Forms 990 / 990-EZ Return Summary

For calendar year 2025, or tax year beginning , and ending

26-2548690

YOUTH MAKING A DIFFERENCE

Net Asset / Fund Balance at Beginning of Year				328,906
Revenue				
Contributions		679,836		
Program service revenue		16,816		
Investment income		9,852		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	35,186			
Direct expenses	33,787			
Net income		1,399		
Other income		0		
Total revenue			707,903	
Expenses				
Program services		538,548		
Management and general		95,956		
Fundraising		85,469		
Total expenses			719,973	
Excess / (deficit)				-12,070
Changes				1,644
Net Asset / Fund Balance at End of Year				318,480

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	707,903

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	719,973

Balance Sheet

	Beginning	Ending	Differences
Assets	347,080	340,538	
Liabilities	18,174	22,058	
Net assets	328,906	318,480	-10,426

Miscellaneous Information

Amended return	
Return / extended due date	05/15/26
Failure to file penalty	

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2025
Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YOUTH MAKING A DIFFERENCE
Doing business as HANDS4HOPE
Number and street (or P.O. box if mail is not delivered to street address) 3941 PARK DRIVE, STE. 20-264
Room/suite
City or town, state or province, country, and ZIP or foreign postal code EL DORADO HILLS CA 95762

D Employer identification number 26-2548690
E Telephone number 916-294-7426
G Gross receipts $ 741,690

F Name and address of principal officer:
HEATHER EDWARDS
3941 PARK DRIVE STE 20-264
EL DORADO HILLS CA 95762

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

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

J Website: HTTPS://WWW.HANDS4HOPEYOUTH.ORG/

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: 2008 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
OUR MISSION IS TO INSPIRE AND EMPOWER YOUTH IN LEADERSHIP AND SERVICE. WE DO THIS BY GIVING YOUTH A PLATFORM TO MAKE THEIR VOICES HEARD ON ISSUES AFFECTING OUR COMMUNITIES AND PROVIDING THEM (SEE SCHEDULE O)

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

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	784
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	701,750	679,836
	9 Program service revenue (Part VIII, line 2g)	21,270	16,816
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,883	9,852
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-28,592	1,399
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	708,311	707,903
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	2,009
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	450,060	414,844
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 85,469		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	328,601	303,120
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	778,661	719,973
	19 Revenue less expenses. Subtract line 18 from line 12	-70,350	-12,070

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	347,080	340,538
	21 Total liabilities (Part X, line 26)	18,174	22,058
	22 Net assets or fund balances. Subtract line 21 from line 20	328,906	318,480

Part II Signature Block

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

Sign Here

Signature of officer Date
JENNIFER BASSETT EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ERIN P FULTON CPA				P00914245

Firm's name HORN FULTON, INC. Firm's EIN 20-3220537
Firm's address 2600 E BIDWELL ST STE 190 FOLSOM, CA 95630 Phone no. 916-984-7745

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

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2025)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO INSPIRE AND EMPOWER YOUTH IN LEADERSHIP AND SERVICE. WE DO THIS BY GIVING YOUTH A PLATFORM TO MAKE THEIR VOICES HEARD ON ISSUES AFFECTING OUR COMMUNITIES AND PROVIDING THEM (SEE SCHEDULE O)

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

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

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

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

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

4a (Code:) (Expenses $ 351,450 including grants of $ 2,009) (Revenue $)

EDUCATION PROGRAM - HANDS4HOPE - YOUTH MAKING A DIFFERENCE'S EDUCATION PROGRAM, INCLUDING ON-CAMPUS CLUBS AND AFTER-SCHOOL PROJECT COMMITTEES, INCORPORATES OUR MISSION BY PROVIDING OPPORTUNITIES FOR STUDENTS TO EXPLORE NEEDS IN THEIR COMMUNITIES, ACT ON THEM BY CREATING, DEVELOPING, AND IMPLEMENTING SERVICE-LEARNING PROJECTS, THEN LEAD THOSE PROJECTS FROM START TO FINISH. IN 2025, HANDS4HOPE MIDDLE SCHOOL SERVICE-LEARNING CLUBS SUCCESSFULLY PLANNED AND IMPLEMENTED NINE SERVICE-LEARNING PROJECTS BENEFITING EIGHT AREA NONPROFITS, RAISED $7,993,COLLECTED 178 AND MADE 42 ITEMS TO BENEFIT AREAS OF NEED INCLUDING:THE UNHOUSED, ANIMAL WELFARE, AT RISK WOMEN AND CHILDREN IN NEED,SOCIOECONOMICALLY DISADVANTAGED FAMILIES AND FAMILIES BATTLING PEDIATRIC CANCER. (SEE SCHEDULE O)

4b (Code:) (Expenses $ 187,098 including grants of $) (Revenue $)

COMMUNITY ENGAGEMENT PROGRAM - COMMUNITY ENGAGEMENT OUTREACHES ARE THE PLATFORM FROM WHICH YOUTH IN HANDS4HOPE - YOUTH MAKING A DIFFERENCE LEARN ABOUT AND INTERACT WITH THE COMMUNITY. PARTICIPANTS ENGAGE IN ACTIVITIES THAT ADDRESS HUMAN AND COMMUNITY NEEDS TOGETHER, LEARNING FIRST-HAND ABOUT SOCIAL ISSUES AND THE POWER THEY HAVE TO MAKE A POSITIVE DIFFERENCE. IN 2025, A TOTAL OF 351 YOUTH AND ADULT PARTICIPANTS (225 YOUTH AND 126 ADULTS) IN HANDS4HOPE - YOUTH MAKING A DIFFERENCE'S COMMUNITY ENGAGEMENT PROGRAM LOGGED A TOTAL OF 3,255 SERVICE HOURS (2,287 YOUTH, 968 ADULTS), THROUGH OUTREACH OPPORTUNITIES. THEY SERVED 13,404 INDIVIDUALS IN OUR COMMUNITY. THE PARTICIPANTS CREATED 597 CARDS, CRAFTS, AND DESSERTS FOR SENIORS, WOMEN, AND CHILDREN. (SEE SCHEDULE O)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

LEADERSHIP - HANDS4HOPE - YOUTH MAKING A DIFFERENCE LEADERSHIP IS BASED ON SERVANT LEADERSHIP, WHICH IS DRIVEN BY PASSION, THE DESIRE TO TAKE ACTION, AND THE ABILITY TO INSPIRE OTHERS TO DO THE SAME. HANDS4HOPE OFFERS A VARIETY OF LEADERSHIP DEVELOPMENT OPPORTUNITIES INCLUDING CAMPS AND WORKSHOPS, AS WELL AS HANDS-ON EXPERIENCES, INCLUDING MEETINGS WITH COMMUNITY LEADERS AND ORGANIZATIONS AND BEING A PART OF THE HANDS4HOPE-YOUTH MAKING A DIFFERENCE YOUTH BOARD.(SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 538,548

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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).			
a	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
c	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 noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	13		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
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? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	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	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

JENNIFER BASSETT 3941 PARK DRIVE SUITE 20-264

EL DORADO HILLS CA 95762 916-294-7426

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER BASSETT	40.00									
EXECUTIVE DIRECTOR	0.00			X				88,000	0	0
(2) BLAKE ANDERSON	1.00									
DIRECTOR	0.00	X						0	0	0
(3) MONIQUE BAXTER	1.00									
DIRECTOR	0.00	X						0	0	0
(4) HEATHER EDWARDS	2.00									
CHAIR	0.00	X		X				0	0	0
(5) ESTEE HORN	1.00									
TREASURER	0.00	X		X				0	0	0
(6) ANDREA HOWARD	2.00									
VICE CHAIR	0.00	X		X				0	0	0
(7) ADAM KINT	1.00									
DIRECTOR	0.00	X						0	0	0
(8) ANDREW MADIGAN	1.00									
DIRECTOR	0.00	X						0	0	0
(9) TRACY MESSINEO	1.00									
DIRECTOR	0.00	X						0	0	0
(10) CAREY MORENO-HUNT	1.00									
DIRECTOR	0.00	X						0	0	0
(11) MEREDITH WHARTON	1.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DOLLY WAGER										
(12)	1.00									
SECRETARY	0.00	X		X				0	0	0
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								88,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								88,000		

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	275,013				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	404,823				
	g Noncash contributions included in lines 1a-1f	1g	$ 131,827				
	h **Total.** Add lines 1a–1f			679,836			
Program Service Revenue		Business Code					
	2a CAMP/REG FEES	611710		13,628	13,628		
	b T-SHIRT REVENUES	900099		3,188	3,188		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			16,816			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			9,852			9,852
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 275,013 of contributions reported on line 1c). See Part IV, line 18	8a	35,186				
	b Less: direct expenses	8b	33,787				
	c Net income or (loss) from fundraising events			1,399			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			707,903	16,816	0	9,852

Form 990 (2025) **YOUTH MAKING A DIFFERENCE** 26-2548690 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,009	2,009		
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	88,000	30,800	26,400	30,800
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	290,975	234,237	19,738	37,000
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,094	1,932	2,919	243
10 Payroll taxes	30,775	21,983	3,481	5,311
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,043		13,043	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	13,102	1,850	1,252	10,000
12 Advertising and promotion	2,969	2,078	891	
13 Office expenses	14,341	12,212	2,129	
14 Information technology	9,941	5,037	4,844	60
15 Royalties				
16 Occupancy	55,289	47,901	7,388	
17 Travel	4,262	4,262		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	805		805	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	15,617	10,253	5,273	91
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a IN-KIND PROGRAM EXPENSE	131,827	131,827		
b TRAINING	16,259	16,059	200	
c VOLUNTEER RECOGNITION	4,093	2,852	1,241	
d BANK FEES	3,712	49	1,884	1,779
e All other expenses	17,860	13,207	4,468	185
25 **Total functional expenses.** Add lines 1 through 24e	719,973	538,548	95,956	85,469
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	6,522	1	42,991
	2	Savings and temporary cash investments	78,064	2	99,751
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,469	8	1,480
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	229,753	11	164,225
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	31,272	15	32,091
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	347,080	16	340,538
Liabilities	17	Accounts payable and accrued expenses	6,666	17	3,071
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	11,508	25	18,987
	26	**Total liabilities.** Add lines 17 through 25	18,174	26	22,058
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	301,482	27	290,237
	28	Net assets with donor restrictions	27,424	28	28,243
		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	328,906	32	318,480
	33	Total liabilities and net assets/fund balances	347,080	33	340,538

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	707,903
2	Total expenses (must equal Part IX, column (A), line 25)	2	719,973
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	328,906
5	Net unrealized gains (losses) on investments	5	1,644
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	318,480

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

YOUTH MAKING A DIFFERENCE

Employer identification number

26-2548690

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	678,891	660,400	668,162	701,750	679,836	3,389,039
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	678,891	660,400	668,162	701,750	679,836	3,389,039
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)						94,498
6 **Public support.** Subtract line 5 from line 4						3,294,541

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	678,891	660,400	668,162	701,750	679,836	3,389,039
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	355	2,770	9,480	13,883	9,852	36,340
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						3,425,379

12 Gross receipts from related activities, etc. (see instructions) **12** 207,236

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** 96.18 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** 95.52 %

16a **33 1/3% support test — 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2024.** 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 — 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests — 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.*	6		
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).*	7		
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).*	8		
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.*	9a		
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.*	9b		
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.*	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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		
c	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		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

c ☐ The organization supported a governmental supported organization. *Describe in Part VI how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in 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.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a, 3b, and 3c below.*			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in Part VI.*	3a		
b	Did the organization direct 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.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI .*	3c		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 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**		

Section 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-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

YOUTH MAKING A DIFFERENCE

Employer identification number

26-2548690

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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 . . . . . $ . . . . . .

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).

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

YOUTH MAKING A DIFFERENCE

Employer identification number

26-2548690

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

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

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

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

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

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $

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

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

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,424	26,039	24,230	25,329	24,273
b Contributions	655	60	2,277	3,065	2,273
c Net investment earnings, gains, and losses	3,028	2,127	2,419	-1,598	1,441
d Grants or scholarships	2,009		2,198	2,000	2,023
e Other expenditures for facilities and programs					
f Administrative expenses	855	802	689	566	634
g End of year balance	28,243	27,424	26,039	24,230	25,329

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

- a Board designated or quasi-endowment ____ %
- b Permanent endowment ____ %
- c Term endowment 100.00 %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

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)	ENDOWMENT FUNDS	28,243
(2)	DEPOSITS	3,848
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		32,091

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	EDUCATION PROGRAM LIABILIITES	18,987
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		18,987

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

YOUTH MAKING A DIFFERENCE

Employer identification number

26-2548690

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
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

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

		(a) Event #1 ENDLESS SUMMER (event type)	(b) Event #2 HARRIS CENTER C (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	230,144	53,334	26,221	309,699
	2 Less: Contributions	222,796	38,896	12,821	274,513
	3 Gross income (line 1 minus line 2)	7,348	14,438	13,400	35,186
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		9,886		9,886
	7 Food and beverages	2,549			2,549
	8 Entertainment	1,500	5,000		6,500
	9 Other direct expenses	12,782	467	1,603	14,852
	10 Direct expense summary. Add lines 4 through 9 in column (d)				33,787
	11 Net income summary. Subtract line 10 from line 3, column (d)				1,399

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

YOUTH MAKING A DIFFERENCE

Employer identification number

26-2548690

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		131,827	
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	29			
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
YOUTH MAKING A DIFFERENCE

Employer identification number
26-2548690

FORM 990 - ADDITIONAL INFORMATION
LINE 1 - ORGANIZATION'S MISSION (CONTINUED)
THE OPPORTUNITY TO TAKE ACTION IN THEIR OWN WAY.

FORM 990, PART I, LINE 19 REVENUE LESS EXPENSES

HANDS4HOPE IS COMMITTED TO FINANCIAL TRANSPARENCY AND RESPONSIBLE STEWARDSHIP OF DONOR FUNDS. WHILE OUR 2025 YEAR-END FINANCIALS REFLECT AN $12,000 BUDGET DEFICIT, THIS RESULT REFLECTS INTENTIONAL OPERATIONAL AND FUNDRAISING ADJUSTMENTS MADE DURING THE YEAR.

THE ORGANIZATION EXPENDED APPROXIMATELY $14,000 IN GRANT FUNDS RECEIVED IN 2024, AS PLANNED. IN RESPONSE TO THE PRIOR YEAR'S DEFICIT, HANDS4HOPE REDUCED EXPENSES, SCALED BACK PROGRAMMING IN AREAS WITH LIMITED COMMUNITY ENGAGEMENT, AND RESTRUCTURED ITS FUNDRAISING CALENDAR TO IMPROVE LONG-TERM SUSTAINABILITY. THIS INCLUDED MOVING ONE MAJOR FUNDRAISER FROM FALL 2025 TO SPRING 2026 AND DISCONTINUING ANOTHER, RESULTING IN LOWER REVENUE IN 2025 DUE TO TIMING.

DESPITE THESE IMPACTS, THE ORGANIZATION MAINTAINED STRONG FINANCIAL DISCIPLINE AND SUCCESSFULLY RESTORED ITS OPERATING RESERVES TO ITS TARGET OF SIX MONTHS OF EXPENSES AS OF DECEMBER 31, 2025.

THIS MODEST DEFICIT REFLECTS A STRATEGIC TRANSITION YEAR, POSITIONING HANDS4HOPE FOR IMPROVED FINANCIAL PERFORMANCE AND CONTINUED RESERVE STRENGTH IN 2026 AND BEYOND.

FORM 990, PART III - ADDITIONAL INFORMATION
LINE 1 - ORGANIZATION'S MISSION (CONTINUED)
THE OPPORTUNITY TO TAKE ACTION IN THEIR OWN WAY.

LINE 4A - FIRST PROGRAM ACCOMPLISHMENT - EDUCATION PROGRAM (CONTINUED)
THE MIDDLE SCHOOL CLUBS COLLECTIVELY SERVED 683 PEOPLE AND 350 ANIMALS IN NEED.
HANDS4HOPE HIGH SCHOOL SERVICE-LEARNING CLUBS SUCCESSFULLY PLANNED AND IMPLEMENTED 12 SERVICE-LEARNING PROJECTS BENEFITING 10 AREA NONPROFITS, RAISED $5,305, COLLECTED 290 ITEMS TO BENEFIT AREAS OF NEED INCLUDING: THE UNHOUSED, FOOD INSECURE, AT RISK YOUTH, CHILDREN WITH MEDICAL NEEDS, ANIMAL WELFARE, AND FIRE VICTIMS. THE HIGH SCHOOL CLUBS COLLECTIVELY SERVED 157 PEOPLE IN NEED.
"HANDS4HOPE HAS HELPED ME BECOME MORE ORGANIZED, RESPONSIBLE, AND CONFIDENT. I'VE LEARNED HOW TO LEAD GROUPS, COMMUNICATE CLEARLY, AND TAKE INITIATIVE. THE LEADERSHIP, TEAMWORK, AND PLANNING SKILLS I'VE GAINED HERE WILL HELP ME FOR THE REST OF MY LIFE." - KALEN WHYLIE, JUNIOR AND PONDEROSA HANDS4HOPE CLUB VICE PRESIDENT

HANDS4HOPE AFTER-SCHOOL SERVICE-LEARNING COMMITTEES SUCCESSFULLY PLANNED AND IMPLEMENTED 58 SERVICE-LEARNING PROJECTS BENEFITING 15 AREA NONPROFITS, RAISED $37,156 FOR CAUSES CLOSE TO THEIR HEARTS, COLLECTED AND DISTRIBUTED AND DISTRIBUTED 690 BACKPACKS STUFFED WITH SCHOOL SUPPLIES, A

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: YOUTH MAKING A DIFFERENCE

Employer identification number: 26-2548690

$42,409 VALUE.
"FROM COUNTING THOUSANDS OF PENCILS AND ERASERS TO STANDING UNDER THE SUN COLLECTING DONATIONS, BEING PART OF SCHOOL SUPPLY DRIVE IN PAST YEARS-AND LEADING IT THIS YEAR-HAS BEEN SUCH A JOY," SAYS MIA GEORGE, A 2025 FOLSOM HIGH SCHOOL GRADUATE AND SCHOOL SUPPLY DRIVE PROJECT MANAGER / COLLEGE INTERN FOR THE YOUTH-LED COMMITTEE. "THE DEDICATION OF ALL THE YOUTH INVOLVED IS TRULY INSPIRING, AND I'M GRATEFUL TO CONTRIBUTE TO SOMETHING SO MEANINGFUL FOR OUR COMMUNITY.
THE AFTER-SCHOOL SERVICE-LEARNING COMMITTEES COLLECTIVELY SERVED 1,868 PEOPLE IN NEED INCLUDING: THE FOOD INSECURE AND UNHOUSED, YOUTH IN NEED, AND AT RISK TEENS.
IN 2025, THE HANDS4HOPE - YOUTH MAKING A DIFFERENCE EMERGENCY FOOD PANTRY COMMITTEE CONTINUED TO OPERATE THE EMERGENCY FOOD PANTRY OUT OF THE PLACERVILLE HANDS4HOPE YOUTH CENTER. THE HANDS4HOPE EMERGENCY FOOD PANTRY DISTRIBUTED 3,393 POUNDS OF FOOD AND 131 ESSENTIAL TOILETRIES TO 443 PEOPLE EXPERIENCING FOOD INSECURITY.

"THE MOUNTAINSIDE SUCCESS ACADEMY HAS BEEN PARTNERING WITH THE HANDS4HOPE PROGRAM FOR THE LAST COUPLE OF YEARS. THE EMERGENCY FOOD PANTRY IS SO NEEDED FOR STUDENTS AND FAMILIES ON OUR CAMPUS. MANY TIMES OUR STUDENTS AND FAMILIES DEPEND ON THESE RESOURCES AS A WAY TO FEED THEIR FAMILIES IN THE MIDDLE AND END OF THE MONTH."
~JESSICA VEGA,
MOUNTAINSIDE SUCCESS ACADEMY-CHARTER COMMUNITY SCHOOL AND HOME STUDY ACADEMY

IN TOTAL, THE HANDS4HOPE - YOUTH MAKING A DIFFERENCE EDUCATION PROGRAM PARTICIPANTS LOGGED 9,467 SERVICE HOURS, RAISED $50,454, AND COLLECTED AND DISTRIBUTED 26,996 ITEMS FOR CAUSES CLOSE TO THEIR HEARTS, SERVING MORE THAN 2,087 PEOPLE IN NEED. THROUGH THIS PROGRAM, YOUTH LEARN HOW TO BE CIVIC-MINDED LEADERS WHO TAKE INITIATIVE, COLLABORATE, AND CREATE MEANINGFUL CHANGE IN THEIR COMMUNITY.

LINE 4B - SECOND PROGRAM ACCOMPLISHMENT - COMMUNITY OUTREACH (CONTINUED)
IN ADDITION, THE YOUTH SERVED 11,657 MEALS TO PEOPLE OF ALL AGES EXPERIENCING FOOD INSECURITY. THE YOUTH PARTICIPANTS ALSO MADE 45 NO-SEW BLANKETS WHICH WERE DISTRIBUTED TO FAMILIES IN NEED DURING THE 4 DAYS OF WINTER BOUTIQUE EVENTS TO HELP KEEP THESE FAMILIES WARM.
THROUGH THESE OPPORTUNITIES AND INTERACTIONS WITH THOSE IN NEED IN OUR COMMUNITY, THE YOUTH PARTICIPANTS LEARN TO BE SOCIALLY RESPONSIBLE.

"VOLUNTEERING ALMOST EVERY MONTH HAS MADE ME MORE GRATEFUL FOR WHAT I HAVE AND HELPED ME UNDERSTAND HOW LUCKY I AM. HAVING A HOUSE, WARM CLOTHING, CLEAN WATER, AND FOOD IS SOMETHING I DON'T TAKE FOR GRANTED ANYMORE. HELPING FAMILIES AT THE WINTER BOUTIQUE AND SERVING AT UPPER ROOM HAS SHOWN ME HOW IMPORTANT IT IS TO GIVE BACK. IT MAKES ME WANT TO VOLUNTEER AS MUCH AS I CAN." NIKHIL RANCHOD, OUTREACH PARTICIPANT

LINE 4C - THIRD PROGRAM ACCOMPLISHMENT - LEADERSHIP (CONTINUED)

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: YOUTH MAKING A DIFFERENCE

Employer identification number: 26-2548690

"WHEN I WAS ASKED TO CO-LEAD A HANDS4HOPE COMMITTEE FOR SOCIALLY AND ECONOMICALLY DISADVANTAGED CHILDREN MY FRESHMAN YEAR, I WAS INCREDIBLY SHY. I HATED PUBLIC SPEAKING AND I HAD NO CONFIDENCE THAT I COULD LEAD ANYTHING... TODAY, I DO PUBLIC SPEAKING, MEETING FACILITATION, AND PROJECT MANAGEMENT TASKS ON A REGULAR BASIS WITH NO ISSUE. MY EXPERIENCE WITH HANDS4HOPE DIDN'T JUST BUILD CONFIDENCE - IT SET ME ON A LIFELONG PATH OF LEADERSHIP AND PUBLIC SERVICE. THE LEADERSHIP SKILLS AND SERVICE MINDSET I DEVELOPED AS A TEEN THROUGH HANDS4HOPE CONTINUE TO GUIDE MY WORK TODAY AND SHAPE MY FUTURE IN LOCAL GOVERNMENT AND ENVIRONMENTAL SERVICE." JENA BRASIL, HANDS4HOPE ALUMNA.

IN 2025, HANDS4HOPE - YOUTH MAKING A DIFFERENCE: ENGAGED 108 STUDENTS FROM 6-12TH GRADES IN LEADERSHIP OF THEIR PEERS IN CLUBS AND COMMITTEES, HOSTED THE14TH ANNUAL HANDS4HOPE HIGH SCHOOL LEADERSHIP CAMP, WITH 17 YOUTH FROM FOUR HIGH SCHOOLS ATTENDING, HOSTED THE 12TH ANNUAL MIDDLE SCHOOL LEADERSHIP CAMP WITH 20 YOUTH FROM FIVE MIDDLE SCHOOLS IN ATTENDANCE, THE 13TH ANNUAL LEADERSHIP MID YEAR RETREAT WITH 27 YOUTH FROM SIX HIGH SCHOOLS IN ATTENDANCE, HOSTED 12TH ANNUAL MIDDLE SCHOOL LEADERSHIP MID-YEAR RETREAT WITH 26 YOUTH FROM EIGHT MIDDLE SCHOOLS IN ATTENDANCE, AND THE YOUTH BOARD RAISED $4,000 WITH FOUR PROJECTS TO PROVIDE FOUR $1,000 SCHOLARSHIPS FOR HANDS4HOPE GRADUATING SENIORS WHO NEEDED HELP WITH COLLEGE OR TECHNICAL SCHOOL TUITION

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF FORM 990 WAS REVIEWED BY THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY IS HANDLED ON AN ANNUAL BASIS BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
EXECUTIVE DIRECTOR SALARY IS DETERMINED BY THE BOARD OF DIRECTORS AND SET CONSISTENT WITH HANDS4HOPE COMPENSATION PHILOSOPHY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION PROCESS FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED AS PART OF THE BUDGET REVIEW PROCESS AND APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THEY ARE ALSO AVAILABLE ON THE GUIDESTAR WEBSITE.

FORM 990, PART X - ADDITIONAL INFORMATION
OF THE $318K FUND BALANCE, $266K IS RESERVED TO COVER 4 MONTHS FOR 2026 OPERATIONS, $20K ARE RESTRICTED FUNDS FOR USE IN 2026, AND $28K IS AN ENDOWMENT HELD AT THE EL DORADO COMMUNITY FOUNDATION FOR HANDS4HOPE AND OUR RYAN CHRISTOPHER HERSH MEMORIAL SCHOLARSHIP FUND.

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

For calendar year 2025, or tax year beginning , and ending

2025

Name

YOUTH MAKING A DIFFERENCE

Employer Identification Number

26-2548690

		(a) Other event KID ZONE (event type)	(b) Other event (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	26,221			26,221
	2 Less: Charitable contributions	12,821			12,821
	3 Gross income (line 1 minus line 2)	13,400			13,400
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	1,603			1,603

Form **990**

Two Year Comparison Report

For calendar year 2025, or tax year beginning , ending

2024 & 2025

Name

YOUTH MAKING A DIFFERENCE

Taxpayer Identification Number

26-2548690

			2024	2025	Differences
Revenue	1. Contributions, gifts, grants	1.	701,750	679,836	-21,914
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	21,270	16,816	-4,454
	5. Investment income	5.	13,883	9,852	-4,031
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	-28,592	1,399	29,991
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.	708,311	707,903	-408
Expenses	13. Grants and similar amounts paid	13.		2,009	2,009
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	88,000	88,000	
	16. Salaries, other compensation, and employee benefits	16.	362,060	326,844	-35,216
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	18,080	26,145	8,065
	19. Occupancy, rent, utilities, and maintenance	19.	58,340	55,289	-3,051
	20. Depreciation and Depletion	20.			
	21. Other expenses	21.	252,181	221,686	-30,495
	22. **Total expenses.** Add lines 13 through 21	22.	778,661	719,973	-58,688
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	-70,350	-12,070	58,280
Other Information	24. Total exempt revenue	24.	708,311	707,903	-408
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	35,153	26,668	-8,485
	27. Total assets	27.	347,080	340,538	-6,542
	28. Total liabilities	28.	18,174	22,058	3,884
	29. Retained earnings	29.	328,906	318,480	-10,426
	30. Number of voting members of governing body	30.	10	11	
	31. Number of independent voting members of governing body	31.	10	11	
	32. Number of employees	32.	15	18	
	33. Number of volunteers	33.	828	784	

Form **990**

Tax Return History

2025

Name

YOUTH MAKING A DIFFERENCE

Employer Identification Number

26-2548690

	2021	2022	2023	2024	2025	2026
Contributions, gifts, grants	678,891	660,400	668,162	701,750	679,836	
Membership dues						
Program service revenue	11,086	12,140	19,740	21,270	16,816	
Capital gain or loss	1,592					
Investment income	355	2,770	9,480	13,883	9,852	
Fundraising revenue (income/loss)	-35,211	-13,087	-8,013	-28,592	1,399	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	656,713	662,223	689,369	708,311	707,903	
Grants and similar amounts paid	1,523	2,000	2,198		2,009	
Benefits paid to or for members						
Compensation of officers, etc.	67,000	75,000	80,000	88,000	88,000	
Other compensation	202,007	280,285	327,885	362,060	326,844	
Professional fees	9,617	11,926	14,182	18,080	26,145	
Occupancy costs	43,152	47,962	51,083	58,340	55,289	
Depreciation and depletion						
Other expenses	265,989	250,454	236,721	252,181	221,686	
Total expenses	589,288	667,627	712,069	778,661	719,973	
Excess or (Deficit)	67,425	-5,404	-22,700	-70,350	-12,070	
Total exempt revenue	656,713	662,223	689,369	708,311	707,903	
Total unrelated revenue						
Total excludable revenue	13,033	14,910	29,220	35,153	26,668	
Total Assets	448,824	441,991	418,276	347,080	340,538	
Total Liabilities	22,571	23,058	20,070	18,174	22,058	
Net Fund Balances	426,253	418,933	398,206	328,906	318,480	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST						
	$ 74		14			
TOTAL	$ 74					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
DIVIDENDS						
	$ 9,168		14			
TOTAL	$ 9,168					

1548 Youth Making A Difference
26-2548690
FYE: 12/31/2025

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL SERVICE	$ 1,558	$ 306	$ 1,252	$
INTERN STIPEND	1,544	1,544		
FUNDRAISING CONSULTING	10,000			10,000
TOTAL	$ 13,102	$ 1,850	$ 1,252	$ 10,000

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
STAFF APPRECIATION	$ 3,409	$ 2,191	$ 1,218	$
T-SHIRTS	3,321	1,888	1,433	
FOOD	2,958	2,958		
SUPPLIES	2,737	2,737		
DUES & SUBSCRIPTIONS	1,816	164	1,467	185
INCENTIVES	1,744	1,744		
STORAGE	1,036	1,036		
LICENSE & FEES	622	402	220	
STAFF DEVELOPMENT	356	87	269	
MISCELLANEOUS	-139		-139	
TOTAL	$ 17,860	$ 13,207	$ 4,468	$ 185

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
RDM POSITIVE IMPACT FOUNDATION	$ 90,430	$ 21,922
BLUE SHIELD OF CALIFORNIA		
INTEL	28,745	
US BANK	70,000	1,492
DAVID & SHARON HANDLER	108,100	39,592
SCOTT & VALERIE HANSON	100,000	31,492
FOLSOM CORDOVA USD	24,000	
TOTAL	$ 421,275	$ 94,498

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
CAMP/REG FEES	$ 13,628
T-SHIRT REVENUES	3,188
HARRIS CENTER CONCERT	14,438
FOOD ROUNDUP	
FALL FESTIVAL	
ENDLESS SUMMER -BEACH PARTY	7,348
KID ZONE	13,400
TOTAL	$ 52,002

Federal Statements

Harris Center Concert

Other Direct Fundraising or Gaming Expenses

Description	Amount
MISCELLANEOUS	$ 38
MARKETING	396
BANK FEES	33
TOTAL	$ 467

Federal Statements

Endless Summer -Beach Party

Other Direct Fundraising or Gaming Expenses

Description	Amount
SUPPLIES	$ 2,585
AUCTION	4,404
PRINTING	38
MARKETING	675
VOLUNTEER APPRECIATION	905
BANK FEES	3,740
POSTAGE	135
MISCELLANEOUS	300
TOTAL	$ 12,782

Federal Statements

Kid Zone

Other Direct Fundraising or Gaming Expenses

Description	Amount
SUPPLIES	$ 1,382
MARKETING	221
TOTAL	$ 1,603

Form 199 Return Summary

For calendar year 2025, or tax year beginning , and ending

26-2548690

YOUTH MAKING A DIFFERENCE

Gross sales / receipts	61,854	
Dues from members		
Contributions / grants	679,836	
Total costs		
Expenses	753,760	
Excess / (deficit)		-12,070
Total payments		
Penalties and interest		
Use tax		
Balance due		
Refund		

Balance Sheet

	Beginning	Ending	Differences
Assets	347,080	340,538	
Liabilities	18,174	22,058	
Net assets	328,906	318,480	-10,426

Miscellaneous Information

Amended return

Return / extended due date 05/15/26

034
STATE OF CALIFORNIA
RRF-1
(Rev. 01/2024)

DEPARTMENT OF JUSTICE
PAGE 1 of 1

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

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

(For Registry Use Only)

YOUTH MAKING A DIFFERENCE
Name of Organization

List all DBAs and names the organization uses or has used

3941 PARK DRIVE, STE. 20-264
Address (Number and Street)

EL DORADO HILLS CA 95762
City or Town, State, and ZIP Code

916-294-7426
Telephone Number

JBASSETT@HANDS4HOPEYOUTH.ORG
E-mail Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number CT3102359

Corporation or Organization No. 3102359

Federal Employer ID No. 26-2548690

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/25 ending 12/31/25) list:

Total Revenue $ (including noncash contributions) 707,903 Noncash Contributions $ 131,827 Total Assets $ 340,538

Program Expenses $ 538,548 Total Expenses $ 719,973

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

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes? STMT 1	X	
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

Signature of Authorized Agent	Printed Name	Title	Date
	JENNIFER BASSETT	EXECUTIVE DIRECTOR	

California Statements

Statement 1 - Form RRF-1, Part B, Line 6 - Raffle for Charitable Purposes

Description
RAFFLE HELD DURING ENDLESS SUMMER BEACH PARTY BENEFIT DINNER ON SEPTEMBER 13, 2025.

TAXABLE YEAR **2025**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) _____ , and ending (mm/dd/yyyy) _____ .

Corporation/Organization name	California corporation number
YOUTH MAKING A DIFFERENCE	3102359
Additional information. See instructions.	FEIN
HANDS4HOPE	26-2548690
Street address (suite or room)	PMB no.
3941 PARK DRIVE, STE. 20-264	
City	State / ZIP code
EL DORADO HILLS	CA 95762
Foreign country name / Foreign province/state/county	Foreign postal code

A First return ..... ☐ Yes ☒ No
B Amended return ..... ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No
D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● _____
E Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other
F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF
(3) ● ☐ Sch H (990) (4) ☐ Other 990 series
G Is this a group filing? See instructions ..... ● ☐ Yes ☒ No
H Is this organization in a group exemption ..... ☐ Yes ☒ No
If "Yes," what is the parent's name?
_____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ..... ● ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. N/A ● ☐ Yes ☐ No
K Is the organization exempt under R&TC Section 23701g? ... ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources ..... $ _____
L Is the organization a limited liability company? ... ● ☐ Yes ☒ No
M Did the organization file Form 100 or Form 109 to report taxable income? ..... ● ☐ Yes ☒ No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● ☐ Yes ☒ No
O Is federal Form 1023/1024 pending? ..... ☐ Yes ☒ No
Date filed with IRS _____

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	61,854	00
	2	Gross dues and assessments from members and affiliates ●	2		00
	3	Gross contributions, gifts, grants, and similar amounts received ●	3	679,836	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●	4	741,690	00
	5	Cost of goods sold ● 5			00
	6	Cost or other basis, and sales expenses of assets sold ● 6			00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4 ●	8	741,690	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●	9	753,760	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●	10	-12,070	00
Payments	11	Total payments ●	11		00
	12	Use tax. See General Information K ●	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●	14		00
	15	Penalties and interest. See General Information J	15		00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ⊙	16		00

Sign Here

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

Signature of officer ▶	Title	Date	● Telephone
	EXECUTIVE DIRECTOR		916-294-7426

Paid Preparer's Use Only

Preparer's name ●			
Preparer's signature ▶ FOLSOM, CA	Date	Check if self-employed ▶ ☐	● PTIN P00914245
Firm's name (or yours, if self-employed) and address ▶ HORN FULTON, INC. 2600 E BIDWELL ST STE 190 FOLSOM, CA 95630			● Firm's FEIN 20-3220537 ● Telephone 916-984-7745

May the FTB discuss this return with the preparer shown above? See instructions ..... ● ☒ Yes ☐ No

YOUTH MAKING A DIFFERENCE

26-2548690

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

	1 Gross sales or receipts from all business activities. See instructions	1	16,816	00
	2 Interest	2	74	00
Receipts from Other Sources	3 Dividends	3	9,168	00
	4 Gross rents	4		00
	5 Gross royalties	5		00
	6 Gross amount received from sale of assets (See instructions)	6		00
	7 Other income. Attach schedule SEE STATEMENT 1	7	35,796	00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	61,854	00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	9	2,009	00
	10 Disbursements to or for members	10		00
	11 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11	88,000	00
	12 Other salaries and wages	12	290,975	00
Expenses and Disburse-ments	13 Interest	13		00
	14 Taxes	14		00
	15 Rents	15	55,289	00
	16 Depreciation and depletion (See instructions)	16		00
	17 Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	317,487	00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	753,760	00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash		84,586		142,742
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		1,469		1,480
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 5		229,753		164,225
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule STMT 6		31,272		32,091
13 **Total assets**		347,080		340,538
Liabilities and net worth				
14 Accounts payable		6,666		3,071
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 7		11,508		18,987
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		328,906		318,480
22 **Total liabilities and net worth**		347,080		340,538

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

1 Net income per books	-12,070	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule		8 Deductions in this return not charged against book income this year. Attach schedule	
5 Expenses recorded on books this year not deducted in this return. Attach schedule		9 Total. Add line 7 and line 8	
		10 Net income per return. Subtract line 9 from line 6	-12,070
6 Total. Add line 1 through line 5	-12,070		

California Statements

Statement 1 - Form 199, Part II, Line 7 - Other Income

Description	Amount
HARRIS CENTER CONCERT	$ 14,438
FOOD ROUNDUP	
FALL FESTIVAL	
ENDLESS SUMMER -BEACH PARTY	7,348
KID ZONE	13,400
REALIZED GAIN ON ENDOWMENT	610
TOTAL	$ 35,796

California Statements

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip
1		SCHOLARSHIP	3941 PARK DR, STE 20-264	EL DORADO HILLS	CA	95762

Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
			2,009					

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
JENNIFER BASSETT	3941 PARK DRIVE SUITE 20-264	EL DORADO HILLS	CA	95762	EXECUTIVE DIRECTOR	40.00	88,000
ANDREA HOWARD	3941 PARK DR STE 20-264	EL DORADO HILLS	CA	95762	VICE CHAIR	2.00	
BLAKE ANDERSON	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	DIRECTOR	1.00	
HEATHER EDWARDS	3941 PARK DRIVE STE 20-264	EL DORADO HILLS	CA	95762	CHAIR	2.00	
MONIQUE BAXTER	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	DIRECTOR	1.00	
ESTEE HORN	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	TREASURER	1.00	
ADAM KINT	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	DIRECTOR	1.00	
CAREY MORENO-HUNT	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	DIRECTOR	1.00	
DOLLY WAGER	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	SECRETARY	1.00	
MEREDITH WHARTON	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	DIRECTOR	1.00	
ANDREW MADIGAN	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	DIRECTOR	1.00	
TRACY MESSINEO	3941 PARK DRIVE, STE 20-264	EL DORADO HILLS	CA	95762	DIRECTOR	1.00	
TOTAL							88,000

California Statements

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
	$
HARRIS CENTER CONCERT	
RENT AND FACILITY COSTS	9,886
ENTERTAINMENT	5,000
MISCELLANEOUS	38
MARKETING	396
BANK FEES	33
ENDLESS SUMMER -BEACH PARTY	
FOOD AND BEVERAGES	2,549
ENTERTAINMENT	1,500
SUPPLIES	2,585
AUCTION	4,404
PRINTING	38
MARKETING	675
VOLUNTEER APPRECIATION	905
BANK FEES	3,740
POSTAGE	135
MISCELLANEOUS	300
KID ZONE	
SUPPLIES	1,382
MARKETING	221
PAYROLL SERVICE	1,558
INTERN STIPEND	1,544
PRINTING	2,368
POSTAGE	524
IN-KIND PROGRAM EXPENSE	131,827
TRAINING	16,259
T-SHIRTS	3,321
VOLUNTEER RECOGNITION	4,093
SUPPLIES	2,737
FOOD	2,958
INCENTIVES	1,744
BANK FEES	3,712
DUES & SUBSCRIPTIONS	1,816
STAFF APPRECIATION	3,409
STAFF DEVELOPMENT	356
LICENSE & FEES	622
FUNDRAISING EVENT EXP	
MISCELLANEOUS	-139
FUNDRAISING EVENT MKTG	
MARKETING	2,969
TELEPHONE	6,641
OFFICE SUPPLIES	1,619
REPAIRS & MAINTENANCE	3,189
WORKERS COMPENSATION	1,510
INSURANCE	14,107
OTHER EMPLOYEE BENEFITS	5,094
PAYROLL TAXES	30,775
ACCOUNTING	13,043
FUNDRAISING CONSULTING	10,000
TRAVEL	4,262
CONFERENCES, MEETINGS	805

California Statements

Statement 4 - Form 199, Part II, Line 17 - Other Expenses (continued)

Description	Amount
STORAGE	$ 1,036
INFORMATION TECHNOLOGY	9,941
TOTAL	$ 317,487

Statement 5 - Form 199, Schedule L, Line 7 - Investments in Stock

Description	Beginning of Year	End of Year
WELLS FARGO	$ 229,753	$ 164,225
TOTAL	$ 229,753	$ 164,225

Statement 6 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	$ 3,848	$ 3,848
ENDOWMENT FUNDS	27,424	28,243
TOTAL	$ 31,272	$ 32,091

Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
EDUCATION PROGRAM LIABILIITES	$ 11,508	$ 18,987
TOTAL	$ 11,508	$ 18,987

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2025**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: **YOUTH MAKING A DIFFERENCE**

Identifying number: **26-2548690**

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) ..... 1 _____

2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) ..... 2 _____

3 Refund (Form 109, line 27) ..... 3 _____

4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 30) ..... 4 _____

Part II Settle Your Account Electronically for Taxable Year 2025

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount _____ **6b** Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2026 (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

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

9 Routing number _____

10 Account number _____ **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2025 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ _____ (Signature of officer) _____ (Date) ▶ **EXECUTIVE DIRECTOR** (Title)

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ _____ Date _____ Check if also paid preparer ☒ Check if self-employed ☐ ERO's PTIN **P00914245**

Firm's name (or yours if self-employed) and address ▶ **HORN FULTON, INC.**
2600 E BIDWELL ST STE 190
FOLSOM CA

Firm's FEIN **20-3220537**

ZIP code **95630**

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

Paid Preparer Must Sign

Paid preparer's signature ▶ _____ Date _____ Check if self-employed ☐ Paid preparer's PTIN _____

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

Firm's FEIN _____

ZIP code _____