



**CITY OF COSTA MESA
2020-2021 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

Application is due 3:00 PM January 28, 2020

Late Applications will not be accepted

Submit 1 original application & supplemental documentation to:

Mike Linares

Housing & Community Development

77 Fair Drive, Costa Mesa CA 92628

AND

Email the completed unsigned application form in MS-Word format to: mike.linares@costamesaca.gov

To be considered for funding a complete application & documents listed below must be submitted by the due date/time. Hard copy & electronic copy must be submitted by the due date/time.

Check each item included in your application package & CD-ROM/USB drive. Ensure an authorized representative signs the application certification. Ensure all required text fields & applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Text fields are limited in space so ensure responses are concise.

**Do not submit testimonials, letters of support, or program literature
MODIFIED APPLICATIONS WILL NOT BE ACCEPTED**

Organization Name: Youth Employment Service of the Harbor Area

Program Name: Comprehensive Youth Job Readiness Program

CDBG Amount Requested: \$20,000

- Application
- Attachment A: Past & Projected Accomplishments
- Attachment B: Proposed Budget
- Attachment C: CDBG Funded Personnel
- Attachment D: Costa Mesa CDBG Outcomes Worksheet
- Signed Conflict of Interest Questionnaire

Submit the following materials as PDF files on a CD-ROM or USB Drive – Do not submit hard copies

- Proposed Program Application or Intake Sheet
- IRS Tax Exempt Documentation (remove all passwords)
- Current Board of Directors Roster
- Most Recent Financial Audit & 990 Tax Filing (remove all passwords)

1. APPLICANT GENERAL INFORMATION

A. Organization Legal Name: Youth Employment Service of the Harbor Area, Inc.

B. Address: 114 East 19th Street, Costa Mesa, CA 92627

C. Program Name: Comprehensive Youth Job Readiness Program

D. CDBG Amount Requested: \$20,000

E. Check the **ONE** category that best describes the proposed program

- | | |
|---|--|
| <input type="checkbox"/> Elderly/Frail Elderly Services | <input checked="" type="checkbox"/> Youth Services |
| <input type="checkbox"/> Physically/Developmentally Disabled Services | <input type="checkbox"/> Crime Awareness |
| <input type="checkbox"/> Persons with HIV/AIDS Services | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Fair Housing Services | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Severe Mental Illness Services | <input type="checkbox"/> Child Care Services |
| <input type="checkbox"/> Other Public Service (specify) _____ | <input type="checkbox"/> Health Services |

F. Is this application submitted by a coalition of organizations?

- Yes No (If "Yes," ensure Section 7 of the Application is completed)

G. Is this application submitted by a faith-based organization?

- Yes No

H. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.): Our services are delivered at our walk-in resource center and at various partner sites, including high schools, throughout Costa Mesa.

I. Person to contact regarding this application & program administration:

Name: Sheeva Lotfian Email Address: sheeva@yesworks.org

Telephone: (949) 642-0474 Fax: (949) 642-6311

J. Federal Tax ID Number: 95-2704522

K. DUNS Number: 07-508-3824

K. Official Authorized to Sign Contracts & Expend Funds:

Name: Sheeva Lotfian Title: Interim Executive Director

2. APPLICATION SUMMARY (This summary will be used in reports to the City Council & the public)

Provide a brief summary of the proposed program, how will the program address a priority service need in Costa Mesa, and how CDBG grant funds will be used. If you are submitting a coalition application, discuss the role of coalition partners & how program & admin efforts will be coordinated. Youth Employment Service of the Harbor Area, Inc. (YES) provides comprehensive employment training and support for primarily low-income youth in Orange County. Our Comprehensive Youth Job Readiness Program helps youth find and keep a job by providing job readiness training, employment search, and ongoing support services. In particular, we target low-income youth, whose employment helps to support their families and set them up for long-term economic stability. Since 2001, we have partnered with the City of Costa Mesa to successfully administer CDBG funds in support of our programs for Costa Mesa youth. 2020-2021 CDBG grant funds will be used to support the salaries of our program staff who implement all components of our program and work directly with youth to help prepare them for successful employment.

3. COMMUNITY NEED

Provide data relevant to the need for the proposed program in Costa Mesa. Ensure information is specific to Costa Mesa. Specifically address how the proposed program will impact the community need or City objectives, and how a service gap will be eliminated or demonstrably reduced. In Costa Mesa, the overall unemployment rate is approximately 4.8%, higher than both the unemployment rate in Southern California and the state average. The poverty rate is 13.5%. Over 20% of the total population is under the age of 18. These youth face the same challenges that prevent them from obtaining steady and sufficient employment as their adult neighbors. YES' goal is to eliminate these challenges and prepare youth to be strong job candidates and ultimately successful employees. In 2020, YES will be moving our headquarters to a new South Coast Metro location on the border of Santa Ana and Costa Mesa. In addition to providing services to Costa Mesa residents there, we will continue serving Costa Mesa youth through our partnerships with Costa Mesa high schools (including Estancia, Back Bay, Early College, and Costa Mesa High Schools) and local non-profits such as Save Our Youth. We anticipate another year of serving a high number of Costa Mesa youth with your support.

4. ORGANIZATION CAPACITY & EXPERIENCE

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (i.e., license, academic credentials, etc.) & other relevant information. Founded in 1970, YES has served as a bridge between young people seeking employment and the business community seeking capable and enthusiastic young employees for fifty years. We provide our comprehensive employment services out of our resource center. Our Interim Executive Director, Sheeva Lotfian has ten years of work experience in education, nonprofits, and management. She has been an integral part of building the YES organization and empowering the youth of Costa Mesa. Curriculum & Training Specialist Michelle Tachick has 25 plus years of experience in sales, training, customer service, leadership, and public speaking. Her experience coupled with her passion for working with young adults ties in well with her work with local schools and community leaders to help develop and expand YES programs. Our Program Manager Susan Davidson has 20 years of program management experience. Her expertise includes directing, administering, and providing leadership to day camps, youth sports programs, after school programs and community partnerships for the Costa Mesa Senior Center. She is passionate about making a positive impact in the lives of youth and young adults in Costa Mesa and wholeheartedly believes in the mission of YES.
- B. Summarize your organization's experience administering CDBG public service grant funds. YES has successfully administered CDBG funds from the City of Costa Mesa since 2001. YES has collected all required data, maintained insurance, met programmatic and funding requirements, and reported accurately and punctually at all times.

- C. If you have received CDBG funding from the City of Costa Mesa in past years, complete the table below for most recent years.

YEAR FUNDS RECEIVED	CDBG GRANT AMOUNT	NAME OF FUNDED PROGRAM
2019	\$15,180	Comprehensive Youth Job Readiness Program
2018	\$16,000	Comprehensive Youth Job Readiness Program
2017	\$16,000	Comprehensive Youth Job Readiness Program

- D. If previously funded by Costa Mesa CDBG, has your agency ever failed to expend all grant funds that were awarded? Yes No

If "Yes," explain reasons: _____

- E. If previously funded by Costa Mesa CDBG, has your agency ever failed to meet established contractual accomplishment goals? Yes No

If "Yes," explain reasons: YES successfully overcame low outcome numbers during our 2014-2015 CDBG funding year by increasing outreach efforts to bring our services directly to the communities in which our youth live and spend their time. Since then, we have met all contractual goals and have steadily increased our numbers.

- F. If you have not received CDBG funding from Costa Mesa in the past 3 years, list 3 references for 3 grant fund providers that have funded the proposed program: NA

GRANT PROVIDER	GRANT PROVIDER CONTACT NAME TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
		\$	
		\$	
		\$	

- G. Compliance with OMB Circular A-133 (Single Audit):

- In any of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes No
- During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes No If "Yes" please provide a copy of most recent Single Audit. If "No" please explain why a Single Audit was not prepared. Because YES' budget is less than what is required to conduct a full audit, we conduct an annual year-end financial review prepared by an independent accountant that conforms to generally accepted accounting principles.

5. PROGRAM INFORMATION

A. Complete the following budget summary for the proposed program.

- | | |
|---|------------------|
| 1. 2020-2021 Costa Mesa CDBG Grant Funds Requested: | <u>\$20,000</u> |
| 2. Total 2020-2021 Program Budget:
(The total budget for same program that may be offered at multiple jurisdictions) | <u>\$261,828</u> |
| 3. Total 2020-2021 Agency Budget: | <u>\$545,693</u> |

B. Detail how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B “Proposed Program Budget”** is reflective of this outline. Costa Mesa CDBG funds will be utilized to support program staff salaries for YES' Comprehensive Youth Job Readiness Program provided to Costa Mesa youth.

C. What is the per unit cost to delivery of the proposed program? \$454.00/person

D. How does this cost per unit of service compare to other similar services? YES' cost per unit is generally found to be lower than other organizations providing similar services in Costa Mesa.

E. Does the proposed program serve Veterans? (Note: Up to 10 additional rating points may be awarded to this application based on the percentage of Veterans served.) Yes No
If “Yes,” what is the total percentage of Veteran clients served by the program? _____%

2. Will grant funding be requested for this program from any other funder to serve Costa Mesa residents? Yes No

If "Yes" how much & will these grant funds be used to assist Costa Mesa Residents?

NAME OF FUNDER	GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
Private Foundations	\$150,000	\$55,360
Corporate Foundations	\$111,828	\$51,000
	\$	\$
	\$	\$
	\$	\$

- J. Is this a new program? Yes No If this is **not** a "New" program, how will this program be expanded from current program efforts? The program will be expanded through the addition of new partners and more large-scale training events, as well as continuing to deepen our program through the addition of new program components, all based on feedback from clients and employers.
- K. Will requested CDBG funds be used as "seed money" to create additional funding opportunities? Yes No
- L. Will requested CDBG funds be used to match funding requested for another funder? Yes No If "Yes," provide information regarding the other grant source & match requirements. _____

6. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program & your agency from 7/1/2020 through 6/30/2021:

- A. Number of unduplicated Costa Mesa residents the program will serve with requested CDBG funds?
350 Individuals.

What % of these individuals will be of low/moderate income? 75%

*Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for programs that exclusively serve a “**presumed beneficiary**” population; however, documentation of presumed beneficiary status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.*

- B. Does the proposed program application/intake form collect all HUD-required information?
Yes No If “**Yes**,” how is this information documented?

a. Self-Certification (HUD requires full income documentation for 10% to 20% of program beneficiaries)

b. Analysis of household income documents such as tax returns/pay checks

c. Program serves **presumed beneficiary** category List category _____

If “**No**,” how will this information be collected & reported to the City? _____

- C. Submit a copy of the current or proposed program application/intake form with your application submission package.

- D. If the proposed service assists the homeless, what percentage of clients are “chronic homeless?”
____% Not Applicable

*HUD defines **chronically homeless** as:*

(1) An individual who:

(i) Is homeless & lives in a place not meant for human habitation, a safe haven, or in an emergency shelter &

(ii) Has been homeless & living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years, where each homeless occasion was at least 15 days &

(iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days & met all of the criteria in paragraph (1) before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless.

- E. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) & **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" & "outcomes."

OBJECTIVE - Check the box (**only one**) that best applies to the proposed program:

- Suitable Living Environment – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- Decent Affordable Housing – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- Creating Economic Opportunities – The activity will generate economic development, commercial revitalization or job creation.

OUTCOMES - Check the box (**only one**) that best applies to the proposed program.

- Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low- & moderate-income people, including individuals with disabilities.
- Affordability – The activity provides affordability in a variety of ways for low- & moderate-income people (includes creation or maintenance of affordable housing, basic infrastructure hook-ups or services).
- Sustainability (Promoting Livable or Viable Communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

7. COALITION APPLICATION INFORMATION

NOTE: A coalition is defined as two or more agencies (at least one of which is applying for CDBG public service grant funds) with the goal of addressing an identifiable community need, eliminating duplication of services & reducing grant administration. Evidence of a formal Memorandum of Understanding or agreement between coalition agencies must be provided.

Coalition points may also be awarded to those applications that can demonstrate they work in partnership with the City to implement homeless or neighborhood improvement initiatives.

CHECK BOX IF NOT APPLICABLE (NOTE: UP TO 10 RATING POINTS ARE AVAILABLE FOR COALITION APPLICATIONS)

A. List coalition members:

Lead Agency:
Member:
Member:
Member:
Member:

B. Describe the target population to be served by the coalition.

C. Describe the services each member of the coalition will provide to coalition clients & how services will be coordinated, tracked & reported. *(If seeking points as a City initiatives partner, list services to be provided & how services will be coordinated with City efforts.)*

D. How is the effectiveness & success of coalition efforts measured? Provide data regarding coalition effectiveness/success.

E. How many clients will be served by coalition efforts during the 2020-2021 Program Year with requested CDBG funds?

8. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Costa Mesa ("City") by the Board of Directors of Youth Employment Service of the Harbor Area, Inc. ("Agency"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Costa Mesa residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to an agreement and are consistent with applicable federal regulations. If the Agency fails to serve eligible Costa Mesa residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency may be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name: Sheeva Lotfian

Title: Interim Executive Director

Signature

Date

ATTACHMENT A

PAST & PROJECTED CDBG-FUNDED PROGRAM ACCOMPLISHMENTS

Program Name: Comprehensive Youth Job Readiness Program

Do not use percentages
List actual number of unduplicated Costa Mesa residents served in past years or estimate number of unduplicated Costa Mesa residents to be served with requested CDBG funds

INCOME CATEGORY	2017-2018 ACTUAL NUMBER OF CM PERSONS SERVED	2018-2019 ACTUAL NUMBER OF CM PERSONS SERVED	2019-2020 PROJECTED NUMBER OF CM PERSONS TO BE SERVED	2020-2021 PROJECTED NUMBER OF CM PERSONS TO BE SERVED
MODERATE-INCOME 80% + MEDIAN INCOME	32	43	45	60
LOW-INCOME 50%-80% MEDIAN INCOME	27	34	35	50
VERY LOW-INCOME 30%-50% MEDIAN INCOME	63	51	55	70
EXTREMELY LOW- INCOME 0%-30% MEDIAN INCOME	154	164	115	170
TOTAL	276	292	250	350 §

§ Total "Projected to be Served" should equal number of unduplicated Costa Mesa Residents to be served with CDBG grant funds listed previously in your application.

ATTACHMENT B
PROPOSED 2020-2021 PROGRAM BUDGET

Program Name: Comprehensive Youth Job Readiness Program

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$	\$	\$
Program Staff Salaries & Benefits	\$20,000.00	\$190,164.00	\$210,164.00
Program Supplies	\$	\$4,900.00	\$4,900.00
Rent/Lease	\$	\$7,000.00	\$7,000.00
Communications	\$	\$3,814.00	\$3,814.00
Utilities	\$	\$2,500.00	\$2,500.00
Insurance	\$	\$4,800.00	\$4,800.00
Professional Services (Specify) Accounting	\$	\$8,000.00	\$8,000.00
Other (Specify) Mileage	\$	\$1,600.00	\$1,600.00
Other (Specify) Technology & Fees	\$	\$6,500.00	\$6,500.00
Other (Specify) Telephone/Internet	\$	\$6,050.00	\$6,050.00
Other (Specify) Program Outreach	\$	\$6,500.00	\$6,500.00
TOTAL	\$20,000.00	\$241,828.00	\$261,828.00

List Source of "Other" Program Funds to be use to Assist CM Residents

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED FOR FY 19-20 WITH A CONTRACT?
Grants and Corporate Sponsorships	\$106,360.00	Yes <input type="checkbox"/> No <input type="checkbox"/>
Donations	\$7,500.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Special Event Income	\$18,000.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$131,860.00	

ATTACHMENT C CDBG FUNDED PERSONNEL

CHECK BOX IF NOT APPLICABLE

LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING CDBG FUNDING

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
Curriculum/Training Specialist(1.0 PTE)	\$29,779.00	\$2,278.00	\$32,057.00	\$8,000.00	58.00%
Program Manager (1.0 FTE)	\$48,000.00	\$3,672.00	\$51,672.00	\$12,000.00	58.00%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

ATTACHMENT D

COSTA MESA CDBG OUTCOMES WORKSHEET

This sheet is designed to help applicants for Costa Mesa CDBG funding better plan their program and identify their desired program goals and outcomes. It will not factor into the application process, but rather, can be used to help applicants think about their program.

Program Goal	Program Activities	Program Output	Indicator	Program Outcome	Target Population(s)
<p><i>Goals:</i> This is an overarching objective of what you are trying to achieve with your program. It should be as specific and clear as possible.</p>	<p><i>Activities:</i> This describes the who, what, when & where of your program. What tasks/activities will be done in pursuit of the desired goal.</p>	<p><i>Outputs:</i> This describes the intermediate step of what effort(s) your team exerted in pursuit of the outcome. This is often easily quantifiable (# of classes held, # of meals served, # of participants engaged, etc.)</p>	<p><i>Indicators:</i> This measures progress “measures” or “benchmarks.” It answers the question: Are we on track to reach the outcome?</p>	<p><i>Outcomes:</i> This describes the end result and impact on the target population. It answers the question: What would we expect to see as a result of the efforts (change in knowledge, behavior or community)?</p>	<p>Please identify which of the following high-priority populations your outcomes serve</p> <ul style="list-style-type: none"> – Homeless Services/ Fair Housing – Youth Services – Disabled Services – Elderly/ Frail, Senior Services
<p>Goal 1: YES gets clients ready for a job. We provide comprehensive employment training to prepare 16-24 year-olds for the challenges of finding and keeping a job. YES breaks down transportation barriers for clients by brining our services to youth at schools and partner agencies' locations when possible.</p>	<p>Primarily low-income Costa Mesa youth will participate in training workshops and mock interviews. Youth will receive job search assistance through access to the YES job board and direct support as well as direct support and referrals by YES program staff.</p>	<p>350 youth will complete training workshops and mock interviews. YES will provide onsite Employment Skills and Personal Finance workshops every other week and one-onone mock interviews twice weekly. YES will hold two job fairs per year and at least two networking outreach events.</p>	<p>YES provides a pre and post survey for all clients to complete. When the client completes the YES registration form, it includes the pre-workshop surveys. After each workshop, a post survey is provided and graded to ensure their score has increased.</p>	<p>YES youth will be successfully prepared to be fully engaged in the job market. Youth will gain knowledge on how to correctly introduce themselves, interview techniques, proper mannerisms, and follow up in the employment process. YES youth will report that the program is beneficial.</p>	<p>Youth Services</p>
<p>Goal 2:</p>					
<p>Goal 3:</p>					



YOUTH EMPLOYMENT SERVICE (YES) OF THE HARBOR AREA, INC.

Client Registration Card

YES is required to keep the City of Costa Mesa and City of Newport Beach informed of who we are helping. We need you to help by filling out this registration card. Your name and contact information are never shared. Thank You!

Last Name:		First Name:		Middle Initial:	Last four digits of Social Security #: XXX-XX-_____	
Current Street Address		Apt. #	City		Zip Code	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Have Children # _____
Permanent Street Address		Apt. #	City		Zip Code	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date:	Age:	Home Phone #:		Cell Phone #:	What is your dream career?	

School you currently attend or last attended:		Last Grade Completed:		Educational Attainment:			Is this your first visit to YES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> HS Diploma In Progress <input type="checkbox"/> GED <input type="checkbox"/> BA/BS In Progress <input type="checkbox"/> HS Diploma Earned <input type="checkbox"/> AA In Progress <input type="checkbox"/> Other _____ <input type="checkbox"/> None <input type="checkbox"/> AA Earned			If Yes, how were you referred?		
Ethnicity: Please select only one		Who do you live with?			Who supports you financially?			Type of job you are looking for? (Check all that apply)	
<input type="checkbox"/> I am Hispanic/Latino <input type="checkbox"/> I am Not Hispanic/Latino		<input type="checkbox"/> Both Parents/Step Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> On My Own <input type="checkbox"/> Guardian: Relationship to you? _____ <input type="checkbox"/> In Foster Care/Group Home <input type="checkbox"/> Sober Living <input type="checkbox"/> Wife/Husband <input type="checkbox"/> Other: _____			<input type="checkbox"/> Both Parents/Step Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Self Supporting <input type="checkbox"/> Emancipated <input type="checkbox"/> Guardian: Relationship to you? _____ <input type="checkbox"/> Ward of the Court <input type="checkbox"/> Wife/Husband <input type="checkbox"/> Other: _____			<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Weekends Only	
Race: Please select one or more								Type of job you are interested in:	
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / other Pacific Islander <input type="checkbox"/> White									

What are your hours of availability (to work)?

If you cannot work certain days, write "N/A" (Not Applicable) on those specific days

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
-	-	-	-	-	-	-

of people supported by the annual income listed below:

Head of Household:
 Female Male

Family Annual Income:
\$ _____
(If you are self-supporting, list your own personal annual income)

Do you think you might have any additional challenges that might make it difficult to find a job? Please explain:

Additional Skills and Qualifications: Check any that apply:

Additional Languages Spoken: _____ Basic Fluent

CPR First Aid Guard Card California Driver's License Car Insurance

Basic Computer Skills Typing WPM: _____

Other/s: _____

Please answer if over 18, YES at times likes to take pictures of students in the office, taking workshops, and on field trips and uses the pictures in our publications. I give permission for YES to take my picture and use it in YES publications and program materials. Accept Deny

I certify that this information is true and correct and agree to provide verifying documentation if it is requested.

Signature: _____ Date _____

Staff Use Only

IVF Sent _____ IVF Back _____	E-Class _____ Pre _____ Post _____
I Interview: _____ <input type="checkbox"/> Review Complet	F-Class _____ Pre _____ Post _____

Work/Volunteer Experience

List any work experience, volunteer experience, or involvement in any organizations:

Company Name: _____ Dates of Employment: _____ To _____

Job Title: _____ Pay Rate: \$ _____ per _____ Hours per week: _____

Job Duties: _____

Reason for leaving: _____ Did you leave on good terms? _____

Company Name: _____ Dates of Employment: _____ To _____

Job Title: _____ Pay Rate: \$ _____ per _____ Hours per week: _____

Job Duties: _____

Reason for leaving: _____ Did you leave on good terms? _____

Please complete the pre-survey for the Personal Finance & Money Management by circling: True or False

1	Deductions from your paycheck are usually 15% or more of your gross pay.	True	False
2	Fixed expenses include gas and food.	True	False
3	Banks can charge you an overdraft fee if you overdraw from your checking account.	True	False
4	Your debit card is linked to your Savings account, not your Checking account.	True	False
5	Instead of saving the money you have leftover after paying your bills, you should go on a shopping spree and treat yourself to nice things.	True	False
6	Recording everything you purchase for a month will help you track your variable expenses.	True	False
7	Most banks are insured by the Federal Deposit Insurance Corporation (FDIC).	True	False
8	If you do not pay the full balance stated on your credit card bill, you will have to pay interest on what you still owe.	True	False
9	If you leave a bill unpaid for a long period of time, people who work for a collection agency will begin to contact you to collect the unpaid money.	True	False
10	Bad marks on your credit record or a low credit score can affect your ability to get a loan, an apartment, or buy a car.	True	False

Please complete the pre-survey for the Employment Skills Training Course by circling: True or False

1	I am just picking up job applications, but don't have an interview. It's ok to dress casually.	True	False
2	A cover letter generally should include a physical description of yourself and the hours that best work around your schedule.	True	False
3	When leaving a voice message for an employer it is rude to say your name and phone number twice.	True	False
4	The first 90 days at a job is known as a "probationary period", after which you may be let go if the manager(s) are unsatisfied with your performance.	True	False
5	Following up to an interview with a thank you letter is only appropriate when you are applying for an office job.	True	False
6	When calling an employer to follow-up about a job opportunity you should just hang up and not leave a message if they are not available.	True	False
7	"Little white lies" don't really hurt anyone, so it is fine to tell them on a job application.	True	False
8	Participating in company gossip is normal and will help you become popular with your co-workers and boss.	True	False
9	When filling out an application and a question does not apply to you, write a big "X" in the space.	True	False
10	Volunteer work does not count as work experience and cannot be included on your resume.	True	False
11	Generally speaking, an employer will not give you a good recommendation in the future if you do not give them two weeks' notice that you are quitting.	True	False
12	Making eye contact and having a firm handshake are not important in an interview because the employer really only cares about your job experience.	True	False
13	You are expecting a phone call; it is ok to have your cell phone on during the interview.	True	False
14	If you're having a problem with a co-worker, you should go directly to the highest person in authority to make a complaint.	True	False
15	You are applying for a job that requires customer service skills. You have cashier experience from a volunteer event you did with school. You should mention this on your application.	True	False
16	Telling people that you are looking for a job is a waste of time if they don't have openings at their business.	True	False
17	Cell phone policy should be discussed with manager.	True	False
18	Your former boss was really mean and that's why you left your last job. It is perfectly fine to speak negatively about that employer when interviewing for a new job.	True	False
19	Showing up for work on time and asking for additional responsibilities may help you get a raise.	True	False
20	After turning in an application, you should wait 2 weeks before following up.	True	False



YES Policies and Procedures for Youth Participants

Thank you for participating in the YES program where we will help you become employment ready; learn lifelong skills and how to stand out in the job world. Please remember that YES is not a staffing agency and does not guarantee job placement after completion of the program. However, clients who complete the program and who are diligent in their job search are most likely to get a job.

Clients who participate in the YES program must:

- Represent YES in a professional manner and act professionally and ethically while on any job.
- Keep YES staff informed on your job interviews and how your job search is going.
- **Notify YES staff when you are hired.** This is very important for us.
- Attend all classes and office visits in a sober and respectful state. Failure to do so will result in your dismissal that day.

Class Policy:

- Please arrive 5-10 minutes early to all classes and interviews. Clients will need to reschedule for class if they are more than **5 minutes late**.
- During class, the facilitator has the right to dismiss any youth who is being disruptive, talking, sleeping, or otherwise inattentive.

Mock Interview Policy:

- **NO SHOWS are not allowed.** Clients, who are not able to make their mock interview, must notify YES staff **FOUR or more hours prior** to appointment to reschedule.
- Clients, who do not show up, will be required to write an apology letter to the scheduled volunteer.
- Clients must bring their completed “YES Clothing” application with them in order to interview.
- Mock interviews are recorded and used as a teaching tool to help better your skills in interviewing. These recordings will not be shared with others without your expressed permission.

Computers/Internet Policy:

- Under staff’s discretion, computers may **ONLY** be used for job or school related purposes.
- No downloading/uploading is allowed.
- Certain web sites and online activities are prohibited such as shopping, gambling, adult content, social media, games, and internet chat rooms.

I understand and agree to the policies and procedures stated on this form. I also acknowledge that if I choose to break these policies that staff will require me to fulfill consequences in order to continue the program.

Print Name: _____

Date: _____

Signature: _____

Email Address: _____



YOUTH EMPLOYMENT SERVICE (YES) OF THE HARBOR AREA, INC.

Client Registration Card

YES is required to keep the City of Costa Mesa and City of Newport Beach informed of who we are helping. We need you to help by filling out this registration card. Your name and contact information are never shared. Thank You!

Last Name:		First Name:		Middle Initial:	Last four digits of Social Security #: XXX-XX-_____	
Current Street Address		Apt. #	City		Zip Code	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Have Children # _____
Permanent Street Address		Apt. #	City		Zip Code	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date:	Age:	Home Phone #:		Cell Phone #:	What is your dream career?	

School you currently attend or last attended:		Last Grade Completed:		Educational Attainment:			Is this your first visit to YES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> HS Diploma In Progress <input type="checkbox"/> GED <input type="checkbox"/> BA/BS In Progress <input type="checkbox"/> HS Diploma Earned <input type="checkbox"/> AA In Progress <input type="checkbox"/> Other _____ <input type="checkbox"/> None <input type="checkbox"/> AA Earned			If Yes, how were you referred?		
Ethnicity: Please select only one		Who do you live with?			Who supports you financially?			Type of job you are looking for? (Check all that apply)	
<input type="checkbox"/> I am Hispanic/Latino <input type="checkbox"/> I am Not Hispanic/Latino		<input type="checkbox"/> Both Parents/Step Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> On My Own <input type="checkbox"/> Guardian: Relationship to you? _____ <input type="checkbox"/> In Foster Care/Group Home <input type="checkbox"/> Sober Living <input type="checkbox"/> Wife/Husband <input type="checkbox"/> Other: _____			<input type="checkbox"/> Both Parents/Step Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Self Supporting <input type="checkbox"/> Emancipated <input type="checkbox"/> Guardian: Relationship to you? _____ <input type="checkbox"/> Ward of the Court <input type="checkbox"/> Wife/Husband <input type="checkbox"/> Other: _____			<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Weekends Only	
Race: Please select one or more		Type of job you are interested in:							
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / other Pacific Islander <input type="checkbox"/> White									

What are your hours of availability (to work)?

If you cannot work certain days, write "N/A" (Not Applicable) on those specific days

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
-	-	-	-	-	-	-

of people supported by the annual income listed below:

Head of Household:
 Female Male

Family Annual Income:
\$ _____
(If you are self-supporting, list your own personal annual income)

Do you think you might have any additional challenges that might make it difficult to find a job? Please explain:

Additional Skills and Qualifications: Check any that apply:

Additional Languages Spoken: _____ Basic Fluent

CPR First Aid Guard Card California Driver's License Car Insurance

Basic Computer Skills Typing WPM: _____

Other/s: _____

Please answer if over 18, YES at times likes to take pictures of students in the office, taking workshops, and on field trips and uses the pictures in our publications. I give permission for YES to take my picture and use it in YES publications and program materials. Accept Deny

I certify that this information is true and correct and agree to provide verifying documentation if it is requested.

Signature: _____ Date _____

Staff Use Only

IVF Sent _____ IVF Back _____	E-Class _____ Pre _____ Post _____
I Interview: _____ <input type="checkbox"/> Review Complet	F-Class _____ Pre _____ Post _____

Work/Volunteer Experience

List any work experience, volunteer experience, or involvement in any organizations:

Company Name: _____ Dates of Employment: _____ To _____

Job Title: _____ Pay Rate: \$ _____ per _____ Hours per week: _____

Job Duties: _____

Reason for leaving: _____ Did you leave on good terms? _____

Company Name: _____ Dates of Employment: _____ To _____

Job Title: _____ Pay Rate: \$ _____ per _____ Hours per week: _____

Job Duties: _____

Reason for leaving: _____ Did you leave on good terms? _____

Please complete the pre-survey for the Personal Finance & Money Management by circling: True or False

1	Deductions from your paycheck are usually 15% or more of your gross pay.	True	False
2	Fixed expenses include gas and food.	True	False
3	Banks can charge you an overdraft fee if you overdraw from your checking account.	True	False
4	Your debit card is linked to your Savings account, not your Checking account.	True	False
5	Instead of saving the money you have leftover after paying your bills, you should go on a shopping spree and treat yourself to nice things.	True	False
6	Recording everything you purchase for a month will help you track your variable expenses.	True	False
7	Most banks are insured by the Federal Deposit Insurance Corporation (FDIC).	True	False
8	If you do not pay the full balance stated on your credit card bill, you will have to pay interest on what you still owe.	True	False
9	If you leave a bill unpaid for a long period of time, people who work for a collection agency will begin to contact you to collect the unpaid money.	True	False
10	Bad marks on your credit record or a low credit score can affect your ability to get a loan, an apartment, or buy a car.	True	False

Please complete the pre-survey for the Employment Skills Training Course by circling: True or False

1	I am just picking up job applications, but don't have an interview. It's ok to dress casually.	True	False
2	A cover letter generally should include a physical description of yourself and the hours that best work around your schedule.	True	False
3	When leaving a voice message for an employer it is rude to say your name and phone number twice.	True	False
4	The first 90 days at a job is known as a "probationary period", after which you may be let go if the manager(s) are unsatisfied with your performance.	True	False
5	Following up to an interview with a thank you letter is only appropriate when you are applying for an office job.	True	False
6	When calling an employer to follow-up about a job opportunity you should just hang up and not leave a message if they are not available.	True	False
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- Certain web sites and online activities are prohibited such as shopping, gambling, adult content, social media, games, and internet chat rooms.

I understand and agree to the policies and procedures stated on this form. I also acknowledge that if I choose to break these policies that staff will require me to fulfill consequences in order to continue the program.

Print Name: _____

Date: _____

Signature: _____

Email Address: _____



Dear Parent/Guardian:

Congratulations! We are pleased that your son/daughter has come to the Youth Employment Service (YES) of the Harbor Area, Inc. for help with his/her job search. We sincerely hope that your youth learns from the work training provided at YES and has a rewarding work experience. Because your youth is under the age of 18, we ask that you confirm your permission for his/her participation.

YES is a non-profit agency that has been helping youth find jobs since 1970.

- Some of YES' funding comes from resources that ask us to collect family annual income information. The information that we collect is kept strictly **confidential**. Your name and specific information will not be shared with anyone.
- Additionally, YES offers field trips and on-site workshops to program youth and sometimes takes pictures of program youth to use in our publications. We ask for your permission for each of these respectively.

We would be happy to answer any questions that you may have. Please call us at (949) 642-0474.

If you are interested in learning more about our organization please visit our web site: www.yesworks.org

Please complete and return the form below ↓

Print Name of Youth: _____ **Date:** _____

Print Name of Parent/Guardian: _____ **Phone:** _____

Relationship to Youth: _____

_____ **I give permission for the above named youth to participate in YES programs, including field trips and on-site workshops.**

_____ **I give permission for the above named youth's picture to be used in YES publications and program materials.**

Please state your family's approximate yearly annual income: \$ _____

Please write the number of people supported by the annual income listed above: _____

*I certify that this information is true and correct and agree to provide verifying documentation if it is requested.
I understand that my name and specific information will remain confidential and will not be shared.*

Parent/Guardian Signature: _____

Please add me to your email list for updates on YES and program services _____ **(check here).**

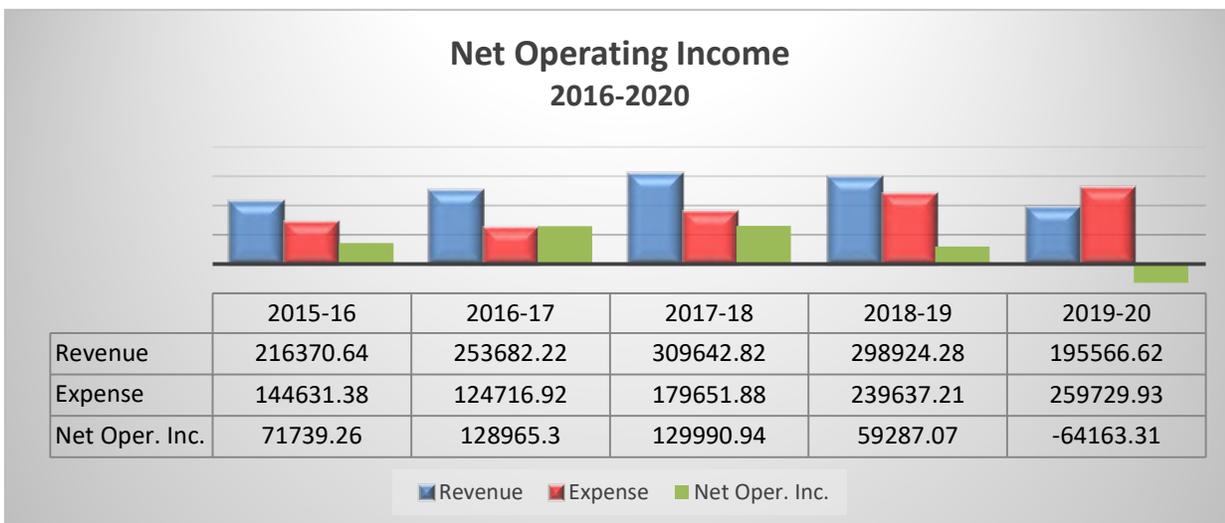
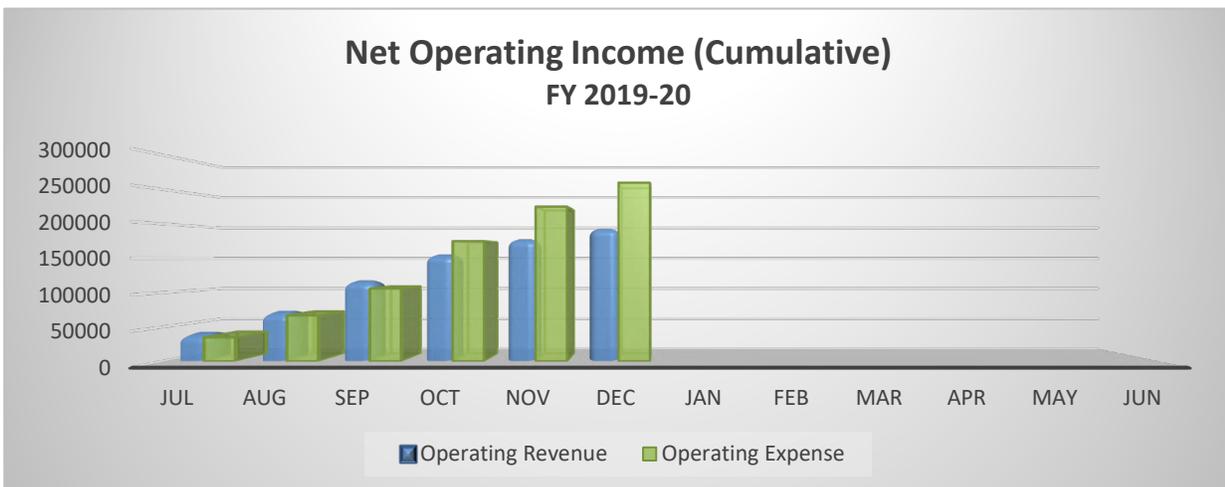
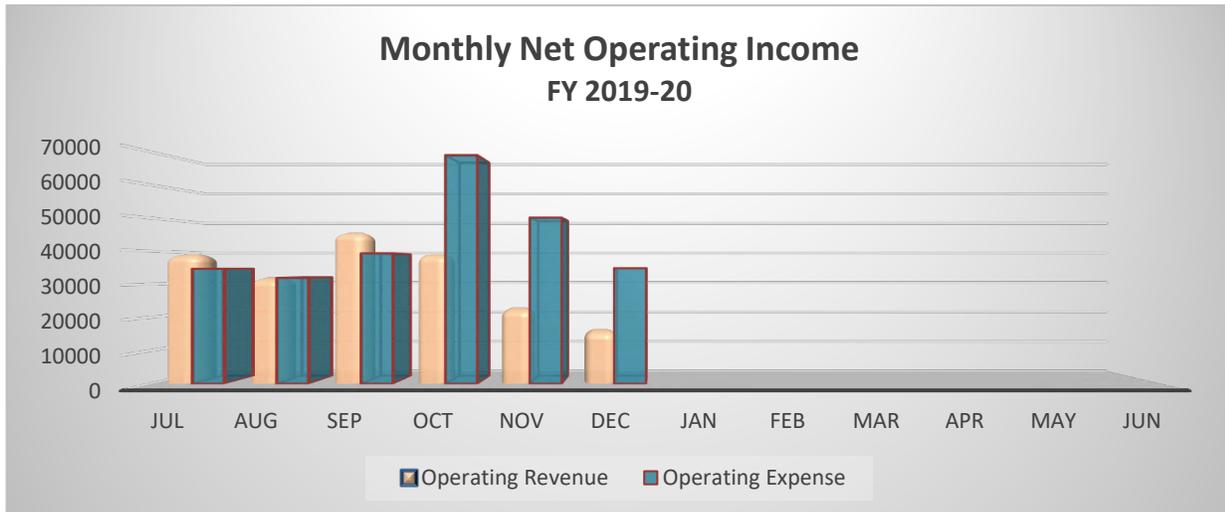
Parent/Guardian Email: _____



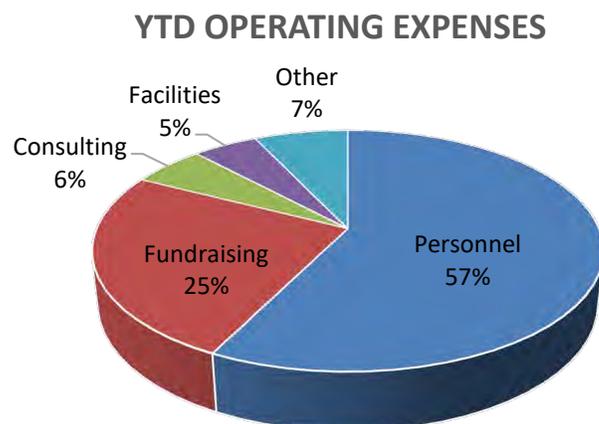
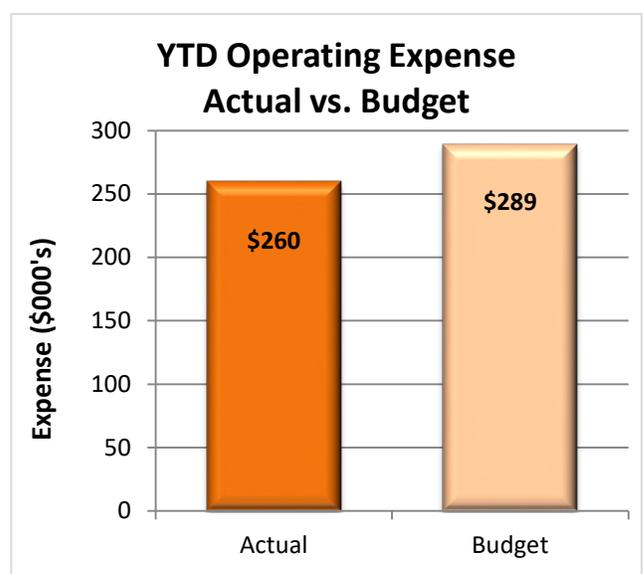
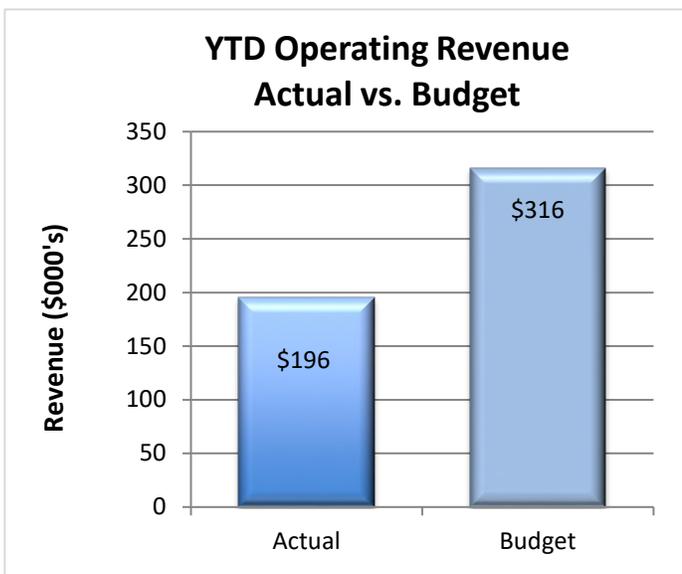
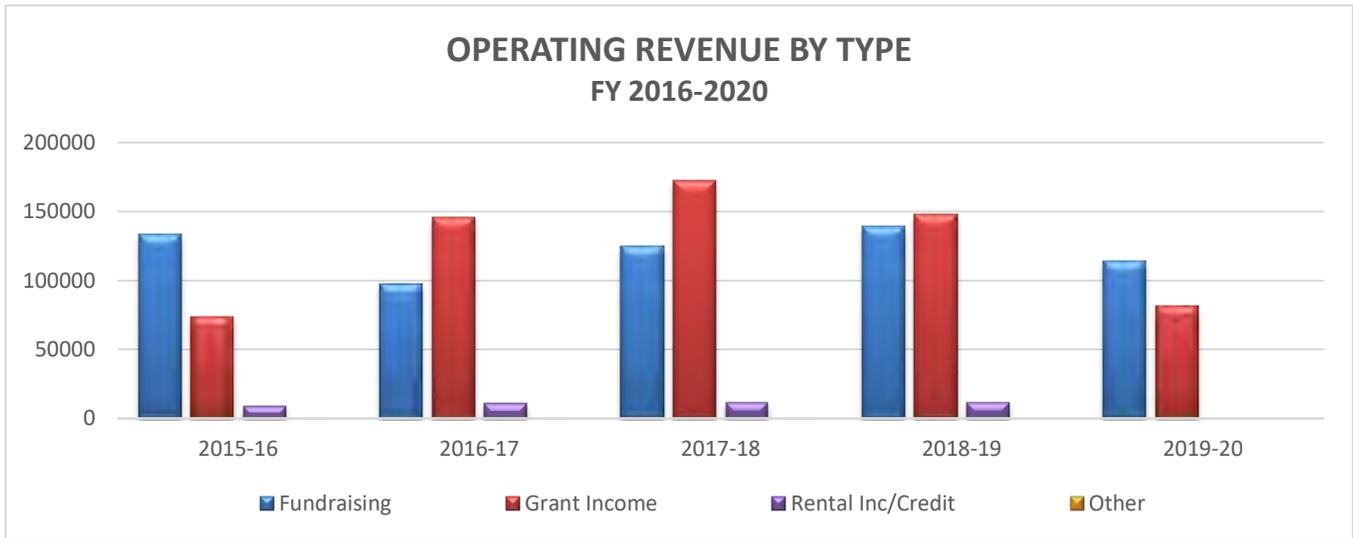
Financial Report
December 2019

Prepared by
Terri Anderson
Nonprofit Accounting Consultants, Inc.
January 13, 2020

YOUTH EMPLOYMENT SERVICE DASHBOARD December 2019



YOUTH EMPLOYMENT SERVICE DASHBOARD December 2019



Youth Employment Service of the Harbor Area, Inc.
Profit & Loss Budget Performance
December 2019

December 2019			Account	YTD Jul-Dec 2019			% Budget	Notes	Annual	Balance
Actual	Budget	Variance		Actual	Budget	Variance	Variance		Budget	
			4000 · Fundraising Income							
-	\$ 1,250	\$ (1,250)	4010 · Community Organizations	\$ 7,000	\$ 7,500	\$ (500)	-7%	= favorable variance	\$ 15,000	\$ 8,000
2,225	2,209	16	4020 · Donations	16,442	13,251	3,191	24%	= unfavorable variance	26,500	10,058
-	-	-	4040 · Special Events	90,785	147,400	(56,615)	-38%		187,400	96,615
2,225	3,459	(1,234)	Total 4000 · Fundraising Income	114,227	168,151	(53,924)	-32%		228,900	114,673
13,795	69,000	(55,205)	4100 · Grant Income	81,340	148,000	(66,660)	-45%	(Note 1)	315,500	234,160
-	-	-	4200 · Program Revenue	-	-	-	0%		5,000	5,000
-	-	-	4850 · In-Kind Income	-	-	-	0%		-	-
16,020	72,459	(56,439)	Total Income	195,567	316,151	(120,584)	-38%	Total Income 38% under budget	549,400	353,833
			Expense Detail							
-	225	(225)	5000 · Direct Program Expenses	432	1,350	(918)	-68%		2,700	2,268
			6000 · General & Admin							
	-	-	6001 · Advertising	600	-	600	100%		2,000	1,400
	8	(8)	6002 · Bank Service Charges	-	49	(49)	-100%		100	100
540	717	(177)	6005 · Computer Support and Exp	2,753	4,302	(1,550)	-36%		8,600	5,848
			6010 · Depreciation				0%			
670	50	620	6012 · Dues and Subscriptions	1,170	300	870	290%		600	(570)
			6020 · Facility Expenses	14,275	24,000	(9,725)	-41%	Budget reflects possible new office	48,000	33,725
366	350	16	6032 · Hospitality	373	450	(77)	-17%		500	127
2,472	400	2,072	6035 · Insurance	3,418	2,400	1,018	42%		4,800	1,382
65	175	(110)	6047 · Marketing	390	1,050	(660)	-63%		2,100	1,710
158	133	25	6048 · Mileage	1,132	798	334	42%		1,600	468
	12	(12)	6050 · Miscellaneous	-	75	(75)	-100%		150	150
85	250	(165)	6060 · Office Supplies	1,041	1,500	(459)	-31%		3,000	1,959
	17	(17)	6062 · Outside Services	67	102	(35)	-34%		204	137
198	37	161	6070 · Postage and Delivery	319	222	97	44%		440	121
	-	-	6072 · Printing	-	2,025	(2,025)	-100%		2,025	2,025
833	408	425	6077 · Small Equipment	2,562	2,448	114	5%		4,900	2,338
	163	(163)	6078 · Staff Training	112	978	(866)	-89%		1,960	1,848
	-	-	6085 · Taxes, Licenses & Permits	85	75	10	13%		160	75
190	217	(27)	6086 · Technology	1,613	1,302	311	24%		2,600	987
42	504	(462)	6090 · Telephone/Communications	2,225	3,024	(799)	-26%		6,050	3,825
65	123	(58)	6092 · Volunteer Expense	84	738	(654)	-89%		1,470	1,386
11	71	(60)	6095 · Website	32	426	(394)	-92%		850	818
8,794	7,635	1,159	Total 6000 · General & Admin	32,251	46,264	(14,013)	-30%	G&A expenses 30% under budget	92,109	59,858

Youth Employment Service of the Harbor Area, Inc.
Profit & Loss Budget Performance
December 2019

December 2019			Account	YTD Jul-Dec 2019			% Budget	Notes	Annual	Balance
Actual	Budget	Variance		Actual	Budget	Variance	Variance		Budget	
2,223	1,885	338	6200 · Personnel Expenses							
36	38	(2)	6210 · Medical Insurance	11,448	11,310	138	1%	22,623	(11,175)	
1,194	2,068	(874)	6220 · Payroll Fee	208	228	(20)	-9%	450	(242)	
14,740	23,725	(8,985)	6230 · Payroll Taxes	9,516	12,408	(2,892)	-23%	24,817	(15,301)	
357	117	240	6240 · Salaries	127,221	142,350	(15,129)	-11%	284,693	(157,472)	
			6280 · Workers' Compensation	731	702	29	4%	1,400	(670)	
18,550	27,833	(9,283)	Total 6200 · Personnel Expenses	149,123	166,998	(17,875)	-11%	333,983	184,860	
			6300 · Professional Fees							
975	1,292	(317)	6305 · Accounting	10,158	7,752	2,406	31%	15,500	5,343	
	83	(83)	6315 · Consulting	2,575	498	2,077	417%	1,000	(1,575)	
975	1,375	(400)	6300 · Professional Fees	12,733	8,250	4,483	54%	16,500	3,768	
			7000 · Fundraising Expenses							
	542	(542)	7002 · Credit Card Processing Fees	2,542	3,252	(710)	-22%	6,500	3,958	
112	25	87	7008 · Development	187	150	37	25%	300	113	
5,000	5,000	-	7020 · Grantwriting	30,000	30,000	-	0%	60,000	30,000	
	-	-	7040 · Postage	-	350	(350)	-100%	350	350	
1,396	-	1,396	7050 · Printing	1,396	800	596	75%	800	(596)	
			7060 · Special Events							
	-	-	7062 · EOE Fall Gala Exp	31,067	31,951	(884)	-3%	31,951	884	
	-	-	7066 · Spring Event Exp		-	-		500	500	
	-	-	7060 · Special Events	31,067	31,951	(884)	-3%	32,451	1,384	
6,508	5,567	941	Total 7000 · Fundraising Expenses	65,192	66,503	(1,311)	-2%	100,401	35,209	
34,827	42,635	(7,808)	Total Expense	259,730	289,365	(29,635)	-10%	545,693	285,963	
(18,807)	29,824	(48,631)	Net Ordinary income	(64,163)	26,786	(90,949)	-340%	3,707	67,870	
			Other Income/Expense	49,837	-	49,837	100%	-	(49,837)	
(18,807)	\$ 29,824	\$ (48,631)	Net Income	\$ (14,327)	\$ 26,786	\$ (41,113)	-153%	\$ 3,707	\$ 18,034	

Note 1 - Grant Income Detail

SSJ Healthcare Foundation	15,000	Masco Corporation	4,000
		Employees Community	
Community Foundation of Orange	1,000	Fund of Boeing CA	5,000
US Bank	5,000	City of Newport Beach	5,000
Costa Mesa CDBG	7,590	Edwards Life Sciences	2,500
WWH (Kaiser)	6,250	George Hoag Family Foundation	10,000
The Crean Foundation	10,000	O.L. Halsell Foundation	10,000
		TOTAL	81,340

Youth Employment Service of the Harbor Area, Inc.

Balance Sheet

As of December 31, 2019

	<u>Dec 31, 19</u>	<u>Dec 31, 18</u>	<u>\$ Change</u>
ASSETS			
Current Assets			
Checking/Savings	134,583	207,046	-72,464
Accounts Receivable	3,795	9,200	-5,405
Other Current Assets			
1300 · Other Current Assets			
1303 · RBC Investments	1,141,754	1,005,034	136,720
1305 · Credit Card Receivable	0	0	0
1310 · Prepaid Expenses	0	2,500	-2,500
1320 · Security Deposits	2,000	2,000	0
Total 1300 · Other Current Assets	<u>1,143,754</u>	<u>1,009,534</u>	<u>134,220</u>
1499 · Undeposited Funds	30	18,000	-17,970
Total Other Current Assets	<u>1,143,784</u>	<u>1,027,534</u>	<u>116,250</u>
Total Current Assets	<u>1,282,161</u>	<u>1,243,780</u>	<u>38,381</u>
Fixed Assets	0	0	0
TOTAL ASSETS	<u><u>1,282,161</u></u>	<u><u>1,243,780</u></u>	<u><u>38,381</u></u>
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable	1,826	999	827
Credit Cards	3,339	629	2,710
Other Current Liabilities			
2200 · Other Current Liabilities			
2205 · Accrued Expenses			0
2210 · Accrued PTO	1,866	5,814	-3,948
2220 · Deferred Revenue		12,000	-12,000
2230 · Payroll Tax Liabilities	-3,004	5,319	-8,322
Total 2200 · Other Current Liabilities	<u>-1,137</u>	<u>23,133</u>	<u>-24,270</u>
Total Other Current Liabilities	<u>-1,137</u>	<u>23,133</u>	<u>-24,270</u>
Total Current Liabilities	<u>4,028</u>	<u>24,761</u>	<u>-20,733</u>
Total Liabilities	4,028	24,761	-20,733
Equity			
3000 · Equity	51,014	51,014	0
3900 · Retained Earnings	1,241,446	1,157,602	83,844
Net Income	-14,327	10,403	-24,730
Total Equity	<u>1,278,133</u>	<u>1,219,019</u>	<u>59,114</u>
TOTAL LIABILITIES & EQUITY	<u><u>1,282,161</u></u>	<u><u>1,243,780</u></u>	<u><u>38,381</u></u>



Board of Directors

Jill Tomac, President
Leadership Resource Group, LLC

Janet Randolph, Past President
Hermosa Human Capital Consulting

Daniela SantaMaria, 1st Vice President
In Transition

Kaleigh Causey, 2nd Vice President
PIMCO

Matthew Heisler, Treasurer
Grant Thornton, LLP

John Archer, Secretary
Marketing Consultant

Karla Fosburg, Member
Freedom Innovations

Mark Skaist, Member
Stradling Attorneys at Law

Wendy Cullen, Member
Argosy University

Martin Klein III, Member
RBC Wealth Management

Ric Hattabaugh, Member
FieldConnect, Inc.

Javier Iglesias, Member
U.S. Bank

Mark Schauwecker, Member
Foundation Building Materials

Kimia Willison, Member
Hyundai Capital

Zeshaan Younus, Member
Curt Pringle & Associates

David Blackwood
Outside GC

Christi Matthews
Bongo Ink

Board Staff Liaison:
Wendy Weeks
Executive Director

Return of Organization Exempt From Income Tax

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

2018

Open to Public Inspection

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.

A For the 2018 calendar year, or tax year beginning 7/01, 2018, and ending 6/30, 2019

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	YOUTH EMPLOYMENT SERVICE OF THE HARBOR AREA, INC. 114 E 19TH STREET COSTA MESA, CA 92627	95-2704522
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		949-642-0474
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		551,574.
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.YESWORKS.ORG **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1970 **M** State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a).....	3		16
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4		16
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a).....	5		5
	6 Total number of volunteers (estimate if necessary).....	6		321
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a		0.
	7b Net unrelated business taxable income from Form 990-T, line 38.....	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g).....	440,552.		482,144.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	3,000.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	3,489.		35,830.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	-636.		4,192.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	446,405.		522,166.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	256,853.		262,676.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>77,837.</u>			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	141,120.		163,468.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	397,973.		426,144.
19 Revenue less expenses. Subtract line 18 from line 12.....	48,432.		96,022.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year		End of Year
	21 Total liabilities (Part X, line 26).....	1,253,038.		1,318,744.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	44,422.		11,284.
		1,208,616.		1,307,460.

Part II Signature Block

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

Sign Here	Signature of officer	Date	
	WENDY WEEKS Type or print name and title	EXECUTIVE DIRECTOR	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DEBRA L. HOLMES	<i>Debra L Holmes</i>	11/05/19		P00003921
	Firm's name	Firm's address	Firm's EIN ▶	Phone no.	
	▶ CANGELOSI & HOLMES, INC., CPAS	▶ 17702 IRVINE BLVD, SUITE 200 TUSTIN, CA 92780-3238	▶ 95-3063453	(714) 832-9832	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 311,714. including grants of \$) (Revenue \$)

IN 2018, YES PROVIDED COMPREHENSIVE TRAINING AND SUPPORT SERVICES TO 732 UNIQUE YOUTH, AGES 16 TO 24, 81% OF WHOM WERE LOW-INCOME, AND 8% HOMELESS OR IN UNSTABLE HOUSING; YES DEVELOPED AND MAINTAINED WORKING RELATIONSHIPS WITH OVER 200 EMPLOYERS TO PROVIDE MORE THAN 250 JOB OPPORTUNITIES FOR CLIENTS, SPANNING THE INDUSTRIES OF AUTOMOTIVE, ENERGY, RETAIL, WAREHOUSE, SALES, AND MORE. WHILE 100% OF RESPONDENTS REPORTED THE PROGRAMS WAS BENEFICIAL TO THEM, A FULL 90% OF THOSE RESPONDENTS HAD SECURED JOBS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

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

4e Total program service expenses ▶ 311,714.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b	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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included in line 1a... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... X; 6 Did the organization have members or stockholders?... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?... X; 8b Each committee with authority to act on behalf of the governing body?... 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 in Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... X; 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... SEE SCHEDULE O... X; 13 Did the organization have a written whistleblower policy?... X; 14 Did the organization have a written document retention and destruction policy?... X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O... X; 15b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... X; 16b 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?...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records
WENDY WEEKS 114 E 19TH ST COSTA MESA CA 92677 949-642-0474

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILL TOMAC PRESIDENT	3 0	X		X				0.	0.	0.
(2) ZESHAAN YOUNUS DIRECTOR	0 0	X						0.	0.	0.
(3) KIMIA WILLISON DIRECTOR	0 0	X						0.	0.	0.
(4) MARK SKAIST DIRECTOR	1 0	X						0.	0.	0.
(5) DAVID BLACKWOOD DIRECTOR	0 0	X						0.	0.	0.
(6) JOHN ARCHER SECRETARY	1 0	X		X				0.	0.	0.
(7) DANIELA SANTAMARIA 2ND VP	1 0	X		X				0.	0.	0.
(8) KALIEGH CAUSEY DIRECTOR	1 0	X						0.	0.	0.
(9) CHRISTI MATTHEWS DIRECTOR	0 0	X						0.	0.	0.
(10) JANET RANDOLPH PAST PRESIDENT	2 0	X		X				0.	0.	0.
(11) MARTIN KLEIN DIRECTOR	0 0	X						0.	0.	0.
(12) KARLA FOSBURG DIRECTOR	1 0	X						0.	0.	0.
(13) WENDY WEEKS EXECUTIVE DIR.	40 0	X		X				90,929.	0.	6,461.
(14) MATTHEW HEISLER TREASURER	1 0	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) WENDY CULLEN DIRECTOR	1 0	X					0.	0.	0.
(16) JAVIER IGLESIAS DIRECTOR	0 0	X					0.	0.	0.
(17) MARK SCHAUWECKER DIRECTOR	0 0	X					0.	0.	0.
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							90,929.	0.	6,461.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							90,929.	0.	6,461.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0									

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 88,717.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 17,500.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 375,927.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		482,144.			
Program Service Revenue	2 a Business Code					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		35,830.	35,830.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 88,717. of contributions reported on line 1c). See Part IV, line 18	a 33,600.				
		b Less: direct expenses	b 29,408.			
c Net income or (loss) from fundraising events			4,192.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
11 a Miscellaneous Revenue		Business Code				
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		522,166.	35,830.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	90,929.	77,290.	4,546.	9,093.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	138,585.	133,303.	5,282.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	14,461.	13,269.	619.	573.
10 Payroll taxes	18,701.	17,159.	801.	741.
11 Fees for services (non-employees):				
a Management	16,000.	16,000.		
b Legal				
c Accounting	15,739.		15,739.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	9,978.	5,993.	3,985.	
14 Information technology	10,384.	8,792.	1,279.	313.
15 Royalties				
16 Occupancy	26,400.	23,760.	2,640.	
17 Travel	1,547.	1,250.	297.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,006.	4,505.	501.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>FUND DEVELOPMENT</u>	57,699.			57,699.
b <u>FUNDRAISING COSTS</u>	8,327.			8,327.
c <u>TELEPHONE/COMMS</u>	5,442.	4,927.	515.	
d <u>SUPPLIES/PROG MATLS</u>	5,414.	3,995.	339.	1,080.
e All other expenses	1,532.	1,471.	50.	11.
25 Total functional expenses. Add lines 1 through 24e	426,144.	311,714.	36,593.	77,837.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing.....	19,270.	1	61,223.
	2 Savings and temporary cash investments.....	594,512.	2	172,382.
	3 Pledges and grants receivable, net.....	4,000.	3	4,000.
	4 Accounts receivable, net.....		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	2,500.	9	3,134.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 20,100.		
	b Less: accumulated depreciation.....	10b 20,100.	10c	
	11 Investments – publicly traded securities.....		11	1,076,005.
	12 Investments – other securities. See Part IV, line 11.....	630,756.	12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....	2,000.	15	2,000.
16 Total assets. Add lines 1 through 15 (must equal line 34).....	1,253,038.	16	1,318,744.	
Liabilities	17 Accounts payable and accrued expenses.....	20,421.	17	11,284.
	18 Grants payable.....		18	
	19 Deferred revenue.....		19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	24,001.	25	
	26 Total liabilities. Add lines 17 through 25.....	44,422.	26	11,284.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	1,208,616.	27	1,307,460.
	28 Temporarily restricted net assets.....		28	
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
33 Total net assets or fund balances.....	1,208,616.	33	1,307,460.	
34 Total liabilities and net assets/fund balances.....	1,253,038.	34	1,318,744.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	522,166.
2	Total expenses (must equal Part IX, column (A), line 25)	2	426,144.
3	Revenue less expenses. Subtract line 2 from line 1	3	96,022.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,208,616.
5	Net unrealized gains (losses) on investments	5	9,355.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-6,533.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,307,460.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization YOUTH EMPLOYMENT SERVICE OF THE HARBOR AREA, INC.	Employer identification number 95-2704522
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	181,001.	305,020.	375,895.	443,552.	482,144.	1,787,612.
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.						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	181,001.	305,020.	375,895.	443,552.	482,144.	1,787,612.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						1,787,612.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	181,001.	305,020.	375,895.	443,552.	482,144.	1,787,612.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	18,575.	18,728.	22,240.	3,489.	35,830.	98,862.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	18,575.	18,728.	22,240.	3,489.	35,830.	98,862.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	199,576.	323,748.	398,135.	447,041.	517,974.	1,886,474.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).	15	94.76 %
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	94.82 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	5.24 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17.	18	5.18 %

19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization **YOUTH EMPLOYMENT SERVICE
OF THE HARBOR AREA, INC.**

Employer identification number
95-2704522

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization YOUTH EMPLOYMENT SERVICE	Employer identification number 95-2704522
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	----- ----- -----	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	----- ----- -----	\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	----- ----- -----	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	----- ----- -----	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	----- ----- -----	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	----- ----- -----	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUTH EMPLOYMENT SERVICE	Employer identification number 95-2704522
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 10,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUTH EMPLOYMENT SERVICE	Employer identification number 95-2704522
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUTH EMPLOYMENT SERVICE	Employer identification number 95-2704522
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	----- ----- -----	\$ <u>5,759.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>20</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>21</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>22</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>23</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUTH EMPLOYMENT SERVICE	Employer identification number 95-2704522
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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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization: YOUTH EMPLOYMENT SERVICE
 Employer identification number: 95-2704522

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Open to Public Inspection

Name of the organization

YOUTH EMPLOYMENT SERVICE OF THE HARBOR AREA, INC.

Employer identification number

95-2704522

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

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (e.g., recreation or education)
Protection of a historically important land area
Protection of natural habitat
Preservation of a certified historic structure
Preservation of open space

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

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

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

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

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

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,644.	15,644.	0.
e Other		4,456.	4,456.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

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

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

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

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

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

Part XIII Supplemental Information.

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

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **YOUTH EMPLOYMENT SERVICE
OF THE HARBOR AREA, INC.**

Employer identification number
95-2704522

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>EVENING OF EXC</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add column (a) through column (c))
1	Gross receipts	122,317.		122,317.
2	Less: Contributions	88,717.		88,717.
3	Gross income (line 1 minus line 2)	33,600.		33,600.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs	17,152.	17,152.
	7	Food and beverages		
	8	Entertainment		
	9	Other direct expenses	12,256.	12,256.
	10	Direct expense summary. Add lines 4 through 9 in column (d)		
11	Net income summary. Subtract line 10 from line 3, column (d)			4,192.

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

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

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

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

YOUTH EMPLOYMENT SERVICE
OF THE HARBOR AREA, INC.

Employer identification number

95-2704522

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

YOUTH EMPLOYMENT SERVICE (YES) OF THE HARBOR AREA INC IS A COMMUNITY-BASED NONPROFIT ORGANIZATION DEDICATED TO HELPING YOUNG PEOPLE BEGIN THEIR PATH TOWARD ECONOMIC INDEPENDENCE AND PERSONAL SELF-SUFFICIENCY. YES' MISSION IS TO TEACH YOUTH AND YOUNG ADULTS THE SKILLS NEEDED TO SECURE AND MAINTAIN MEANINGFUL EMPLOYMENT AND TO OFFER PROGRAMS THAT HELP YOUNG ADULTS IMPROVE THEIR EMPLOYABILITY, CAREER CHOICES AND QUALITY OF LIFE. YES PROVIDES PRE-EMPLOYMENT SKILLS CLASSES, PERSONAL FINANCE/MONEY MANAGEMENT SKILLS CLASSES, ONE-TO-ONE MOCK INTERVIEW EXPERIENCES, RESUME AND APPLICATION ASSISTANCE, JOB SEARCH COUNSELING, JOB DEVELOPMENT, REFERRALS TO GOOD JOBS WITH YES EMPLOYER PARTNERS AND FOLLOW UP TO OVER 730 YOUTH ANNUALLY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUAL QUESTIONNAIRE AND MEETING

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

AN OUTSIDE EXECUTIVE SEARCH FIRM IS USED FOR THE ACQUISITION OF THE EXECUTIVE DIRECTOR AND COMPENSATION DETERMINATION

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

6/30/19

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

YOUTH EMPLOYMENT SERVICE
OF THE HARBOR AREA, INC.

95-2704522

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
MACHINERY AND EQUIPMENT																
1	EQUIPMENT	1/01/00		15,031							15,031	15,031	S/L HY	5		0
3	2 VIDEO RECORDERS	10/11/10		613							613	613	S/L HY	5		0
TOTAL MACHINERY AND EQUIPME				15,644		0	0	0	0	0	15,644	15,644				0
MISCELLANEOUS																
2	LAPTOP COMPUTER	10/15/08		545							545	545	S/L HY	5		0
4	4 COMPUTERS	11/14/12		3,911							3,911	3,911	S/L HY	5		0
TOTAL MISCELLANEOUS				4,456		0	0	0	0	0	4,456	4,456				0
TOTAL DEPRECIATION				<u>20,100</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>20,100</u>	<u>20,100</u>				<u>0</u>
GRAND TOTAL DEPRECIATION				<u>20,100</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>20,100</u>	<u>20,100</u>				<u>0</u>

Address any reply to: P.O. Box 231, Los Angeles, Calif. 90053

Department of the Treasury

District Director

Internal Revenue Service

Date: FEB 16 1972

In reply refer to: LA:EO:72-211
Code 421:1402:BB

(213) 688-4763



► Youth Employment Service of The Harbor Area, Inc.
594 Center Street
Costa Mesa, California 92626

Purpose: Charitable

File Returns with Internal Revenue Service Center: Philadelphia, Pa.

Accounting Period Ending: December 31

Address Inquiries to District Director of Internal Revenue: Los Angeles, Calif.

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 170(b)(1)(A)(vi).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 12 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under section 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

(L-178 (10-71))

(over)

If your gross receipts each year are normally more than \$5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-B. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,



District Director

(L)() (5) () ()



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POST A JOB

DONATE NOW

Help give local young adults the tools they need to succeed!

HOME ABOUT YES YES PROGRAM GET INVOLVED NEWS & ARTICLES CONTACT US

REGISTER FOR YES PROGRAM

Personal Information

First Name*

Middle Initial

Last Name*

Suffix

Last four digits of Social Security #

Birth Date*

Age*

Sex*

Marital Status

Number of Children

Ethnicity*

Race*

Email*

Confirm Email*

Country*

Address Lines*

City*

State/Province*

Postal Code*

Cell Phone #*

Text okay?*
 YES
 NO

Education Info

School you currently attend or last attended*

Last Grade Completed*

Educational Attainment*

- AA Earned
- AA In Progress
- BA/BS Earned
- BA/BS In Progress
- GED Earned
- GED In Progress
- HS Diploma Earned
- HS Diploma In Progress
- None

Other

Future Career Goals or Interests

(None Selected) ▼

Is this your first visit to YES*

(None Selected) ▼

If yes, how were you referred*

Living With

Who do you live with?*

(None Selected) ▼

Guardian: Relationship to you?

Living Arrangement - Other

Financial Info

Financial Support*

(None Selected) ▼

Financial Support - Other

of people living in household including yourself*

(None Selected) ▼

Family Annual Income (if you are self-supporting, list your own personal annual income)*

Do you think you might have any additional challenges that might make it difficult to find a job?

- Additional Challenges
- Criminal Background/ Probation
- Disability
- Foster Youth/Emancipated
- Homeless
- Learning
- Mental/Emotional
- No Diploma
- No HS Diploma
- Other
- Physical
- Substance Abuse
- Undocumented
- Young Parent

Please explain:

Photo Permission

Please answer if over 18, YES at times likes to take pictures of students in the office, taking workshops, and on field trips and uses the pictures in our publications. I give permission for YES to take my picture and use it in YES publications and program materias.

- Accept
 Deny

Self Certification & Participation Agreement

YES Program Participation Agreement for Youth Participants

Thank you for participating in the YES program where we will help you become employment ready; learn lifelong skills and how to stand out in the job world. Please remember that YES is not a staffing agency and does not guarantee job placement after completion of the program. However, clients who complete the program and who are diligent in their job search are most likely to get a job.

Clients who participate in the YES program must:

- Represent YES in a professional manner and act professionally and ethically while on any job.
- Keep YES staff informed on your job interviews and how your job search is going.
- **Notify YES staff when you are hired.** This is very important for us.
- Attend all classes and office visits in a sober and respectful state. Failure to do so will result in your dismissal that day.

Class Policy:

- Please arrive 5-10 minutes early to all classes and interviews. Clients will need to reschedule for class if they are more than **5 minutes late**.
- During class, the facilitator has the right to dismiss any youth who is being disruptive, talking, sleeping, or otherwise inattentive.

Mock Interview Policy:

- **NO SHOWS** are not allowed. Clients, who are not able to make their mock interview, must notify YES staff **FOUR or more hours prior** to appointment to reschedule.
- Clients, who do not show up, will be required to write an apology letter to the scheduled volunteer.
- Clients must bring their completed "YES Clothing" application with them in order to interview.
- Mock interviews are recorded and used as a teaching tool to help better your skills in interviewing. These recordings will not be shared with others without your expressed permission.

Computers/Internet Policy:

- Under staff's discretion, computers may **ONLY** be used for job or school related purposes.
- No downloading/uploading is allowed.
- Certain web sites and online activities are prohibited such as shopping, gambling, adult content, social media, games, and internet chat rooms.

By checking the box below, I certify and agree that this information is true and correct and agree to provide verifying documentation if it is requested. I also confirm that I have read and agree to the Policies & Procedures laid out above. *

I agree

Security Code

I'm not a robot



Submit

Reset