Form **990**

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury Internal Revenue Service

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.

Open to Public
Inspection

OMB No. 1545-0047

A F	or th	e 2021	calendar year, or tax year beginning	07/	01/2021	and ending	3		06/3	30/20	22	
_			C Name of organization					D Employer idea	ntificatio	on numb	er	
Вс	heck if a	pplicable:	OVERTOWN YOUTH CENTER,	INC.								
	Addr		896									
	7	e change	Number and street (or P.O. box if mail is r		E Telephone number							
	+	l return	450 N.W. 14 STREET			(305)34	19 – 1	204				
	Final	return/	City or town, state or province, country, a	(303)3	17 1.	201						
	termi Amei	inated nded	MIAMI, FL 33136					G Gross receipts	. \$	6	102	,261.
	retur Appli	n cation	F Name and address of principal officer:	H(a) Is this a grou			Yes	X No				
	pend			TINA BROWN				subordinates'	?		1	\equiv
_	_		450 N.W. 14 STREET, MIA					H(b) Are all subord			Yes	No
		empt st	12 00:(0)(0)) (insert no.)	4947(a)(1)	or 52	27	If "No," at			ructions	
			WWW.OVERTOWNYOUTH.ORG					H(c) Group exemp				
-			1 1	Association Other		L Year o	of format	ion: 2001 M :	State of	legal do	micile:	FL
P	art I	Su	ımmary									
	1	Briefly	y describe the organization's mission or	most significant activities	: <u>THE 1</u>	MISSION	OF O	VERTOWN YO	HTUC	CENT	ER]	<u> IS</u>
çe		TO :	INSPIRE AND EMPOWER YOUT	H AND FAMILIES	BY FOS'	TERING H	HOPE '	THROUGH				
nan		ENR:	ICHMENT SERVICES.									
Governance	2	Check	k this box 🕨 🔙 if the organization di	scontinued its operation	s or dispos	ed of more th	an 25%	of its net assets	3.			
9	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3			31
م س	4		per of independent voting members of the						4			31
ţį	5		number of individuals employed in cale						5			NONE
Activities &	6		number of volunteers (estimate if necess						6			165
Ā	7a		unrelated business revenue from Part VI						7a			NONE
			nrelated business taxable income from F						7b			NONE
								Prior Year		Curi	rent Y	
_	8	Contri	ibutions and grants (Part VIII, line 1h)					5,971,44	7.	6.	.271	,078.
Revenue	9		am service revenue (Part VIII, line 2g)						ONE	- ,		NONE
e ve	10		tment income (Part VIII, column (A), line					533,30	_		222	,183.
ď	11		revenue (Part VIII, column (A), lines 5,					-42,16				NONE
	12		revenue - add lines 8 through 11 (must					6,462,58		6	493	,261.
	13		ts and similar amounts paid (Part IX, colu					50,26		<u> </u>	173	NONE
	14		fits paid to or for members (Part IX, colur						ONE			NONE
	4.5		ies, other compensation, employee bene				1	2,369,88		2	206	,401.
Expenses	16 0						ONE	, د	200			
ben	IVa		ssional fundraising fees (Part IX, column					INC)INE			NONE
E	470		fundraising expenses (Part IX, column (E					1 071 03			046	101
	17		expenses (Part IX, column (A), lines 11:					1,271,93				,121.
	18		expenses. Add lines 13-17 (must equal					3,692,08				<u>,522.</u>
- v	19	Rever	nue less expenses. Subtract line 18 from	line 12			Di	2,770,50				<u>,739.</u>
Net Assets or Fund Balances							Begin	ning of Current Y			of Yea	
sse 3ala	20		assets (Part X, line 16)					20,047,09				<u>,779.</u>
nd E	21		liabilities (Part X, line 26)					2,856,62				<u>,645.</u>
			ssets or fund balances. Subtract line 21	from line 20				17,190,46	8.	18,	<u>,990</u>	<u>,134.</u>
	rt II		gnature Block									
			of perjury, I declare that I have examined thit complete. Declaration of preparer (other than						my kn	owledge	and be	elief, it is
				,				Ī				
Sig	ın	-	Signature of officer					D-1-				
He			3					Date				
		_	TINA BROWN		CE	0						
			Type or print name and title			T .			1			
Paic	4	Print/	Type preparer's name	Preparer's signature		Date	(2022	Check	if PT	IN		
	parer	JAC	OB COOK	JACOB COOK		05/01	/ 2023	self-employe	ed P	01240	<u> 1455</u>	
	Only	Firm's	sname ▶ BDO USA, LLP					Firm's EIN	13-	-5381	.590	
		Firm's		SUITE 685 BOCA RATON,				Phone no.	562	1-909	-21(00
May	y the	IRS d	liscuss this return with the preparer	shown above? See in:	structions						es	No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.						Forr	n 99 0	(2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

filing of this form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details on the	e electronic				
Automatic 6-Month Extension of Time. Only subm	it original	(no copies needed).						
All corporations required to file an income tax return oth must use Form 7004 to request an extension of time to file		· · · · · · · · · · · · · · · · · · ·	20-C filers), partnerships, REMICs	, and trusts				
Type or print Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN)					
OVERTOWN YOUTH CENTER, INC. Number, street, and room or suite no. If a P.O. box	x, see instru	ctions.	65-1048896					
due date for filling your return. See instructions. 450 N.W. 14 STREET City, town or post office, state, and ZIP code. For MIAMI, FL 33136	a foreign ad	dress, see instructions.						
Enter the Return Code for the return that this application	is for (file	a separate application fo	or each return)	0 1				
Application	Return	Application		Return				
Is For	Code	Is For		Code				
Form 990 or Form 990-EZ	01	Form 1041-A		08				
Form 4720 (individual)	03	Form 4720 (other tha	in individual)	09				
Form 990-PF	04	Form 5227 Form 6069		10				
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)	05 06	Form 8870		12				
Form 990-T (corporation)	07	1 01111 0070		12				
450 N.W. 14TH ST Telephone No. ► 305 349-1204 If the organization does not have an office or place of I If this is for a Group Return, enter the organization's for the whole group, check this box	business ir ur digit Gro f it is for pa	Fax No. ►	(GEN) If th	is is				
a list with the names and TINs of all members the extension of time up		05/15 202	23 to file the exempt organization	on return				
1 I request an automatic 6-month extension of time until								
2 If the tax year entered in line 1 is for less than 12 m Change in accounting period								
3a If this application is for Forms 990-PF, 990-T, nonrefundable credits. See instructions.			3a \$	NONE				
 b If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any prior yea c Balance due. Subtract line 3b from line 3a. In 	r overpayn	nent allowed as a credit	т. Зb \$	NONE				
using EFTPS (Electronic Federal Tax Payment System	n). See ins	tructions.	3c \$	NONE				
Caution: If you are going to make an electronic funds withdraw instructions.	aı (direct de	poit) with this Form 8868,	see Form 8453-TE and Form 8879-TE	ror payment				

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Page 2 Form 990 (2021)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	riefly describe the organization's mission:	
-	THE MISSION OF THE OVERTOWN YOUTH CENTER IS TO INSPIRE AND EMPOWER	
	YOUTH AND FAMILIES BY FOSTERING HOPE THROUGH ENRICHMENT SERVICES.	
	id the organization undertake any significant program services during the year which were not listed on the	
_	rior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.	No
3	id the organization cease conducting, or make significant changes in how it conducts, any program ervices?	No
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	Code:	
	ORGANIZED ATHLETICS, EMPLOYMENT ENHANCEMENT SKILLS AND CULTURAL AWARENESS.	
4b	Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	Code:) (Expenses \$including grants of \$) (Revenue \$)	
	ther program services (Describe on Schedule O.) Expenses \$ including grants of \$) (Revenue \$) Interprogram service expenses \$ 4,403,480	

4e Total p

JSA
1E1020 1.000

Form **990** (2021) 3996SX YJ4H 4

Form 990 (2021)
Part IV Checklist of Required Schedules

rar	Checklist of Required Schedules		V	NI-
	In the executation described in section $EO((a)/2)$ or $AO(7/a)/4$ (other than a private foundation)? If "Vec"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
2	complete Schedule A	2	X	
2	Did the organization required to complete <i>Scriedule bi</i> , <i>Scriedule of Contributors?</i> See instructions.		X	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		21
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Λ
<u> </u>	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	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			
4.0	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	4.		37
17	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		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Λ
. 5	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	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 12 If "Vee" complete Schedule I Parts I and II	21		v

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Part	Checklist of Required Schedules (continued)			
	Pild		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		· v
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			Λ
- u	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	, , , , , , , , , , , , , , , , , , , ,	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%	00		3.7
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		X
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		3.7
21	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- 21
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	X	
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	27		3.5
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		X
30	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part			21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 1E1030			990	(2021)
	3996SX YJ4H		6	

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Par	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 257			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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
С	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).			
а	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	X	
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? $oldsymbol{.}$	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
	•	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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Sect	ion 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			
b	Enter the number of voting members included on line 1a, above, who are independent			
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:			
а	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
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>.)</i> Yes	Na.
		1.0	res	No
	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,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	120	37	
_	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe on Schedule O how this was done	13		
13	Did the organization have a written whistleblower policy?	14	Х	
14	Did the organization have a written document retention and destruction policy?	17	- 2	
15				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	- 21	X
b	Other officers or key employees of the organization			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
h	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		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_FL,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		` /
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est p	olicy,
	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 record TINA BROWN 450 N.W. 14TH ST. MIAMI, FL 33136	ds ►		
	ANILL DIOWIN TOU IN.W. ITID DI. MIMMIL, FL 33130			

305-349-1204

Form **990** (2021)

1E1042 1.000

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

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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)	box,	unles	Pos neck ss pe	rson	e than of is both or/trust Highest compensated employee	an	(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
(1) TINA BROWN	40.00									
CEO	2.00			Х				148,943.	NONE	NONE
(2) STEPHEN A. MARINO, JR, ESQ.	1.00									
CHAIRMAN	2.00	Х		Х				NONE	NONE	NONE
(3) MICHELLE FEBRES	1.00									
VICE CHAIR	2.00	Х		Х				NONE	NONE	NONE
(4) ANDRES ASION	1.00									
SECRETARY	2.00	Х		Х				NONE	NONE	NONE
(5) SHAWN ALEXANDER	1.00									
TREASURER	2.00	X		Х				NONE	NONE	NONE
(6) ROD ADKINS	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(7) RON BOOK	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(8) STEPHEN BOUCHER	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(9) RUSSELL H. BROOKE	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(10) MAGDA J. CASTINEYRA	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(11) LINDA COLL	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(12) GREGORY DEUTCH, ESQ.	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(13) ALBERT E. DOTSON, JR. ESQ.	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(14) JEFFREY FRATARCANGELI	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE

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JSA 1E1041 1.000

Form 990 (2021) Page **8**

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinued)	
(A)	(B)			((C)			(D)	(E)	(F)	
Name and title	Average				ition			Reportable	Reportable	Estimated	t
	hours per	,				e than o		compensation	compensation from	amount o	of
	week (list any hours for					is both tor/trust		from	related	other compensati	ion
	related							the organization	organizations (W-2/1099-MISC)	from the	
	organizations	dire	stitu	Officer	y en	ples	Former	(W-2/1099-MISC)	(** =/ ************************	organizatio	
	below dotted line)	Individual trustee or director	Institutional trustee	,	Key employee	Highest compensated employee	_	,		and relate organizatio	
	iiie)	trus	al tro		yee	mpe				Organizatio	115
		ee	ıste			sane					
			Ф			ted					
15) ALLEN FURST	1.00										
DIRECTOR	2.00	Х						NONE	NONE		NONE
16) MICHAEL FUX	1.00										
DIRECTOR	2.00	Х						NONE	NONE		NONE
17) SABRINA GALLO	1.00										
DIRECTOR	2.00	Х						NONE	NONE		NONE
18) SALO GROSFELD	1.00										
DIRECTOR	2.00	Х						NONE	NONE		NONE
19) NATASHA HAMPTON	1.00										
DIRECTOR	2.00	Х						NONE	NONE		NONE
20) ERIC JAMES VAINDER	1.00										
DIRECTOR	2.00	Х						NONE	NONE		NONE
21) SHEVRIN JONES	1.00										
DIRECTOR	2.00	Х						NONE	NONE		NONE
22) DR. JAYNE A. KLEIN	1.00										
DIRECTOR	2.00	X						NONE	NONE		NONE
23) JACQUELINE MANSFIELD	1.00										
DIRECTOR	2.00	X						NONE	NONE		NONE
24) ASHLEY PERKINS	1.00										
DIRECTOR	2.00	X						NONE	NONE		NONE
25) JACQUELYNN POWERS	1.00										
DIRECTOR	2.00	X						NONE	NONE		NONE
1b Sub-total							\blacktriangleright	148,943.	NONE		NONE
c Total from continuation sheets to Part VII,	Section A						\triangleright	NONE	NONE		NONE
d Total (add lines 1b and 1c)							<u> </u>	148,943.	NONE		NONE
2 Total number of individuals (including but no		hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of		
reportable compensation from the organizati	on >					1				1	
										Yes	No
3 Did the organization list any former off											
employee on line 1a? If "Yes," complete Sche	edule J for su	cn ina	ividi	ual			• •			3	
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	satio	n a	nd other compens	sation from the		

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		
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	4		
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	5		

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 in compensation from the organization ▶

Form **990** (2021)

Part VII Section A. Officers, Directors, T	<u>rustees, Ke</u>	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	erson	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) MICHAEL ROSE	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
27) MATTHEW ROTH	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
28) ELISE SCHECK BONWITT, ESQ.	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
29) PAUL A. SHELOWITZ	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
30) CANDY M. SICLE	1.00	4								
DIRECTOR	2.00	X						NONE	NONE	NONE
31) JODI A. SILVA	1.00	4								
DIRECTOR	2.00	X						NONE	NONE	NONE
32) JASON STERNBERG	$-\frac{1.00}{0.00}$	4								
DIRECTOR	2.00	X						NONE	NONE	NONE
33) ERIC JAMES VAINDER	$-\frac{1}{2} \cdot \frac{00}{20}$	-								
DIRECTOR	2.00	X						NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						> > >			
Total number of individuals (including but no reportable compensation from the organization)	t limited to t						o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3 X
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than	\$15	50,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If '	or accrue co	mpen	sati	on 1	fron	n any	un	related organizati	on or individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co compensation from the organization. Report										

year.

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

Form **990** (2021)

65-1048896

Part VIII	Statement	of	Revenue
-----------	-----------	----	---------

		Check if Schedule O contains a res	oonse or note to ar	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	330,922.				
ra E Z	b	Membership dues)				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	200.				
ifts	d	Related organizations					
פֿיַּפּ	e	Government grants (contributions) 16					
Sin	f	All other contributions, gifts, grants,					
atio er (-	and similar amounts not included above . 11	4,217,291.				
ĕĔ	g	Noncash contributions included in					
dit	9		\$ 223,662.				
ಕ್ಷ ಬ	h	Total. Add lines 1a-1f		6,271,078.			
		Total Act mice to the property	Business Code	., ,			
ė	20						
Ξ̈́	2a						
Se	b	-	_				
Program Service Revenue	C	-	_				
P. S.	d	-	_				
Pro	e	All other program conting revenue	_				
	f g	All other program service revenue Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividend					
	•	other similar amounts)	_	222,183.			222,183.
	4	Income from investment of tax-exempt be	_	NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C		ONE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities					
		sales of assets					
		other than inventory 7a					
Ф	b	Less: cost or other basis					
evenue	"	and sales expenses 7b					
š	С	Gain or (loss) 7c					
\simeq	d	Net gain or (loss)	<u> </u>	NONE			
Other		Gross income from fundraising					
ŏ	8a	•					
		events (not including \$ of contributions reported on line					
		·	a NONE				
	L	•	b NONE				
	b c	Net income or (loss) from fundraising ever	· .	NONE			
	9a	Gross income from gaming					
	Ja	activities. See Part IV, line 19	none				
	h		b NONE				
	b c	Net income or (loss) from gaming activiti	-	NONE			
	10a	Gross sales of inventory, less					
	Jua	returns and allowances 1	Da NONE				
	b		Ob NONE	1			
	C	Net income or (loss) from sales of inventory		NONE			
·n	_	(,	Business Code	2.52.12			
Miscellaneous Revenue	11-						
ane nu	11a						
scellaned Revenue	b						
Sc.	C d	All other revenue					
Σ	e	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		6,493,261.			222,183.

65-1048896

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 resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	148,943.	128,791.	12,872.	7,280
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	3,057,458.	2,643,786.	264,222.	149,450.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	NONE			
C	Accounting	56,388.	45,410.	10,978.	
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	NONE			
12	Advertising and promotion	NONE			
13	Office expenses	339,686.	278,575.	61,077.	34
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	186,215.	8,215.	178,000.	
17	Travel	54,127.	44,900.	9,227.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	11,368.		11,368.	
21	,	NONE	04 = 45		
22	Depreciation, depletion, and amortization	21,565.	21,565.	24.000	
23	Insurance	156,899.	122,869.	34,030.	
24					
	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.)	505 707			
а	STUDENT SERVICES	606,727.	606,727.	NONE	NONE
b	IN KIND GOODS	180,462.	180,462.	NONE	NONE
C	RENTAL AND MAINTENANCE	139,427.	111,542.	25,891.	1,994
	FIELD TRIPS	40,800.	40,800.	NONE	NONI
	All other expenses	252,457.	169,838.	19,452.	63,167
	Total functional expenses. Add lines 1 through 24e	5,252,522.	4,403,480.	627,117.	221,925.
∠0	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) if				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,384,305.	1	3,479,300.
	2	Savings and temporary cash investments	660,991.	2	703,930.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	351,475.	4	478,021.
	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	NONE	5	NONE
	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).	NONE		
ß	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	NONE		NONE
	_	Land, buildings, and equipment: cost or other	110112		110111
		basis. Complete Part VI of Schedule D 10a 1,304,956.			
	h	Less: accumulated depreciation		100	95,542.
	11	Investments - publicly traded securities	3,979,410.	11	3,162,863.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	12,558,742.	15	12,990,123.
	16				
_		Total assets. Add lines 1 through 15 (must equal line 33)	20,047,097.	16	20,909,779.
	17	Accounts payable and accrued expenses	356,629.	17	491,645.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
į		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	2,500,000.	23	1,250,000.
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	NONE		178,000.
	26	Total liabilities. Add lines 17 through 25	2,856,629.	26	1,919,645.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alan	27	Net assets without donor restrictions	5,265,996.	27	5,870,575.
Ä	28	Net assets with donor restrictions	11,924,472.	28	13,119,559.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
188	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	17,190,468.	32	18,990,134.
ž	33	Total liabilities and net assets/fund balances	20,047,097.	33	20,909,779.
_					Form 990 (2021)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,4	93,	<u> 261</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,2	52,	<u>522</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		1,2	40,	<u>739</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	7,1	90,	468
5	Net unrealized gains (losses) on investments	5		-6	91,	073
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		1,2	50,	000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	8,9	90,	134
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiaht	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	•				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Form **990** (2021)

JSA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-E2.

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

st. OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

OVI	CRTO	OWN YOUTH CENTER, I						048896
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	e this p	art.) See instruction	S.
The	orga	anization is not a private fou	indation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chi	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A	(iii). Enter the
		hospital's name, city, and si	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	_			•		
7	X	An organization that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
		described in section 170(b)		-				
8		A community trust describe						
9		An agricultural research or	=			-	=	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ated to its exempt finent income and un on after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions me (less complete	s; and (2) no more that s section 511 tax) from e Part III.)	n 331/3 % of its
11	\blacksquare	An organization organized	•	•	•		` '` '	
12		An organization organized	-		-			
		one or more publicly suppo the box on lines 12a through	-					
_		7					•	· · · · · ·
а		Type I. A supporting organization	•	•	•		. , ,	
		the supported organization				ajority of	the directors or truste	ees of the
L		supporting organization. `Type II. A supporting org	•	•		with ito	aupported organizati	on(a) by baying
b		control or management of	·				- · · · -	· · · · · -
		organization(s). You must		-	lile Saili	e persor	is that control of that	age the supported
С		Type III functionally inte	•	•	ated in co	nnactio	n with and functions	lly integrated with
·	_	its supported organization						ny integrated with,
d		Type III non-functionally		· ·				ted organization(s)
u		that is not functionally into	=		-			
		requirement (see instruct	-	-	-			
е		Check this box if the orga	•	-				II. Type III
		functionally integrated, or						, .) [
f	Ent	ter the number of supported	• •					
g		ovide the following information						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	1	ur governing ment?	support (see instructions)	other support (see instructions)
				abovo (doo mondonomo))	Yes	No	ineti detiene,	mon donorio,
(A)								
(B)								
(C)								
(D)								
(E)								
								
Tota	al							

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,310,292.	4,362,601.	11,730,217.	5,971,447.	6,271,078.	32,645,635.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	4,310,292.	4,362,601.	11,730,217.	5,971,447.	6,271,078.	32,645,635.
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						006 742
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						906,743.
	tion B. Total Support						31,738,892.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		4,310,292.	4,362,601.	11,730,217.	5,971,447.	6,271,078.	32,645,635.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45,807.	137,324.	215,319.	62,316.	222,183.	682,949.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						33,328,584.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						05.00.00
14	Public support percentage for 2021 (li		-			14	95.23 %
15	Public support percentage from 2020					15	79.02 %
	331/3% support test - 2021. If the organization q box and stop here. The organization q 331/3% support test - 2020. If the organization	ualifies as a pub	licly supported	organization			► X
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatioi	n		▶ 🔲
17a	10%-facts-and-circumstances test - 2	2021. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	n meets the fac	cts-and-circumst	ances test, che	ck this box ar	d stop here. E	xplain in
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2	2020. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization	zation meets th	e facts-and-circu	umstances test,	check this box	and stop here	. Explain
	in Part VI how the organization meets	s the facts-and-	-circumstances t	est. The organi	zation qualifies	as a publicly su	upported
	organization						▶ 🔲
18	Private foundation. If the organization						
	instructions						▶ □

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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.)

Sec	tion A. Public Support			/1	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
	Amounts included on lines 1, 2, and 3						
ıa	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						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						ı
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.		, ,	. ,	, ,	.,	
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	•						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first socon	d third fourth	or fifth tax 10	l ar as a soction	501(c)(2)
14	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			ımn (f))		15	%
16	Public support percentage from 2020 Sche					16	
$\overline{}$	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2021 (lir			13 column (f))		17	%
18	Investment income percentage for 2021 (iii					18	
	331/3% support tests - 2021. If the or						
ıJd	17 is not more than 331/3%, check this	-					. \square
L	331/3% support tests - 2020. If the orga		_				
b	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization of		-	•		• • •	
			- 20% JII IIIIO	,	,	500 1110111	

JSA 1E1221 1.000

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2 Did the organization have any supported organization that does not have an IRS determination of status.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Page 5 Schedule A (Form 990) 2021

Part	Supporting Organizations (continued)			age C
rait	Cupporting Organizations (Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		. 03	.,,
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations		14	
			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		
3ecti	on C. Type II Supporting Organizations		I	
			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		
Secti	on D. All Type III Supporting Organizations		ı	
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	Yes	No
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		
Secti	on 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 in:	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.		 /-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2 a		
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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain	in in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organi	izations r	nust complete Sectio	ns A through E.	
Section A - Adjusted Net Income (A) Prior Year					
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			
	ection 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			
	Fair market value of other non-exempt-use assets	1c			
C	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
	Multiply line 5 by 0.035.	6			
7		7			
8		8			
Se	ection 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		lly integra	ited Type III supporting	g organization	
	(see instructions).	-		· -	

Schedule A (Form 990) 2021

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(1)	(ii)		(iii)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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Schedule B (Form 990)

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

► Attach to Form 990 or Form 990-PF. Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

OVERTOWN YOUTH CENTER, 65-1048896 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization OVERTOWN YOUTH CENTER, INC.

Employer identification number 65-1048896

art I	Contributors (see inst	ructions). Use duplicate	e copies of Part I if add	ditional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$1,413,388.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$808,890.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$642,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$330,922.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$300,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

	OVERTOWN YOUTH CENTER, INC.		65-1048896
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

OVERTOWN YOUTH CENTER, INC.

Employer identification number 65-1048896

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

	OVERTOWN YOUTH CENTER	, INC.		65-1048896
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicat	the year from any or ons completing Part I e year. (Enter this info	ne contributor. Co II, enter the total or ormation once. Sec	omplete columns (a) through (e) and fexclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	_	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer	_	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	_	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer	_	ip of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

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.

2021
Open to Public

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number OVERTOWN YOUTH CENTER, INC. 65-1048896 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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:

Par	t Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures	, or	Other	Similar A	Assets (d	ontinue	d)	
	Using the organization's acquisition	n, accession, and	other recor	ds, check	c any of	the	follow	ing that n	nake sigr	ificant u	se o	fits
	collection items (check all that app	ly):										
а	Public exhibition	• /	d 🗆	Loan	or excha	nge	prograi	m				
b	Scholarly research		e	Other		J						
C	Preservation for future generation	rations		_								
	Provide a description of the organ		s and evals	ain how t	hav furt	hor	the or	nanization'	e avamn	nurnos	a in	Part
	XIII.	iization's collection	s and expire	alli ilow i	iley fult		the or	gariization	3 evenib	puipos	C 111	ı aıı
		an anlinit ar rannius	donations o	fort biot	orioal tra			othor oimil	0 r			
	During the year, did the organization								_	¬ _V		l
	assets to be sold to raise funds rath		ained as pa	irt of the c	organiza	tion	s collec	ction?		Yes		No
Par	Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		es" on For	m 990, F	Part IV, I	line	9, or r	eported a	n amour	nt on Fo	rm	
1 a	Is the organization an agent, trus	tee custodian or o	other interm	nediary fo	or contri	ihutio	ons or	other ass	ets not			
	included on Form 990, Part X?			-						Yes		No
	If "Yes," explain the arrangement in					• •			L	163		140
D	ir res, explain the arrangement i	II Fait Aili ailu coili	piete trie ioi	ilowing tal	ле. Г	Т			Amount			
	Danianian kalana					_			Amount			
	Beginning balance					1c						
	Additions during the year					1d						
	Distributions during the year					1e						
	Ending balance					1f				1		
	Did the organization include an am									Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the ex	xplanation	has bee	n pr	ovided	on Part XII				
Part												
	Complete if the organiza	tion answered "Y	es" on For	m 990, F								
		(a) Current year	(b) Prio	r year	(c) Two	years	s back	(d) Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance	1,161,642.	1,03	38,400.	9	80,4	53.	91	9,051.	8	80,94	46.
	Contributions											
	Net investment earnings, gains,											
	and losses	-97,861.	12	23,242.		57,9	47.	(51,402.		38,1	05.
	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
	Administrative expenses	1,063,781.	1 14	51,642.	1 0	38,4	0.0	0.0	0,453.		19,0	
_	End of year balance		-						10,433.		,10,00	
a	Provide the estimated percentage Board designated or quasi-endowm	nent ►		e (line 1g,	column	(a))	neid as	:				
	Permanent endowment ► 62.9											
	Term endowment ► 37.0200	•										
	The percentages on lines 2a, 2b, a					_						
	Are there endowment funds not in	the possession of t	he organiza	ation that	are held	and	d admir	nistered for	the			
	organization by:										es/	No
	(i) Unrelated organizations									3a(i)		_X
	(ii) Related organizations									3a(ii)		X
	If "Yes" on line 3a(ii), are the relate	•	•			?				3b		
	Describe in Part XIII the intended u											
Par	t VI Land, Buildings, and Equ Complete if the organization	uipment.	/oo" on For	···· 000 I	Dort IV	lina	110	Caa Farm	000 Da	rt V lina	. 10	
	Description of property				or other bas) Book val		
	bescription of property		r other basis stment)		ther)	515		cumulated eciation	(0) BOOK Val	ue	
1a	Land											
	Buildings											
						-						
	Leasehold improvements											
	Leasehold improvements			1.3	04.956	6.	1.2	09.414		9	5.54	12
d	Leasehold improvements Equipment Other			1,3	04,95	6.	1,2	09,414.		9	5,54	12.

Schedule D (Form 990) 2021

JSA 1E1269 1.000

65-1048896

Part VII	Investments - Other Securities.
----------	---------------------------------

Part VII	Investments - Other Securities. Complete if the organization answered	"Voc" on Form 00	00 Part IV line 11h See Form 000	Part V line 12
	· · · · · · · · · · · · · · · · · · ·			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			+	
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
r art viii	Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11d. See Form 990,	Part X, line 15.
	· · · · · · · · · · · · · · · · · · ·	scription		(b) Book value
(1)NMTC	NOTES RECEIVABLES			12,532,900.
(2)OTHER				262,396.
	ROM AFFILIATES			194,827.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ne 15.)		12,990,123.
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	00, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes	· · · · · · · · · · · · · · · · · · ·		(1)
	O AFFILIATES			178,000.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			178,000.

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 . X JSA 1E1270 1.000

3996SX YJ4H

Schedule D (Form 990) 2021

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
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	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	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	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	0.5
е	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: Investment expenses not included on Form 990, Part VIII line 7b. 4a	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b 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.	
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, line 4; Part X, line nation.
SEE	SUPPLEMENTAL PAGE	

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

ENDOWMENT FUNDS ARE TO HELP OYC IN PERPETUITY TO CARRY OUT THE ORGANIZATION'S MISSION.

SCHEDULE D, PART X, LINE 2:

OVERTOWN YOUTH CENTER, INC. ("OYC") IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") A CHARITABLE ORGANIZATION WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX AND UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES. THE ORGANIZATION CURRENTLY HAS NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED AS OF JUNE 30, 2022 AND 2021.

THE OYC RECOGNIZES AND MEASURES TAX POSITIONS BASED ON ITS TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY. NO UNCERTAIN TAX POSITIONS WERE IDENTIFIED BY THE ORGANIZATION AS OF JUNE 30, 2022 AND 2021.

THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE THE ORGANIZATION FILE INCOME TAX RETURNS. OVERTOWN IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

FISCAL YEARS BEFORE 2019.

Schedule D (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OVE	RTOWN YOUTH CENTER, INC.				65-10488	96 <u> </u>		
Par	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	noncoch o	(d) d of deter ontributio		_
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
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 ►(DONATED GOODS)	X	42	223,662	. FMV			
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received		•					
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat				-			
	28, that it must hold for at least the	-			-	1		
	to be used for exempt purposes for		olding period?			. 30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a	-			=			
	contributions?							X
32a	Does the organization hire or use	-		· ·		1		1
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column	(a) is checked	ı, k		

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

Schedule M (Form 990) 2021

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

OVERTOWN YOUTH CENTER, INC.

65-1048896

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

A DRAFT OF THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTANTS AND IS PROVIDED TO THE GOVERNING BODY, WHOM THEN REVIEWS IT FOR ACCURACY BASED ON THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

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

EACH BOARD MEMBER IS ASKED ANNUALLY AT BOARD MEETINGS IF THEY HAVE AN INTEREST THAT COULD GIVE RISE TO A CONFLICT.

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

EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC FOR INSPECTION UPON REQUEST.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. AN INTERESTED PERSON MAY CONTACT THE OFFICE VIA PHONE OR SEND A LETTER REQUESTING SUCH INFORMATION.

FORM 990, PART XI, LINE 9:

NET ASSESTS TRANSFERS TO RELATED PARTIES \$ 1,250,000.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2021

Open to Public Inspection

Name of the organization

OVERTOWN YOUTH CENTER, INC.

Employer identification number
65–1048896

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13 controlled entity?	
						Yes	No
(1) MOURNING FAMILY FOUNDATION, INC. 65-1078983							
100 S. BISCAYNE BLVD. 3RD FLR MIAMI, FL 33131	YOUTH SRVCS	FL	501(C)(3)	LINE 7	OYC	Х	
(2) HONEY SHINE, INC. 27-3545698							
100 S BISCAYNE BLVD., 3RD FLR MIAMI, FL 33131	YOUTH SRVCS	FL	501(C)(3)	LINE 7	OYC	Х	
(3) OYC PROPERTY HOLDINGS, INC. 84-0480122							
450 NW 14TH ST MIAMI, FL 33136	SUPP ORG	FL	501(C)(3)	LINE 12	OYC	Х	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		Country)					Yes	No		Yes	No	
			country)					country) sections 512 - 514)		country) sections 512 - 514)	country sections 512 - 514)	country) sections 512 - 514)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.												
1	During the tax year, did the organization engage in any of the following transactions with one or more r	related organizations list	ted in Parts II-IV?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х						
b	Gift, grant, or capital contribution to related organization(s)				1b		Χ					
	Gift, grant, or capital contribution from related organization(s)				1c		Χ					
	Loans or loan guarantees to or for related organization(s)				1d	Х						
	Loans or loan guarantees by related organization(s)				1e	Х						
f	Dividends from related organization(s)				1f		X					
	Sale of assets to related organization(s)				1g		Χ					
h	Purchase of assets from related organization(s)				1h		Х					
i	Exchange of assets with related organization(s)				1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х					
-												
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х					
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Χ					
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х						
	Sharing of paid employees with related organization(s)				10	Х						
р	Reimbursement paid to related organization(s) for expenses				1p		Х					
-	Reimbursement paid by related organization(s) for expenses				1q		Х					
•												
r	Other transfer of cash or property to related organization(s)				1r		X					
s	Other transfer of cash or property from related organization(s)				1s		Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	red relationships and trans	action thre	shold	s.						
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d)	rminin						
	Name of related organization Transaction Amount involved Method type (a-s)											
1)	OYC PROPERTY HOLDINGS, INC.	A	125,329.	FMV								
2)	HONEY SHINE, INC.	D	194,827.	FMV								
_,	TOTAL OTTAL TITO.	D	171,027.	11.17								

OYC PROPERTY HOLDINGS, INC.

(5)

(4)

(6) JSA

Schedule R (Form 990) 2021

178,000.

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	Primary activity Regal domicile (state or foreign country)		from tax under		partners tion c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
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