Form	990
Form	<u>990</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)

Department of the Treasury Internal Revenue Service

51 26	cion 30 (c), 327, or 4347(a)(1) of the internal Revenue Code (except private roundations
	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.



AF	or th	e 2022 calendar year, or tax year beginning and	ending		
	Check if pplicat			D Employer identific	cation number
	Addr	STOLENYOUTH			
	Name			45-498523	30
	Initia		Room/suite	E Telephone number	
	Final return	PO BOX 296		206-508-3	3887
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	884,158.
Х	liotaii	SEATTLE, WA JOITT		H(a) Is this a group re	turn
	Appli tion	Finance and address of principal officer. OCDITOR COOTER		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
11	ax-e>	empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
_	Nebs			H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 2012 N	I State of legal domicile: WA
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities:			
anc.		WASHINGTON STATE. WE INSPIRE ACTION, FUND	RAISE,	AND BUILD	AND INVEST
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	I	
Ň	3				12
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ $			12
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			4
iviti	6	Total number of volunteers (estimate if necessary)		6	50
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.
				1,016,835.	Current Year 884,157.
ne	8	Contributions and grants (Part VIII, line 1h)		1,010,035.	004,157.
Revenue	9	Program service revenue (Part VIII, line 2g)		849.	-141.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	-58,104.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,017,684.	825,912.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		469,747.	335,065.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		409,747.	0.
	14 15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		302,496.	285,207.
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)		9,807.	12,844.
Expenses	104	Total fundraising expenses (Part IX, column (A), line 11e)	21.	5,007.	12,011.
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		158,489.	123,784.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		940,539.	756,900.
	19	Revenue less expenses. Subtract line 18 from line 12		77,145.	69,012.
OL			Be	ginning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)		483,989.	554,539.
Assets -	21	Total liabilities (Part X, line 26)		4,393.	5,931.
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		479,596.	548,608.
Pa	art II				

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

Sign	Signature of officer			Date		
Here	JOSHUA COOPER, TREASURER					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	JACOB J. DEHNE, CPA	JACOB J. DEHNE, (CPA 06/13	/24 self-employed P02534988		
Preparer	Firm's name JACOBSON JARVIS &	CO, PLLC		Firm's EIN 91-2011386		
Use Only	Firm's address 200 1ST AVE W, SU	JITE 200				
	SEATTLE, WA 98119			Phone no. 206 - 628 - 8990		
May the I	May the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) STOLENYOUTH	45-4985230	Page 2
	rt III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO END SEX TRAFFICKING IN WASHINGTON STATE. WE INSPIRE A	•	
	FUNDRAISE, AND BUILD AND INVEST IN COALITIONS TO DISMAN	<u> CLE THE</u>	
	MARKETPLACE EXPLOITING CHILDREN FOR SEX.		
2	Did the organization undertake any significant program services during the year which were not listed on the		v
	prior Form 990 or 990-EZ?		XNo
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [
	If "Yes," describe these changes on Schedule O.	a magazirad by avaanaa	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		l
	revenue, if any, for each program service reported.	ers, the total expenses, and	
4a	(Code:) (Expenses \$309,510. including grants of \$265,640.) (Reve)
Ĩ	COALITION GRANTS: FINANCIAL SUPPORT PROVIDED TO NONPROFI		ns ′
	WORKING TO PREVENT THE SEXUAL EXPLOITATION OF CHILDREN A		
	WELL AS TO ADVOCACY GROUPS OFFERING SERVICES TO THOSE WE	HO HAVE BEEN	
	SEXUALLY EXPLOITED. IN 2022, GRANTS WERE PROVIDED TO BUS	SINESSES ENDIN	G
	SLAVERY AND TRAFFICKING, CENTER FOR CHILD & YOUTH JUSTIC	CE, ORGANIZATI	ON
	FOR PROSTITUTION SURVIVORS, REAL ESCAPE FROM THE SEX TRA		
	ROAD, FOUNDATION OF YOUTH RESILIENCY AND ENGAGEMENT, ANI	O THE YMCA.	
41	(Code:) (Expenses \$ 74,050. including grants of \$ 69,425.) (Reve		
4b	(Code:) (Expenses \$74,050. including grants of \$69,425.) (Reve GINNY FUND: STOLEN YOUTH ORGANIZED THE GINNY FUND TO SUB		<u> </u>
	THROUGH SMALL GRANTS. THESE GRANTS HELP PAY FOR DOCTOR V		<u> </u>
	CARE, EDUCATION AND TRAINING, AND OTHER NEEDS OF SURVIVO		
	BEEN EXPLOITED. SEVENTY-TWO INDIVIDUALS WERE AWARDED GRA		
	25.422		
4c	(Code:) (Expenses \$25,128. including grants of \$) (Reve)
	EDUCATION AND AWARENESS: STOLEN YOUTH ORGANIZED SEVERAL		
	AND SPONSORED PUBLIC SERVICES ANNOUNCEMENTS TO EDUCATE		
	AND RAISE AWARENESS OF THE SEXUAL EXPLOITATION OF CHILDE WHILE CHAMPIONING THE CAUSE OF THOSE WHO HAVE BEEN EXPLO		
	VULNERABLE TO EXPLOITATION.	JIED OK AKE	
	VOLNERADLE TO EXTLOTITION:		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses408,688.		
		Form 99	U (2022)

Form	990	(2022))

 Form 990 (2022)
 STOLENYOUTH

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		<u> </u>
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 X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,		37	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	44-1		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
120	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
^D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		13		X
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,	114		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2022)

Form	1 990 (2022) STOLENYOUTH 45-498	35230	Р	age 4
Pa	rt 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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04		34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
D D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	. 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	. 37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	1
Da	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	. 38	Х	<u> </u>
1- a				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 	
		1	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	늰		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

c Did the organization comply with back	up withholding rules for reportable payments to vendors and reportable gan
(gambling) winnings to prize winners?	

1c

Form	n 990 (2022) STOLENYOUTH 45-	4985230	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	4		
b			X	
3a				X X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
Fe	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E.		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b C				
				<u> </u>
Ua	any contributions that were not tax deductible as charitable contributions?			x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a		e payor? 7a		x
b				
c				
	to file Form 8282?			x
d				
е		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10			
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?			
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a		12a		
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	o i i i	<u>13a</u>		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c				v
14a				X
		<u>14b</u>		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990 (2022) STOLENYOUTH		45-4985	230	P	age 6
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	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	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
_	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
-				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
74	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u> </u>		
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10		
a	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-		Codo)			
		Venue	Coue.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			100		
			,	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.		0			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	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 approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	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 arrangem	nent w	ith 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	izatior	's			
	exempt status with respect to such arrangements?	<u></u> .		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>WA</u>					
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)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X 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, con		,	l financ	cial	
	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 boo	ks and	d records			
	PATRICK GEHRING - 360-528-7201					
	707 N 24TH AVE, KELSO, WA 98626					
					000	

Form 990 (2022) STOLENYOUTH	45-4985230 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Emp	loyees, Highest Compensated
Employees, and Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensa	ted Employees
 1a Complete this table for all persons required to be listed. Report compensation for th List all of the organization's current officers, directors, trustees (whether individue) 	, , , ,

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, box 6 of 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	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week				recio	i/irus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related
	below	vidual	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) ANNA CONTI	50.00									
EXECUTIVE DIRECTOR				Х				118,750.	0.	0.
(2) KARA HURST	4.00									
CHAIR		Х		Х				0.	0.	0.
(3) JOSHUA COOPER	4.00									
TREASURER		Х		Х				0.	0.	0.
(4) SUSAN LONG-WALSH	4.00									
SECRETARY		Х		Х				0.	0.	0.
(5) PATTY FLEISCHMANN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ALAN BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) PAULA CLAPP	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JENNIFER THOMSEN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JENNIFER REIBMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BEN GAUEN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) TONY MARTIN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ROBIN MEDIN	1.00									_
DIRECTOR		Х						0.	0.	0.
(13) KATTIE CAPOZZA	1.00									_
DIRECTOR		х						0.	0.	0.

Form 990 (2022) STOLENYOU	ЛТН								45-49	852	230	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) (C) Average hours per week officer and a dire					than c s both	an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS(1099-NEC)		com fro orga anc	other oensa om the anizati I relate nizatio	e ion ed
		II	II	Of	Ke	Hi er	Fc						
										_			
										+			
										_			
										_			
1b Subtotal c Total from continuation sheets to Part VI								<u> 118,750.</u> 0.		0.			0.
d Total (add lines 1b and 1c)								118,750.		0.			0.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1
												Yes	No
3 Did the organization list any former officer,				•			•	• • •	•		2		x
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su										···	3		Λ
and related organizations greater than \$150										[4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," corr											5		Х
Section B. Independent Contractors	monopoted ind	0.000	adar		tra	otor	o th	at received more than f	100 000 of comp		ion fro		
1 Complete this table for your five highest co the organization. Report compensation for								the organization's tax y					
(A) Name and business address NONE								(B) Description of s	ervices	Co	(C omper		<u>n</u>
2 Total number of independent contractors (in \$100.000 of compensation from the organic	•	ot lin	nitec	to t	thos C		ted	above) who received mo	ore than				

Forn	n 990	(2022) STOLENYOUTH				45-4985	230 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
							sections 512 - 514
ts ts	1 a	a Federated campaigns 1a					
ran	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	c Fundraising events 1c 4	19,036.				
ar /	d	d Related organizations 1d					
s, s	е	e Government grants (contributions) 1e					
rior	f	All other contributions, gifts, grants, and					
the t			65,121.				
d O T	g	g Noncash contributions included in lines 1a-1f	25,000.				
a C	h	1 Total. Add lines 1a-1f		884,157.			
			Business Code				
ė	2 a	a					
۳ <u>ج</u>	b	۰ ۱					
Se	c	o					
eve	d	t					
Program Service Revenue	е	e					
д	f	All other program service revenue					
	g	g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest,	and				
		other similar amounts)		1.			1.
	4	Income from investment of tax-exempt bond proc	ceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	b	b Less: rental expenses 6b					
	c						
	d	d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	b Less: cost or other basis					
venue		and sales expenses 7b 142.					
		c Gain or (loss) 7c -142.		1.1.0			1.10
Å		d Net gain or (loss)		-142.			-142.
Other Re	8 a	a Gross income from fundraising events (not					
ō		including \$419,036. of					
		contributions reported on line 1c). See	0				
		Part IV, line 18	0.				
			58,104.	EQ 104			EQ 104
				-58,104.			-58,104.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19					
		D Less: direct expenses					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		D Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
sn			Business Code				
Miscellaneous Revenue	11 a						
llan.	b						
sce Bev	c						<u></u>
Ϊ	C	d All other revenue					
		Total Add lines 11a-11d		825,912.	0.	0.	-58,245.
	12	Total revenue. See instructions		040,714.	ı V•	U •	,,44

Form 990 (2022) STOLENYOUTH
Part IX Statement of Functional Expenses

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

Secu	on 501(c)(3) and 501(c)(4) organizations must comple			ipiele column (A).	
	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	265,640.	265,640.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	69,425.	69,425.		
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	118,750.	23,751.	35,624.	59,375.
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	139,322.	40,973.	44,665.	53,684.
8	Pension plan accruals and contributions (include	100,000			55,004.
0	section 401(k) and 403(b) employer contributions)				
•		1,920.	520.	600.	800
9	Other employee benefits	25,215.	7,051.	7,779.	800. 10,385.
10	Payroll taxes	4J,41J.	7,051.	1,113.	T0,303.
11	Fees for services (nonemployees):				
	Management				
b		21,456.		21 456	
	Accounting	21,430.		21,456.	
	Lobbying	10 044			10 044
	Professional fundraising services. See Part IV, line 17	12,844.			12,844.
f	E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
g	Other. (If line 11g amount exceeds 10% of line 25,	0 505		0 505	
	column (A), amount, list line 11g expenses on Sch 0.)	8,705.		8,705.	
12	Advertising and promotion				
13	Office expenses	2,047.		2,047.	
14	Information technology	6,895.		4,344.	2,551.
15	Royalties				
16	Occupancy	29,666.		29,666.	
17	Travel	6,493.		6,493.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,380.	414.	483.	483.
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	VIDEO PRODUCTION	25,000.			25,000.
b	BANK AND MERCHANT FEES	14,990.		262.	14,728.
c	OTHER EXPENSES	4,296.		4,296.	,
b b	PRINTING AND PUBLICATIO	2,856.	914.	971.	971.
с Р	All other expenses	_,			
25	Total functional expenses. Add lines 1 through 24e	756,900.	408,688.	167,391.	180,821.
26	Joint costs. Complete this line only if the organization	,			
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)				
	Chook noto II IOIIOWING SUP 98-2 (ASC 958-720)				600 (0000)

2022) STOLE	NYOUTH
Balance Sheet	
Check if Schedule O contains	a response or note to any line in this Part
Cash - non-interest-bearing	

Inventories for sale or use

Prepaid expenses and deferred charges

Investments - publicly traded securities Investments - other securities. See Part IV, line 11

10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D _____ 10a

b Less: accumulated depreciation _____ 10b

(2022) STOLENYOUTH	4	45-4	985230 Page 11
Balance Sheet			
Check if Schedule O contains a response or note to any line in this Part X			
	(A) Beginning of year		(B) End of year
Cash - non-interest-bearing	469,709.	1	536,026.
Savings and temporary cash investments	1,465.	2	1,466.
Pledges and grants receivable, net		3	
Accounts receivable, net		4	
Loans and other receivables from any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons		5	
Loans and other receivables from other disqualified persons (as defined			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Notes and loans receivable, net		7	
		-	

8

9

10c 11

12

6,530.

6,285.

Part X Balance

1 2

3

4 5

6

7 8

9

11

12

Assets

Liabilities

Net Assets or Fund Balances

400-000

6,530.

10,517.

14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 483,989. 16 554,539 17 Accounts payable and accrued expenses 4,393. 17 5,931 18 Grants payable 18 19 19	
15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 483,989. 16 554,539 17 Accounts payable and accrued expenses 4,393. 17 5,931 18 Grants payable 18 18	
17Accounts payable and accrued expenses4,393.175,93118Image: Grants payable in the second expenses18	
18 Grants payable 18	31.
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
22 Loans and other payables to any current or former officer, director,	
trustee, key employee, creator or founder, substantial contributor, or 35%	
controlled entity or family member of any of these persons 22	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D 25	
26 Total liabilities. Add lines 17 through 25 4,393. 26 5,931	<u>31.</u>
Organizations that follow FASB ASC 958, check here	
and complete lines 27, 28, 32, and 33.	
27 Net assets without donor restrictions 327,383. 27 408,264	
28 Net assets with donor restrictions 152,213. 28 140,344	<u>14.</u>
Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds 29	
30 Paid-in or capital surplus, or land, building, or equipment fund 30	
31 Retained earnings, endowment, accumulated income, or other funds 31	
32 Total net assets or fund balances 479,596.32 548,608	
33 Total liabilities and net assets/fund balances	
Form 990 (20)	2022)

15,325.

4,808.

Form 990 (2022)

Form	1 990 (2022) STOLENYOUTH	45-4985	230	Pag	_{le} 12	
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	825			
2	Total expenses (must equal Part IX, column (A), line 25)	2	756			
3	Revenue less expenses. Subtract line 2 from line 1	3		,01		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	479	<u>, 59</u>) 6.	
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	548	,60)8.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			<u> </u>	/es	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	_	<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2022)

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
2022
Open to Public Inspection

Internal Reve	enue Service	Go to www.irs.gov/	Form990 for instruction	ns and the	e latest inf	ormation.		Inspe	ection
Name of	the organization							identificati	
Part I		ENYOUTH	(All					5-4985	230
	Reason for Public (ee instructior	IS.		
	nization is not a private found					WAV:			
1	A church, convention of ch				r)(a)017 no)(A)(I).			
2	A school described in sect				\	:)			
3	A hospital or a cooperative					•	VIII) Entor	tha haanita	l'o nomo
4	A medical research organiz	ation operated in cor	ijunction with a nospital	uescribeu	in sectio	A)(1)(d)011 N	J(III). Enter	ine nospita	is name,
F	city, and state: An organization operated for	or the benefit of a col	llogo or university owned	or operat		vornmontal u	nit doscribo	od in	
5	section 170(b)(1)(A)(iv). (0		lege of university owned	i or operat	eu by a gu	veninentaru			
6	A federal, state, or local go		antal unit described in	soction 17	70/6//1//4	(₁)			
7 X	An organization that norma	-					ne general r	ublic descr	ribed in
, [section 170(b)(1)(A)(vi). (C	•		onna gove			ie general p		
8	A community trust describe		(1)(Δ)(vi) (Complete Par	ни)					
9	An agricultural research org				ed in coniu	inction with a	land-grant	college	
•	or university or a non-land-g	-			-		-	-	
	university:	grant benege er agno			name, eny	, and otato of	and conlege		
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross rece	eipts from
	activities related to its exen	•					-	-	-
	income and unrelated busir							-	
	See section 509(a)(2). (Co	mplete Part III.)			-				
11	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of	f one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	Check the b	ox on
	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by g	giving	
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting	
_	organization. You must o	complete Part IV, Se	ections A and B.						
b 🗌	Type II. A supporting org	•				0		J. J	
	control or management o			ame perso	ns that co	ntrol or mana	ge the supp	orted	
_	organization(s). You mus	•							
c 🗌	_ Type III functionally inte						lly integrate	d with,	
. [its supported organization								
d 🗌	Type III non-functionally	• • •					Ũ	. ,	
	that is not functionally int			-		-	an allenin	reness	
e	requirement (see instruct Check this box if the orga								
e	functionally integrated, or					турет, туре	п, туре п		
f Ent	er the number of supported of	rachizationa	, , , , , , , , , , , , , , , , , , , ,		ation.				
	wide the following information	•	d organization(s).					L	
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amou	int of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see	e instructions)
T									
Total									

Schedule A (Form 990) 2022

STOLENYOUTH

45-4985230 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1139833.	1282839.	1417163.	1016835.	884,157.	5740827.
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	1139833.	1282839.	1417163.	1016835.	884,157.	5740827.
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)						767,988.
6	Public support. Subtract line 5 from line 4.						4972839.
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1139833.	1282839.	1417163.	1016835.	884,157.	5740827.
8	Gross income from interest,					-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9.	1.	2.	1.	1.	14.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	180.					180.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			43,453.			43,453.
11	Total support. Add lines 7 through 10						5784474.
12		etc. (see instructio	ons)			12	106,988.
	First 5 years. If the Form 990 is for th			ourth. or fifth tax v	/ear as a section 5		•
	organization, check this box and stop			· · ·			
Sec	ction C. Computation of Publi		centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	85.97 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	86.50 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	and
	I6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			•	•	5	
b	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		-		• •		
-							

Schedule A (Form 990) 2022

	Schedule A (Form 9	990)	202
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STOLENYOUTH

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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	Le organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	- 501(c)(3) ora:	anization.
	check this box and stop here	-			-		
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from			, ("		18	%
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
ł	33 1/3% support tests - 2021. If the						1/3%. and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		•	
				., 51 100, 01100K ti			

1

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

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

Sche	edule A (Form 990) 2022 STOLENYOUTH	45-498523	0 Ра	age 5
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			

	directors, or trustees at an times during the tax year? If "No," describe in Part VI now the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations	

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).

Section D. All Type III Supporting Organizations
--

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. *Complete* line 2 *below.*
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

1

2

1

Yes No

Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>)	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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-function	ally integrated	d Type III supporting orga	nization (see

STOLENYOUTH

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

45-4985230 Page 6

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Sche	dule A (Form 990) 2022 STOLENYOUTH			4	5-4985230 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	ſ	1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

		OLENYOUTH	45-4985230 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3t line 1; Part IV, Section D, lines 2	On. Provide the explanations required by Part II, line 10; Part II, line 5, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 5 d Part V, Section E, lines 2, 5, and 6. Also complete this part for any	;, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

45-4985230

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5	·
Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of o	rganization		Employer identification number
STOLE	NYOUTH		45-4985230
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 contribution	(d) ns Type of contribution
1		\$3,1	Person X Payroll
(a) No.	(b)	(c) Total contributior	(d)
2	Name, address, and ZIP + 4	\$26,9	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		\$20,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$25,8 ¹	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		\$25,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
6_		\$25,0	00. (Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
STOLE	NYOUTH		45-4985230
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
7		\$25,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name address and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
<u>8</u>	Name, address, and ZIP + 4	\$25,5	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9		\$75,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
10		\$25,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
11		\$25,0	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$42,0	00. Person X Payroll Image: Complete Part II for noncash contributions.)

Schedule I	B (Form 990) (2022)		Page 3
Name of o	rganization		Employer identification number
STOLE	NYOUTH		45-4985230
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
11	VIDEO PRODUCTION	_	
		\$25,0	00. 01/18/22
(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.	

Schedule I	B (Form 990) (2022)			Page 4				
Name of o	organization		Emplo	yer identification number				
STOLE	NYOUTH		45	-4985230				
Part III		through (e) and the following line entri- haritable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total n y. For organizations	nore than \$1,000 for the year				
(a) No.								
From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held				
		(e) Transfer of gif						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor	to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor	to transferee				
			1					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held				
		(e) Transfer of gif	t					
·	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor	to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held				
		(e) Transfer of gif						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor	to transferee				

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Employer identification number

Nam	STOLENYOUTH			45-4985230
Par		d Funds or Othe	r Similar Funds or /	
	organization answered "Yes" on Form 990, Part IV, lir			·
		(a) Donor adv	vised 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	s held in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal contro	bl?	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			
	impermissible private benefit?		-	Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered '	"Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that app	ly).	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a hi	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation cont	tribution in the form of a	conservation easement on the last
	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 str	ucture included in (a)		_ <u>2c</u>
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and	d not on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished,	or terminated by the orga	anization during the tax
	year			
4	Number of states where property subject to conservation eas	_		
5	Does the organization have a written policy regarding the per			
-	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations	, and enforcing conserva	tion easements during the year
7	Amount of our another in a provide in manifesting in a particular has	dling of violations and	Lonforcing concernation	accomente during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	uning of violations, and	remorcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	pents of section $170(h)(4)(h)$	(B)(i)
Ũ	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
Ū	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	·····		
Par	t III Organizations Maintaining Collections of	f Art, Historical T	reasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its	revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educat	ion, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that o	describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its reve	nue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education	n, or research in furtheran	nce 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 simila	ar assets for financial gair	n, provide
	the following amounts required to be reported under FASB A	SC 958 relating to the	ese items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

Sche	dule D (Form 990) 2022 STOLENY							45-49			age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historio	cal Tre	asures, oi	r Othe	r Similaı	r Assets	(contii	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition	d	l 🗌 Loa	n or excl	nange progra	am					
b	Scholarly research	e	e 🗌 Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how they f	urther th	e organizatic	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of					er similar	assets		_		_
	to be sold to raise funds rather than to be m					<u></u>			Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	ganizatio	n answered '	'Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7	_	٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	e:					A		
									Amount		
	Beginning balance										
	Additions during the year										
e ₄	Distributions during the year										
י 29	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							∟]
Par							10.				
		(a) Current year	(b) Prior		(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance						. , ,				
b	Contributions										
с	Net investment earnings, gains, and losses										
d	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	rent year end balance	e (line 1g, co	olumn (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are	e held an	d administer	ed for th	ne				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment fund	S.							
Fai	Complete if the organization answere) Dort IV/ lin	0 1 1 0 5	00 Eorm 000	Dort V	lino 10				
									(-1) D	1	
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (• •	ccumulate preciation	à	(d) Boo	k valu	e
1a	Land										
	Buildings									_	
С	Leasehold improvements				1,367.			53.			$\frac{14.}{2}$
d	Equipment			1	3,958.		4,2	55.		9,7	03.
	Other									<u> </u>	4 🖻
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column (E</u>	<u>3), line 10</u>)c.)				1	0,5	17.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (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 end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2022 STOLENYOUTH		45-4985230 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OME	3 No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the		2022		
Department of the Treasury Internal Revenue Service	_	Attach to Form 990							en to Public spection		
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and t	ne latest information	n.	Employer	r identification number			
inanio or the englimitation	STOLENY	OUTH					45-49				
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations e Torm 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 											
(i) Name and addres or entity (fund		(ii) Activity	fundi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. (i	py) to	vi) Amount paid (or retained by) organization		
			Yes	No							
Total											
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is o	exempt fron	n regist	tration		

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STOLENYOUTH

45-4985230 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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	419,036.			419,036.
	2	Less: Contributions	419,036.			419,036.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	36,454.			36,454.
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	21,650.			21,650.
		Direct expense summary. Add lines 4 through	(/			58,104.
Pa	11 r+ 1	Net income summary. Subtract line 10 from li		000 Det N/ line 10 er		-58,104.
10		II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
	-					
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

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

a Is the organization licensed to conduct gaming activities in each of these states? ______ Yes _____ Yes _____

7 Direct expense summary. Add lines 2 through 5 in column (d)

232082 10-27-22

Schedule G (Form 990) 2022

Yes

No

No

Scł	nedule G (Form 990) 2022	STOLENYOUTH		45-49	85230	Page 3
11	Does the organization conduct ga	ming activities with nonmem	bers?		Yes	No
			or a member of a partnership or other entity formed			
				Γ	Yes	No No
13	Indicate the percentage of gaming	activity conducted in:				
				1	3a	%
					3b	%
			rganization's gaming/special events books and record			
			5 5 5 1			
	Name					
	Address					
				_		_
15a	a Does the organization have a con	tract with a third party from w	whom the organization receives gaming revenue?	L	Yes	No
I	b If "Yes," enter the amount of gam			nount		
	of gaming revenue retained by the					
0	c If "Yes," enter name and address	of the third party:				
	Name					
	Address					
	Address					
16	Gaming manager information:					
	5 5					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer					
		Employee	Independent contractor			
17	Mandatory distributions:					
	•	state law to make charitable	e distributions from the gaming proceeds to			
	and the state sector line is a second			Г	Yes	No No
			e distributed to other exempt organizations or spent i			
-	organization's own exempt activit					
Pa			nations required by Part I, line 2b, columns (iii) and (v)	; and Part II	I, lines 9,	9b, 10b,
			additional information. See instructions.			

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.										
Name of the organization							Employer identification number				
STOLENY							45-4985230				
Part I General Information on Gran											
 Does the organization maintain reco criteria used to award the grants or Describe in Part IV the organization' 	assistance?				v	stance, and the selection	on X Yes No				
Part II Grants and Other Assistance recipient that received more the	e to Domestic Organiz	zations and Domestic	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any				
1 (a) Name and address of organization or government		(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
BUSINESSES ENDING SLAVERY AND TRAFFICKING - PO BOX 14512 - SEATTLE, WA 98105	45-5046786	501(C)(3)	15,000.	0.			PREVENTION OF CHILD SEX TRAFFICKING				
CENTER FOR CHILD AND YOUTH JUST 615 2ND AVE STE 275 SEATTLE, WA 98104	CE 20-4457248	501(C)(3)	20,000.	0.			TRAINING AND DATA COLLECTION				
ORGANIZATION FOR PROSTITUTION SURVIVORS - PO BOX 22635 - SEATTLE, WA 98105	45-5153408	501(C)(3)	50,000.	0.			ADVOCACY AND PROGRAM SERVICES				
REAL ESCAPE FROM SEX TRADE 4215 RAINIER AVE S SEATTLE, WA 98118	45-3531020	501(C)(3)	50,000.	0.			ADVOCACY AND PROGRAM SERVICES				
SCARLET ROAD 1222 PARK AVE BREMERTON, WA 98337	45-3703034	501(C)(3)	18,140.	0.			EMERGENCY FUNDING AND CLIENT SERVICES				
YMCA 909 4TH AVE SEATTLE, WA 98104 2 Enter total number of section 501(c)	91-0482710	501(C)(3)	63,000.	0.			ADVOCACY AND PROGRAM SERVICES 7.				

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

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Schedule I (Form 990) 2022

Schedule I	(Form 990)	STOLENYOUTH
Dort II C	ontinuation o	Crants and Other Assistance to D

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNDATION OF YOUTH RESILIENCY AND NGAGEMENT - 23 ASH ST S - OMAK, A 98441	85-1201630	501(C)(3)	49,500.	0.			ADVOCACY AND PROGRAM SERVICES

Schedule I (Form 990)

Schedule I (Form 990) 2022

STOLENYOUTH

45-4985230 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUPPORT FOR RENT, MEDICAL, AND SCHOOL COSTS	72	69,425.	0.		

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

PART I, LINE 2:

GRANTEES ARE REQUIRED TO ATTEND A BOARD MEETING TO PROVIDE AN UPDATE ON THE

STATUS OF THE GRANT AND WHAT IT IS DESIGNED TO ACHIEVE. A YEAR REPORT IS

REQUIRED FOR ALL GRANTEES.

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 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.



45-4985230

STOLENYOUTH

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

IN COALITIONS TO DISMANTLE THE MARKETPLACE EXPLOITING CHILDREN FOR SEX.

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

PRIOR TO FILING, AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO MEMBERS

OF THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND COMMENT.

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

AT THE ANNUAL BOARD OF DIRECTORS MEETING, EACH DIRECTOR IS REQUIRED TO

RE-CERTIFY RECEIPT OF THE CONFLICT OF INTEREST POLICY AND ACKNOWLEDGE

UNDERSTANDING OF THE POLICY, WHICH INCLUDES A DUTY TO DISCLOSE ANY ACTUAL

OR POSSIBLE CONFLICT OF INTEREST.

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

COMPENSATION WAS DETERMINED BY THE BOARD ON CONSIDERATION OF MARKET

SALARIES FOR POSITIONS OF SIMILAR RESPONSIBILITY AND QUALIFICATIONS.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON

WRITTEN REQUEST.

AMENDED RETURN:

THE FOLLOWING AMENDMENTS WERE MADE: (1) FORM 990, PART VI, SECTION B,

LINE 13; (2) FORM 990, PART VI, SECTION B, LINE 14.