118,	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)				1	,411,	310.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 YEAR ONE INC.		84	-1182631	Page <b>3</b>
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 er	nd-of-year marke	t value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	•	•		
Complete if the organization answered "Yes"	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 er	nd-of-year marke	t value
(1)			,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets.	•	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	Description		(b) Book	value
(1)				
(2)			-	
			-	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 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 2	25.	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) REFUNDABLE ADVANCES			-	15,395.
(=/			-	35,327.
				55,527.
(5)				
(6)			4	
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	D	•	50,722.
2. Liability for uncertain tax positions. In Part XIII, provide			s 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... Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 YEAR ONE INC.		84-1182631	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			5 126 511
1	Total revenue, gains, and other support per audited financial statements		1	5,436,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments			
a b	<b>u</b>	27,385.		
b		27,303.		
c d	Recoveries of prior year grants       2c         Other (Describe in Part XIII.)       2d	2,846.		
u e		· · ·	2e	30,231.
3	Add lines 2a through 2d Subtract line 2e from line 1		3	5,406,313.
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.)			
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )		5	5,406,313.
_	t XII Reconciliation of Expenses per Audited Financial Statements V		-	-,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	5,147,655.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	-,
- a	Donated services and use of facilities 2a	27,385.		
b	Prior year adjustments 2b			
c	Other losses 2c			
d	Other (Describe in Part XIII.)	2,846.		
e u	Add lines 2a through 2d	,	2e	30,231.
3			3	5,117,424.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>
- a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			
b			4c	0.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )		5	5,117,424.
_	t XIII Supplemental Information.		5	3,117,121.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		4; Part X, line 2;	; Part XI,
PARI	'XI, LINE 2D - OTHER ADJUSTMENTS:			
SPEC	IAL EVENT EXPENSES 2,8	46.		
PART	XII, LINE 2D - OTHER ADJUSTMENTS:			
SPEC	IAL EVENT EXPENSES 2,8	46.		

SCHEDULE G	Suppleme	ntal Information Regarding	, Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)		nplete 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.						
Department of the Treasury Internal Revenue Service	► Go		Open to Public Inspection					
Name of the organizatio	Arnal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
YEAR ONE INC. 84-1182631								
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 solicitat	Mail solicitations e Solicitation of non-government grants							
<b>b</b> Internet and	email solicitations	s f Solicita	tion of	gover	nment grants			
c Phone solici		g 🛄 Special	fundra	aising	events			
d 🛄 In-person so								
•		or oral agreement with any individua	•	•				
• • •		art VII) or entity in connection with p			-			res No
		viduals or entities (fundraisers) pursu	uant to	agree	ements under which	the fu	undraiser is	to be
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did	<b>(</b> ) 0		Amount pai	
(i) Name and addres or entity (fund		(ii) Activity	have c	ustody	(iv) Gross receipts from activity		or retained b fundraiser	by to (or retained by)
or entity (lund	uraiser)		or cor contrib	ntrol of utions?	Iron activity		ted in col. (i)	organization
			Yes	No				
Total								
		on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt from	n registration
· · · · · · · · · · · · · · · · · · ·								

YEAR ONE INC.

84-1182631 Page **2** 

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>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1	Gross receipts	25,500.			25,500.
	2	Less: Contributions	22,654.			22,654.
	3	Gross income (line 1 minus line 2)	2,846.			2,846.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs	310.			310.
Direct Expenses	7	Food and beverages	50.			50.
	8	Entertainment	1,040.			1,040.
	9	Other direct expenses				1,446.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	2,846.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		🕨	0.
Pa	rt I			990, Part IV, line 19, c	r reported more than	•

, \$15,000 on Form 990-EZ, line 6a.

Revenue		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1 Gross revenue						
ses	2 Cash prizes						
Direct Expenses	3 Noncash prizes						
Direct	4 Rent/facility costs						
	5 Other direct expenses						
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No			
	7 Direct expense summary. Add lines 2 through	1 5 in column (d)					
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)					
	Enter the state(s) in which the organization condu Is the organization licensed to conduct gaming ac If "No," explain:	ctivities in each of these	states?		YesNo		
	10a       Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       Yes       No         b       If "Yes," explain:       Yes       Yes						

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11	Does the organization conduct gar	ming activities with non	members?		Y	/es	No
12			ust, or a member of a partnership or other entity formed				
	to administer charitable gaming?				<u>г</u>	/es	
13	Indicate the percentage of gaming						
		•			13a		%
					13b		%
			the organization's gaming/special events books and re				7.
17		person who prepares t	the organization's gaming/special events books and re-	50103.			
	Name 🕨						
	Address ►						
15a	Does the organization have a cont	ract with a third party fro	rom whom the organization receives gaming revenue?		□ Y	es	- No
k	If "Yes," enter the amount of gamin	ng revenue received by	the organization <b>&gt;</b> \$ and the a	mount			
	of gaming revenue retained by the	third party <b>&gt;</b> \$					
c	If "Yes," enter name and address of	of the third party:					
	Name						
	Address ►						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	\$					
		φ	_				
	Description of services provided	▶					
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions:						
a	Is the organization required under	state law to make chari	table distributions from the gaming proceeds to				
	retain the state gaming license?				L   Y	/es	No No
k	Enter the amount of distributions r	equired under state law	to be distributed to other exempt organizations or spe	ent in the			
	organization's own exempt activitie	es during the tax year 🕽	► \$				
Pa			xplanations required by Part I, line 2b, columns (iii) and	(v); and Part	: III, line	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide	e any additional information. See instructions.				

Failly	Supplemental Information (continued)

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 84-1182631

YEAR ONE INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF MILE HIGH YOUTH CORPS IS TO HELP YOUTH MAKE A DIFFERENCE

IN THEMSELVES AND THEIR COMMUNITY THROUGH MEANINGFUL SERVICE

OPPORTUNITIES AND EDUCATIONAL EXPERIENCES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LEADERSHIP OPPORTUNITIES TO HELP THEM ACHIEVE THEIR EDUCATIONAL AND

EMPLOYMENT GOALS. THESE YOUNG ADULTS, CALLED CORPS MEMBERS, ARE

EMPLOYED AND TRAINED TO SERVE ON COMMUNITY-BASED PROJECTS RELATED TO

LAND CONSERVATION, ENERGY AND WATER CONSERVATION, HEALTHCARE OR

CONSTRUCTION. WHILE MANY CORPS MEMBERS HAVE SIGNIFICANT BARRIERS

(HOUSING, TRANSPORTATION, CHILD CARE, ETC.) TO ACCOMPLISHING

EDUCATIONAL AND EMPLOYMENT RELATED BENCHMARKS, MHYC IS COMMITTED AND

INTENTIONAL IN ITS APPROACH TO REMOVING THOSE BARRIERS AND ENSURING ALL

YOUNG PEOPLE ARE POSITIONED FOR LONG-TERM SUCCESS. TO DATE, MILE HIGH

YOUTH CORPS HAS SERVED OVER 4,500 CORPS MEMBERS, PROVIDED \$4.1 MILLION

IN AMERICORPS EDUCATION AWARDS, AND DELIVERED 1.6 MILLION HOURS OF

SERVICE. CORPS MEMBERS HAVE BUILT OR MAINTAINED MORE THAN 300 MILES OF

TRAIL, HELPED BUILD OVER 1,300 AFFORDABLE HOUSING UNITS, AND

RETROFITTED OVER 45,000 LOW-INCOME HOMES FOR ENERGY AND WATER SAVINGS.

MHYC ALUMNI FROM YEARS PAST ARE FOREST RANGERS, WILDLAND FIREFIGHTERS,

ELECTRICIANS, CERTIFIED NURSE ASSISTANTS, COMMUNITY NON-PROFIT LEADERS

AND ADVOCATES OF THE ENVIRONMENT.

FORM 990, PART VI, SECTION A, LINE 4:

IN 2021, MILE HIGH YOUTH CORPS AMENDED AND RESTATED THE BYLAWS TO CLARIFY

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Name of the organization	Employer identification number
YEAR ONE INC.	84-1182631

REMOTE ATTENDANCE, OUTLINE ADVISORY COMMITTEES, UPDATE OFFICER POSITIONS,

INCLUDE A DIVERSITY, EQUITY, AND INCLUSION (DEI) POLICY, AND DEFINE OTHER

POLICIES OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEW OF THE FORM 990 IS CONDUCTED BY THE FINANCE AND AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY AT THE BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

CEO COMPENSATION IS DETERMINED BY THE BOARD CHAIR AND EXECUTIVE COMMITTEE.

OFFICER AND KEY EMPLOYEE COMPENSATION ARE DETERMINED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE UPON REQUEST.

PART XII, LINE 2C

NO CHANGES FROM THE PRIOR YEAR.