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Form	9	y	U

** PUBLIC DISCLOSURE COPY **

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

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

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



Department of the Treasury Internal Revenue Service

Т

AF	or the	e 2017 calendar year, or tax year beginning and	lending	_				
Ba	Check if pplicabl	e: C Name of organization		D Employer identific	cation number			
	Addre chang							
	_]chang	e Doing business as		47-2	535198			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
	Final Feturn	3400 W MAYFLOWER AVE, SUITE 500		385-3	345-4556			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,835,574.			
	Amen			H(a) Is this a group re				
	Applic distance	F Name and address of principal officer: CIIKIS IADON		for subordinates	? 🖸 Yes 🛣 No			
	pendi	⁹ 3400 W MAYFLOWER AVE, SUITE 500, LEHI,	UT 8	H(b) Are all subordinates in	cluded? Yes No			
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)			
		te: VOUNIQUEFOUNDATION.ORG		H(c) Group exemption	n number 🕨			
κF	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2014 M	State of legal domicile: UT			
Pa	art I	Summary						
e	1	Briefly describe the organization's mission or most significant activities:	SCHEDU	JLE O				
Activities & Governance								
, Line	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of more	e than 25% of its net as	sets.			
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			5			
ي م		Number of independent voting members of the governing body (Part VI, line 1b)			2			
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	73			
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)			75			
\cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
4		Net unrelated business taxable income from Form 990-T, line 34			0.			
				Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)		3,906,099.	6,750,131.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,426.	-72,774.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,918,525.	6,677,357.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,390,761.	4,361,224.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
e de	b	Total fundraising expenses (Part IX, column (D), line 25)	37.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,337,130.	1,526,038.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,727,891.	5,887,262.			
	19	Revenue less expenses. Subtract line 18 from line 12		190,634.	790,095.			
or			Be	ginning of Current Year	End of Year			
sets alan	20	Total assets (Part X, line 16)		787,102.	1,618,291.			
t As	21	Total liabilities (Part X, line 26)		310,004.	351,098.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		477,098.	1,267,193.			
	art II	Signature Block						
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	/ knowledge and belief, it is			
true	correc	t and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	has any knowledge				

Sign Here	Signature of officer CHRIS YADON, EXECUTIVE Type or print name and title	DIRECTOR	Date
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	MARC A. METCALF	Marc Metal	7/25/2018 self-employed P00170461
Preparer	Firm's name 🕞 TANNER LLC		Firm's EIN 20-2253063
Use Only	Firm's address 🔈 36 S STATE STREE	•	
	SALT LAKE CITY,	UT 84111	Phone no. 801 – 532 – 7444
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No
732001 11-2	28-17 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2017)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CONTINUATION

	990 (2017) THE YOUNIQUE FOUNDATION	47-2535198	Page
Par	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>	L
	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	XN
	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? If "Yes," describe these changes on Schedule O.	Yes	XN
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses,	and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,986,927 • including grants of \$) (Revenue)	ue \$	
	HEALING SERVICES		
	THE YOUNIQUE FOUNDATION INSPIRES HOPE IN WOMEN WHO WERE AS CHILDREN OR ADOLESCENTS BY HOSTING THEM AT A RETREAT		
	UPLIFTED BY EACH OTHER AND LEARN SKILLS THAT CAN HELP THE	-	
	INDIVIDUAL HEALING. IN ADDITION, OUTPATIENT SERVICES ARE	E PROVIDED T	.0
	SOME LOCAL CLIENTS FOR LONG TERM CARE.		
4b	(Code:) (Expenses \$ 1,086,082. including grants of \$) (Revenue)	ie\$	
	PUBLIC DIALOGUE THE YOUNIQUE FOUNDATION LEADS PUBLIC DIALOGUE TO BRING	THE EPIDEMIC	ד <u></u> דרי
	ABUSE TO LIGHT.		. 01
4c	(Code:) (Expenses \$565,255. including grants of \$) (Revenue (Revenu (Revenue (Revenu((Revenue (Revenue (Revenue (Revenu (Revenu(.e\$	
	THE YOUNIQUE FOUNDATION EDUCATES PARENTS AND EMPOWERS TH	IEM TO PROTE	ICT
	THEIR CHILDREN FROM SEXUAL ABUSE.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,638,264.		
32001	2 11-28-17	Form	990 (201
	2		
20	725 786875 395-11723.1A 2017.04010 THE YOUNIQUE FOUNDAT	ION 395	-14B

Form 990 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form **990** (2017)

Form 990 (2017)

THE YOUNIQUE FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		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? If "Yes,"			x
07	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		- 23
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
05-	Part V, line 1	34	Δ	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2017)

Part U Statements Regarding Other IRS Filings and Tax Compliance Check I/Shedule O contails a response or note to any line in the Part V Image: Check I/Shedule O contails a response or note to any line in the Part V Image: Check I/Shedule O contails a response or note to any line in the Part V Image: Check I/Shedule O contails a response or note to any line in the Part V Image: Check I/Shedule O contails a response or note to any line in the Part V Image: Check I/Shedule O contails a response or note to any line in the Part V Image: Check I/Shedule O contails a response or note to any line in the Part V Image: Check I/Shedule O contails a response or note to any line in the Part V Image: Check I/Shedule O contails I/Shedule O contotails I/Shedule O contails I/Shedule O contails I	Form	990 (2017) THE YOUNIQUE FOUNDATION 47-2535	198	P	age 5
1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 61 1b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing withores? 1c 1c 2a Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 2a 73 1c 2a Enter the number of entropyces reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 73 1c 2b If at least one is reported on line 2a, dot the organization file al required to 4-file gene instructors) 3a X 3a Did the organization have unreliated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountity? 3a X b If "Yes," inter the name of the foring or Duriny to a prohibited tax sholer transaction at any time during the tax year? 5a X 5a BX X 1f 5a X b Dod any taxable pathy onity the organization that a sing more mask accurt, sequired to any contributons that we no enabulate on	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
a Enter the number exported in Box 3 of Form 1088. Enter -0: in not applicable 1a 61 b Enter the number of form W30 A chudde in line is a Enter 0: in respirable payments to vendors and reportable gaming (gambing) winnings to praw winner? 1c 1c 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 73 2b X 8 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 73 2b X Note. If the sum of lines 1 and 2a is greater than 250, your may be required to e-file (see instructions) 3a X 3 Did the conganization have unrequired to elow if the year? 3a X 4 An any time dump the calendary year, did the conganization have an interest n, or a signiture or other authority over, a financial account in a foreign country: 4a X 5 Did any canaditation have an entrest n, or a signiture or other authority over, a financial account is a prohibet tax sheller transaction? 5a X 6 Did any canaditation have an entrest n, or a signiture or other authority over, a financial account is a foreign country: 5a X 5a X 5b X 5b X 6a X 5b X 5b X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W2A included in line 1a. Enter of in rappitable payments to vendors and reportable gaming (gambing) winnings to price winners? Image: Control of				Yes	No
a bit the infinite of the Very Difference of the spin-base multiple of the spin-base multiple of the spin-base spin of the spin of	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 61			
Ignamiling: winnings to prize winners? 1c 1c 2a Enter the number of enrophysics reported on from W3. Transmittal of Wage and Tax Statements. 73 73 b If at least one in reported on line 2a, did the organization fiel all required federal employment tax tetums? 2a X 3a Did the organization have uncleated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization have uncleated business gross income of \$1,000 or more during the year? 3a X 4a At my time during the calendar year, did the organization have an infrarest in, or a signature or other authority over, a financial account; ecurities account, securities account, or other financial account? 4a X b If 'Yes,'' enter the name of the foreign ocurity. 5a X b Bary taxable party noity the organization have an infrarest in a financial account? 5a X b Bary taxable party noity the organization from 888-17 5a X b Bary taxable party noity the organization from 888-17 5a X b Bary taxable party noity the organization from 888-17 5a X b Bary taxable party noity the organization from 889-18 7a X c	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Ener the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 73 bit of a baset one is reported on ine 2a, did the organization file all required foreal employment tax returns? 73 2b X 3a Do the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a X 3b If the organization have unrelated business gross income of \$1,000 or more during the earlow year, dith eorganization have antipeting the year? 3a X bit 17*se, 'that if theid a form 900. Tor the year? If No, 'to in 30, provide an explanation in Schedule O 3a X bit 17*se, 'that if the foreign country (such as a bank account, socurities account, or other financial Accounts (FBAR), 5a X 5a X See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a X 5a X bit or syn about the organization has their transaction at y time during the tax year? 5a X 5b X bit or syn about the organization incide with every solication an approximation and y time during the advector transaction? 5a X bit or syn about the organization incide with every solication an exploration transproximation and y time tax year? 5a X bit or syn about the organization incide with every solication	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
tiet for the calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?	1c		
b If at least one is roported on line 2a, did the organization lis al required to deral 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 X b If Yes, 'has it lide a form 390.1' for this year? If 'No,' to line 3D, provide an explanation in Schedule O 3a X b If Yes, 'has it lide a form 390.1' for this year? If 'No,' to line 3D, provide an explanation in Schedule O 3a X b If Yes,' that it for origin country (such as a bark account, securities account, or other financial account)? 4a X b If 'Yes,' the forigin country (such as a bark account, securities account, or other financial account)? 5a X b If 'Yes,' to line 5a or 5b, did the organization has a park to a prohibited tax sheler transaction? 5b X c Dod any taxable pary notify the organization that was or a sparty to a prohibited tax sheler transaction? 5b X b If 'Yes,' tol line 5a or 5b, did the organization and express statement that such contributions or gifts were not tax deductible? 5b X f Organization neet any analyges receive daductible contributions? 7a X f If 'Yes,' did the organization neet any anulag disces frequent 70(c). 7b X <th>2a</th> <th></th> <th></th> <th></th> <th></th>	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to +fie (see instructions) 3a X 3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority yee, a financial account; a corrupt (such as a bank account, securities account, or other financial account; or the financial account; account is a bank account, securities account, or other financial account; or the financial account; a corrupt (such as a bank account, securities account, or other financial account; be see instructions for film grequirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid are organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 6a Does the organization notift, the donor of the value of the organization that may receive deductible? 7a X 7b of the organization indift, the organization that may accome that used or top organization action on the value of the organization actions? 7a X 7c Organization calle scharable contributions under section 170(c). 0a 0a 7a X 7b If "Yes," (id the organization indift, the donor indicined on para		filed for the calendar year ending with or within the year covered by this return 2a 73			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit 17%s, 'has it field a Form 990 for this year? if 'No, 'to fim 30, provide an explanation in Schedule O 3b 4a bit 17%s, 'has it field a Form 990 for this year? if 'No, 'to fim 30, provide an explanation in Schedule O 3b 4a bit 17%s, 'that if field a Form 990 for this year? if 'No, 'to a positivate a count, or other manchal account; ' 4a X bit 17%s, 'that if the origin country (such as a bark account, securities account, or other manchal account; 'FEAP). 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization needs to \$5, did the organization in lacked with every solicitation an express statement that such contributions or gifts were not tax deductable? 7a X 0 Or organization have annual gross receipts that are normally greater than \$100,000, and did the organization needwore apprent in excess of \$75 made party as a contributions? 6b 7a X 0 If 'Yes, 'did the organization needwore apprent in excess of \$75 made party as a contribution and party for groods and services provided to the payor? 7a X 0 If 'Yes, 'did the organization needwore apprent in excess of \$75 made party as a contribution and party for groods and services provided to the payor? 7a X 0	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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					- 12
Form 990 (2017)	<u>a</u>	in res, has it lieu a roinn rzo to report these payments (in ivo, provide an explanation in Schedule O		990	(2017)

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Form 990 (2017)
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THE YOUNIQUE FOUNDATION

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.

oct	Check if Schedule O contains a response or note to any line in this Part VI				_
eci	tion A. Governing body and Management			Yes	٦
1a	Enter the number of voting members of the governing body at the end of the tax year	1a !	5	103	1
	If there are material differences in voting rights among members of the governing body, or if the governing		-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
	Enter the number of voting members included in line 1a, above, who are independent	1b	2		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	18	-		
2			2	х	
~	officer, director, trustee, or key employee?		2	- 23	-
	Did the organization delegate control over management duties customarily performed by or under				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		-
	Did the organization make any significant changes to its governing documents since the prior Form		4		_
	Did the organization become aware during the year of a significant diversion of the organization's a		5		_
	Did the organization have members or stockholders?		6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or				
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, or			
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				1
	The governing body?		8a	Х	1
b	Each committee with authority to act on behalf of the governing body?		8b	Х	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal				-
				Yes	-
0-	Did the experimentian have least charters, hyperbox, as efficience?		10a	165	-
	Did the organization have local chapters, branches, or affiliates?		10a		_
	If "Yes," did the organization have written policies and procedures governing the activities of such				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	37	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing the form?	11a	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe			
	in Schedule O how this was done		12c	Х	
	Did the organization have a written whistleblower policy?		13	Х	
	Did the organization have a written document retention and destruction policy?		14	Х	
	Did the process for determining compensation of the following persons include a review and appro				1
0		•			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		150	х	
	The organization's CEO, Executive Director, or top management official		15a	X	-
	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			1
	taxable entity during the year?		16a		_
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's			
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright { m UT}$				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain the content of the conte	in in Cohodula ()			
~		in in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	contlict of interest policy, ar	id finan	cial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's to	books and records:			-
	State the name, address, and telephone number of the person who possesses the organization's to YOUNIQUE FOUNDATION $-385-345-4556$	books and records:			
	State the name, address, and telephone number of the person who possesses the organization's to	books and records:		9 90	_

(E)

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

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

Т

(D)

(^)

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

 (\mathbf{n})

(D)

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position do not check more th				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation	amount of
	week		officer and a		recto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	æ			ited		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			pense		(W-2/1099-MISC)		organization
	organizations	ial tru	onal t		oloye	e com				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ĕ	li	Æ	Υ.	Hiç em	ē			
(1) SHELAINE MAXFIELD	10.00			v				0	0	0
BOARD CHAIR & PRESIDENT	10 00	X		X				0.	0.	0.
(2) DEREK MAXFIELD	10.00								0	0
TREASURER & BOARD MEMBER		х		х				0.	0.	0.
(3) MELANIE HUSCROFT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) GRANT BECKWITH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JARED SWAIN	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) CHRIS YADON	40.00									
EXECUTIVE DIRECTOR				Х				276,012.	0.	0.
(7) GORDON BRUIN	40.00									
CLINICAL DIRECTOR					Х			170,362.	0.	0.
(8) ABE YOUNG	40.00									
DIRECTOR OF FINANCE & ADMIN		1				Х		115,168.	0.	0.
(9) CYNTHIA GAMBILL	40.00									
DIRECTOR OF PHILANTHROPY		1				Х		120,165.	0.	Ο.
(10) MATTHEW HARTVIGSEN	40.00									
DIRECTOR OF OUTREACH		1				Х		108,037.	0.	0.
		1								
		1								
		1								
		1								
		1								
732007 11-28-17	•		•							Form 990 (2017)

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Par			ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition ^{more} rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizat	ie tion ted
	Sub-total								789,744.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								789,744.		0.			0.
2	Total number of individuals (including but n							no re	eceived more than \$100	,000 of reportab	le			F
	compensation from the organization												Yes	5 No
3	Did the organization list any former officer,	-			•	·			c					x
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportabl	le co	omp	ensa	ation	n and	d otl		the organization	ſ	3		
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a											4	X	
	rendered to the organization? If "Yes," com					-			-			5		Х
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir I		year.				
	(A) Name and business	address							(B) Description of s	ervices	С	(C ompei		n
	ZABETH MACK 5 E. 1200 N. , MAPLET(ЭN, UT {	346	564	1				RENT			20	4,0	00.
	LAND & HART BOX 17283, DENVER, CO								LEGAL					51.
<u>F0</u>	BOX 17205, DENVER, CO	00217							DEGAL			14	<u>, , , , , , , , , , , , , , , , , , , </u>	JT.
2	Total number of independent contractors (i	including but n	ot lii	nite	d to	tho	se lie	ster	above) who received n	ore than				
	\$100,000 of compensation from the organi	•		and the	u 10		2						000	
												Form	990 (2017)

Program ServiceContributions, Gifts, GraiRevenueand Other Similar AmounProgram Serviceand Other Similar AmounProgram ServicebProgram Serviceand Other Similar AmounProgram ServicebProgram Serv	Check if Schedule O cont Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f All other program service rever Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta Royalties	tains a response	312,427. 437,704. Business Code	(A) Total revenue 6 , 750 , 131 .	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Logram Service Program Service Bevenue d f g d f g d f g d f c d c d c d c d c d c d c d e f g d c d e f c d c d e f d c d e f d c d c d e d f d c d d c d d c d d c d d d d c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f All other program service rever Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta Royalties	1a 1b 1c 1d tions) 1e its, and 1f 6, s 1a-1f: \$	312,427. 437,704. Business Code	(A) Total revenue 6 , 750 , 131 .	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
Lrogiam Service brogram Service d e f g f g f f g f f g f c d a b c d a c d c d e f g c d e f g c d e f g c d e f g c d c d e f g c d c d e f g c d c d e f g c d c d f g c d d f f g c d d f f g d c d d f g d c d d c d d d c d d d c d d d c d d c d d d c d d d c d	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f All other program service rever Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tar Royalties	1b 1c 1d itions) 1e its, and its, and <th>437,704. Business Code</th> <th>Total revenue</th> <th>Related or exempt function</th> <th>Unrelated business</th> <th>Revenue excluded from tax under sections 512 - 514</th>	437,704. Business Code	Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512 - 514
Lucatram Service Program Service C d e f g 3 4 5 6 a b c d 7 a b c d c d c d c d c d e f g 5 6 a b c d c f g c d e f g c d c f g c d c d e f f g c d c d f f g c d c d f f f c d f f f c d f f f c d d f c d d c d d c d d d f c d d d d	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f All other program service rever Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tar Royalties	1b 1c 1d itions) 1e its, and its, and <th>437,704. Business Code</th> <th></th> <th></th> <th></th> <th></th>	437,704. Business Code				
Lucatram Service Program Service C d e f g 3 4 5 6 a b c d 7 a b c d c d c d c d c d e f g 5 6 a b c d c f g c d e f g c d c f g c d c d e f f g c d c d f f g c d c d f f f c d f f f c d f f f c d d f c d d c d d c d d d f c d d d d	Fundraising events	1c 1d 1d 1d 1e its, and	437,704. Business Code				
Lucatram Service Program Service C d e f g 3 4 5 6 a b c d 7 a b c d c d c d c d c d e f g 5 6 a b c d c f g c d e f g c d c f g c d c d e f f g c d c d f f g c d c d f f f c d f f f c d d f f c d d f c d d c d d c d d d d	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f All other program service rever Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tat Royalties	Id tions) Ie its, and its, and If or is 1a-1f: \$ enue dividends, intered	437,704. Business Code				
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Lrogiam Service brogram Service d e f g f g f f g f f g f c d a b c d a c d c d e f g c d e f g c d e f g c d e f g c d c d e f g c d c d e f g c d c d e f g c d c d f g c d d f f g c d d f f g d c d d f g d c d d c d d d c d d d c d d d c d d c d d d c d d d c d	All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f	Its, and It 6 , s 1a-1f: \$ enue dividends, interes	Business Code				
Logicam Service Program Service C d e f g 3 4 5 6 a b c d 7 a b c d c d c d c d c d e f g c d e f g c d e f g c d c f g c d c d e f g c d c d f f f c d c d f f f c d d f c d f f c d d f f c d d f c d d d c d d d c d d d d	similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f	ve 1f 6 , s 1a-1f: \$ enue dividends, intere	Business Code				
Lucatram Service Program Service C d e f g 3 4 5 6 a b c d 7 a b c d c d c d c d c d e f g 5 6 a b c d c f g c d e f g c d c f g c d c d e f f g c d c d f f g c d c d f f f c d f f f c d d f f c d d f c d d c d d c d d d d	Noncash contributions included in lines Total. Add lines 1a-1f	enue	Business Code				
Lucatram Service Program Service C d e f g 3 4 5 6 a b c d 7 a b c d c d c d c d c d e f g 5 6 a b c d c f g c d e f g c d c f g c d c d e f f g c d c d f f g c d c d f f f c d f f f c d d f f c d d f c d d c d d c d d d d	Total. Add lines 1a-1f	enue dividends, intere	Business Code				
Lrogiam Service brogram Service d e f g f g f f g f f g f c d a b c d a c d c d e f g c d e f g c d e f g c d e f g c d c d e f g c d c d e f g c d c d e f g c d c d f g c d d f f g c d d f f g d c d d f g d c d d c d d d c d d d c d d d c d d c d d d c d d d c d	All other program service reve Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tak Royalties	enue dividends, intere	Business Code				
9 3 4 5 6 a b c d 7 a b c d	All other program service rever Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta Royalties	enue dividends, intere	■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■				
9 3 4 5 6 a b c d 7 a b c d	All other program service rever Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta Royalties	enue dividends, intere	est, and				
g 3 4 5 6 a b c d 7 a b c d	All other program service reve Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta Royalties	enue	est, and				
9 3 4 5 6 a b c d 7 a b c d	All other program service reve Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tak Royalties	enue	est, and				
9 3 4 5 6 a b c d 7 a b c d	All other program service rever Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tar Royalties	enue	est, and				
9 3 4 5 6 a b c d 7 a b c d	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tar Royalties	dividends, intere	est, and				
3 4 5 6 a b c d 7 a b c d	Investment income (including other similar amounts) Income from investment of ta Royalties	dividends, intere	est, and				1
4 5 6 a b c d 7 a b c d	other similar amounts) Income from investment of ta Royalties						
4 5 6 a b c d 7 a b c d	Income from investment of ta Royalties						
5 6 a b c d 7 a b c d	Royalties	x-exempt bond p					
6 a b c d 7 a b c d							
b c d 7 a b c d							
b c d 7 a b c d		(i) Real	(ii) Personal				
c d 7a b c d	Gross rents						
d 7a b c d	Less: rental expenses						
7 a b c d	Rental income or (loss)		L				
b	Net rental income or (loss) Gross amount from sales of	(i) Securities					
b c d	assets other than inventory	(i) Securities	(ii) Other				
c	Less: cost or other basis						
c d	and sales expenses						
d	Gain or (loss)						
	Net gain or (loss)		• •				
_∧ 8 a	Gross income from fundraisin						
	including \$ 312,4						
eve	contributions reported on line						
ж Н	Part IV, line 18	-	0.				
d p	Less: direct expenses		60,571.				
C C	Net income or (loss) from fund	draising events	►	-60,571.			-60,571.
9 a	Gross income from gaming ac	ctivities. See					
	Part IV, line 19						
	Less: direct expenses						
	Net income or (loss) from gam	-	····· •				
	Gross sales of inventory, less		05 442				
	and allowances		85,443.				
	Less: cost of goods sold		97,646.	12 202	12 202		
c	Net income or (loss) from sale			-12,203.	-12,203.		
	Miscellaneous Revenu	le	Business Code				
11 a							
b							
c d							
	All other records						
е 12	All other revenue			6,677,357.	-12 203	0.	-60,571.
732009 11-28-	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		💌			• •	Form 990 (2017)

12520725 786875 395-11723.1A 2017.04010 THE YOUNIQUE FOUNDATION 395-14B1

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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,	789,744.	605,926.	76,938.	106,880
~	trustees, and key employees	/05,/44•	005,920.	70,930.	100,000
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	2,852,684.	2,309,221.	227,588.	315,875
7 8	Other salaries and wages Pension plan accruals and contributions (include	2,002,004.	2,303,2210	227,300.	313,073
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	455,865.	349,760.	44,411.	61,694
9	Payroll taxes	262,931.	201,732.	25,615.	35,584
1	Fees for services (non-employees):				
a	Management				
b	Legal	29,670.	22,764.	2,891.	4,015
	Accounting	32,445.	24,893.	3,161.	4,015 4,391
	Lobbying				_,
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch 0.)	266,274.	149,955.	50,594.	65,725
12	Advertising and promotion	214,628.	149,070.	50,594. 3,015.	<u>65,725</u> 62,543
13	Office expenses				
4	Information technology	89,470.	55,593.	11,951.	21,926
15	Royalties				
16	Occupancy	297,896.	274,467.	17,902.	5,527 8,112
17	Travel	150,332.	58,868.	83,352.	8,112
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	109,765.	97,927.	7,334.	4,504
3	Insurance	32,871.	25,600.	5,817.	1,454
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 0.)	0.60, 0.01	0.4.0 0.00	10 1 5 1	
а	MATERIALS AND SUPPLIES	268,201.	249,787.	10,151.	8,263
b	PROGRAM SUPPLIES	39,185.	35,450.	1,964.	1,771
С	OTHER EXPENSES	28,711.	12,205.	10,398.	6,108
d	MISCELLANEOUS EXPENSES	21,884.	11,400.	4,248.	6,236
_e	All other expenses	-55,294.	3,646.	1,631.	-60,571
5	Total functional expenses. Add lines 1 through 24e	5,887,262.	4,638,264.	588,961.	660,037
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

732010 11-28-17

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Form 990 (2017)

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_iabilities

Vet Assets or Fund Balances

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Assets

Part X Balance Sheet

19	Deferred revenue	
20	Tax-exempt bond liabilities	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	
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	
23	Secured mortgages and notes payable to unrelated third parties	
24	Unsecured notes and loans payable to unrelated third parties	
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	6,512.
26	Total liabilities. Add lines 17 through 25	310,004.
	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and	
	complete lines 27 through 29, and lines 33 and 34.	
27	Unrestricted net assets	477,098.
28	Temporarily restricted net assets	
29	Permanently restricted net assets	

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

and complete lines 30 through 34.

THE YOUNIQUE FOUNDATION

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

(A) (B) Beginning of year End of year 227,709. 986,574. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 84,711. 71,424. 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disgualified 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 instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 179,092. 115,223. 8 Inventories for sale or use 53,010. 30,160. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 444,514. 10a basis. Complete Part VI of Schedule D 199,538. 252,367. 244,976. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 152,647. Intangible assets 14 3,500. 4,000. Other assets. See Part IV, line 11 15 787,102. 1,618,291. **Total assets.** Add lines 1 through 15 (must equal line 34) 16 303,492. 17 289,908. Accounts payable and accrued expenses Grants pavable 18 19 20 21 22 23 24 61,190. 25

Form 990 (2017)

1,267,193.

1,618,291.

351,098.

1,267,193.

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27

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477,098.

787,102.

12520725 786875 395-11723.1A 2017.04010 THE YOUNIQUE FOUNDATION

395-14B1

Form	1990 (2017) THE YOUNIQUE FOUNDATION	47	-2535198	Pa	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,67	7,3	57.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,885	7,2	62.
3	Revenue less expenses. Subtract line 2 from line 1	3	790),0	95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47	7,0	98.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	1,26	7,1	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	з,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	Jdit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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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
	2017
	Open to Public Inspection
r	identification number

Name of the	organization
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Nar	ne of t	he organization ਯੂਸੂਸ਼	YOUNIQUE F						r identification number 7-2535198
Pa	art I	Reason for Public			omolete th	nis nart) Se	ee instruction		7-2333190
		ization is not a private found						5.	
1		A church, convention of ch				,			
2	H	A school described in sect					·)(A)(i)·		
2	H	A hospital or a cooperative					::)		
4	H	A medical research organiz						Viiii) Entor	the beenital's name
4		city, and state:	ation operated in co	njunction with a hospita	i describe			Juni. Linter	the hospital's hame,
5		An organization operated for		ollege or university owned	d or opera	ited by a g	overnmental	unit descril	oed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	vernment or governi	mental unit described in	section 1	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	antial part of its support f	rom a gov	ernmental	l unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	d in section 170(b)(1)(A)(ix) operat	ed in conju	unction with a	land-grant	college
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	e name, cit	y, and state o	f the colleg	je or
		university:							
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ect to certain exceptions,	and (2) n	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a							
		more publicly supported or							Check the box in
		lines 12a through 12d that							
а		Type I. A supporting orga							
		the supported organization			a majority	of the dire	ctors or trust	ees of the s	supporting
		organization. You must o							
b		Type II. A supporting org							
		control or management o			ame pers	ons that co	ontrol or mana	age the sup	oported
		organization(s). You mus	•						
C		☐ Type III functionally inte						Illy integrat	ed with,
		its supported organizatio							
c		☐ Type III non-functionally							
		that is not functionally int	•	c	•		•	d an attent	tiveness
		requirement (see instruct		•					
e	•	☐ Check this box if the orga					а Туре I, Туре	e II, Type III	
		functionally integrated, or							
f		er the number of supported of							
<u>ç</u>		vide the following information i) Name of supported	i about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	fmonotony	(vi) Amount of other
	,	organization		(described on lines 1-10	in your govern	ing document?	support (see ii	-	support (see instructions)
				above (see instructions))	Yes	No		,	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

Schedule A (Form 990 or 990 EZ) 2017 THE YOUNIQUE FOUNDATION

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1547115.	3906099.	6750131.	12203345.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			1547115.	3906099.	6750131.	12203345.
	The portion of total contributions						
Ŭ	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,						
							8579500.
~							3623845.
	Public support. Subtract line 5 from line 4.						3023043.
		(-) 0010	(1-) 001 ((-) 0015	(-1) 0010	(-) 0017	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015 1547115.	(d) 2016 3906099.	(e)2017 6750131.	(f) Total 12203345.
-	Amounts from line 4			194/119.	5500055.	0750151.	12203343.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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.)						1000015
11	Total support. Add lines 7 through 10						12203345.
	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	140,850.
	First five years. If the Form 990 is for	-			•		
_	organization, check this box and stor ction C. Computation of Publ	here					▶ <u>X</u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (line 6, column (f) di	ivided by line 11,	column (f))		14	%
	Public support percentage from 2016					15	%
16 a	33 1/3% support test - 2017. If the c	organization did no	t check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶∟
b	33 1/3% support test - 2016. If the c	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	zation			
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	-	-				
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
				, , ,	,		····· •

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 THE YOUNIQUE FOUNDATION

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.)

1	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	2017	(f) Total
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 5		1					
	Amounts included on lines 1, 2, and							
	3 received from disgualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total
	Amounts from line 6	(4) 2010		(0) 2010	(4) 2010	(0)2	.017	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b		<u> </u>					
- C	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
11	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital							
11 12	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain							
11 12 13	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	the organization's	s first, second, thi	d, fourth, or fifth ta	ax year as a sectic	n 501(c)(;	3) organiz	ation,
11 12 13 14	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	-			-			
11 12 13 14	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	-			-			
11 12 13 14	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public	ic Support Pe	ercentage					
11 12 13 14 Sec 15	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2017 (I	ic Support Pe ine 8, column (f) d	rcentage livided by line 13, o	column (f))				►
11 12 13 14 Sec 15 16	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2017 (I Public support percentage from 2016	ic Support Pe ine 8, column (f) d Schedule A, Part	ercentage livided by line 13, o : III, line 15	column (f))		15		►
11 12 13 14 5ec 5ec	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2017 (I Public support percentage from 2016 tion D. Computation of Invest	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom	ercentage livided by line 13, d : III, line 15 le Percentage	column (f))		15 16		>
11 12 13 14 5ec 15 16 5ec 17	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2017 (I Public support percentage from 2016 tion D. Computation of Invest Investment income percentage for 20	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 17 (line 10c, colur	ivided by line 13, of III, line 15 III, line 15 Percentage mn (f) divided by lin	column (f))		15 16 17		9 9 9
11 12 13 14 5ec 15 16 5ec 17 18	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2017 (I Public support percentage from 2016 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 20	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 17 (line 10c, colur 2016 Schedule A,	ivided by line 13, d III, line 15 III, line 15 Percentage mn (f) divided by lin Part III, line 17	column (f))		15 16 17 18		▶ 9 9 9 9 9 9
11 12 13 14 5ec 15 16 5ec 17 18	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2017 (I Public support percentage from 2016 tion D. Computation of Investing Investment income percentage from 20 33 1/3% support tests - 2017. If the	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 17 (line 10c, colur 2016 Schedule A, organization did r	ivided by line 13, of III, line 15 Percentage mn (f) divided by lin Part III, line 17 not check the box	ne 13, column (f))	e 15 is more than 3	15 16 17 18 33 1/3%, ;	and line 1	
11 12 13 14 5ec 17 18 19a	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2017 (I Public support percentage from 2016 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 17 (line 10c, colur 2016 Schedule A, organization did r nd stop here. The organization did r	ivided by line 13, of Ill, line 15 Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qual not check a box or	column (f)) ne 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a	e 15 is more than 3 supported organiz a, and line 16 is mo	15 16 17 18 33 1/3%, i ation ore than 3	and line 1 33 1/3%, a	
11 12 13 14 Sec 17 18 19a b	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2017 (I Public support percentage from 2016 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, check	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 17 (line 10c, colur 2016 Schedule A, organization did r nd stop here. The organization did r ck this box and st	ivided by line 13, of III, line 15 De Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qua not check a box or top here. The orga	column (f)) ne 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 supported organiz a, and line 16 is mo as a publicly suppo	15 16 17 18 33 1/3%, . ation ore than 3 orted orga	and line 1 13 1/3%, a anization	9 9 9 7 is not
11 12 13 14 5ec 15 16 5ec 17 18 19a b 20	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2017 (I Public support percentage from 2016 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 17 (line 10c, colur 2016 Schedule A, organization did r nd stop here. The organization did r ck this box and st	ivided by line 13, of III, line 15 De Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qua not check a box or top here. The orga	column (f)) ne 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 supported organiz a, and line 16 is mo as a publicly supported nis box and see ins	15 16 17 18 33 1/3%, i ation orre than 3 orted orga structions	and line 1 13 1/3%, a anization	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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

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

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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 THE YOUNIQUE FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		11a		
h	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above?			
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	alon D. Type i Supporting Organizations		Yes	No
-	Did the directory tructure or membership of one or more supported exceptions have the neuror to		res	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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9		0-EZ	2017
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Schedule A (Form 990 or 990-EZ) 2017 THE YOUNIQUE FOUNDATION

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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ly integrate	ad Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 THE YOUNIQUE FOUNDATION

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		i	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
-	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 THE	YOUNIQUE	FOUNDATION
Part VI Cumplemental Information		

	Part IV, Section A line 1; Part IV, Sec	a, lines 1, 2, 3b, 3c, 4b, ction D, lines 2 and 3; F , 6, and 8; and Part V, \$	4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section E, lines	1a, 11b, an 1c, 2a, 2b,	d 11c; Part IV, 8 3a, and 3b; Pai	Part II, line 17a or 17b; F Section B, lines 1 and 2 t V, line 1; Part V, Secti rt for any additional info	; Part IV, Section C, on B, line 1e; Part V
22020 10 06 1	7					Schodulo A /Ea	orm 990 or 990-EZ)
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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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

2017

Employer identification number

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Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

General Rule

X 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, II, and III.

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).

LHA 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) (2017)

Name of organization

Employer identification number

47-2535198

THE YOUNIQUE FOUNDATION

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$1,072,561.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
2		\$ <u>3,661,199.</u>	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$142,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
5		\$104,500.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
6		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributio

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
7		\$65,000.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contrib
8		\$60,000.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contrib
9		\$35,686.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contrib
<u>10</u>		\$27,700.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$25,500.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
12		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II fo noncash contributi

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THE YOUNIQUE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	, , , , , , , , , , , , , , , , ,	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01	24		990, 990-EZ, or 990-PF) (2017)

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395-14B1

Employer identification number

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THE YOUNIQUE FOUNDATION

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>19</u>		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
20		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>21</u>		\$5,077.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>22</u>		\$5,005.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
23		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
24		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio

THE YOUNIQUE FOUNDATION

Employer	identification	number
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47-2535198

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>26</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo

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THE YOUNIQUE FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-01-17		\$	990, 990-EZ, or 990-PF

Page 3

Name of orga	nization			Employer identification number		
THE VOI	UNIQUE FOUNDATION			47-2535198		
Part III	Exclusively religious, charitable, etc., con	tributions to organizations described	in section 501(c)(7), (8), o	r (10) that total more than \$1,000 for		
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	COIUMNS (a) through (e) and the follow us, charitable, etc., contributions of \$1,000 or	VING IINE ENTRY. For organizatio less for the year. (Enter this info. on	ns he.) ► \$		
	Use duplicate copies of Part III if addition					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I			(4) 200			
-						
-						
-						
		(e) Transfer of gift	•			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
-						
-						
-						
(a) No. from	(h) Durmana of sift			evintion of how with in hold		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
-						
-						
-						
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
-						
-						
-						
(a) No. from	(b) Purpose of gift	(c) Use of gift		cription of how gift is held		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desi	chption of now gift is neid		
-						
-						
-						
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
-						
-						
-						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I		(0) 000 0. g	(4) 200			
-						
-						
-			— ———			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
-						
-						
-						
723454 11-01-1	7		Schedule	B (Form 990, 990-EZ, or 990-PF) (2017		
		28				

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SCHEDULE D

(Form 990)

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

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



Employer identification number

Name of the organizatio				
Department of the Treasury Internal Revenue Service				
Descentes and of the Transmission				

THE YOUNIQUE FOUNDATION

	THE	YOUNIQUE	FOUNDATION	47-2535198
Part I	Organizations Ma	intaining Done	or Advised Funds or Other Similar Funds or A	Accounts.Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	еб		
	organization answored Tes Off Off 330, Fall IV, III	(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ac	dvised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpo	se conferi	ring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 99	0, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e	education)	nistorically	important land area
	Protection of natural habitat	Preservation of a c	ertified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	ied conservation contribution in the for	rm of a co	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic str		r	2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation ea		_	
5	Does the organization have a written policy regarding the per		of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing c	onservatio	on easements during the year
_	·			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conse	rvation ea	sements during the year
	► \$			N (9)
8	Does each conservation easement reported on line 2(d) abov			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	-		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describ	es the org	janization's accounting for
Dar	t III Organizations Maintaining Collections o	f Art Historical Treasures or	Other 9	Similar Assots
1 41	Complete if the organization answered "Yes" on Form		Outer	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (AS		tement ar	d balance sheet works of art
iu	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri	, ,		
h	If the organization elected, as permitted under SFAS 116 (AS		ent and b	alance sheet works of art historical
~	treasures, or other similar assets held for public exhibition, e			
	relating to these items:			nee, provide the renothing amounte
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under SFAS 1		. siai gain,	F
а	Revenue included on Form 990, Part VIII, line 1	· · · •		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2017

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	Schedule D (Form 990) 2017 THE YOUNIQUE FOUNDATION 47-2535198 Page 2										
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures, o	or Othe	r Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t are a sig	nificant	use of its	collectio	n iterr	าร
	(<u>check</u> all that apply):										
а	Public exhibition	c			hange progra	ms					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how t	hey further t	the organizatio	on's exem	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		-
	to be sold to raise funds rather than to be m							L	Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	Yes" on I	orm 990), Part IV,	line 9, oi		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		-						7		٦
_	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					•		
									Amoun	t	
	Beginning balance										
	Additions during the year										
e f	Distributions during the year						1e 1f				
' 2a	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII						.y:	L			
Pai							D.				_
		(a) Current year		Prior year	(c) Two years			ears back	(e) Fou	vears	back
1a	Beginning of year balance			,			, ,		. ,	5	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year end baland	ce (line 1	l g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administer	red for th	e organiz	zation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
h	(ii) related organizations	ationa listad as requi									
U A									3b		
Pa	t VI Land, Buildings, and Equipn		JWITHEIT	iunus.							
	Complete if the organization answere		0 Part l	V line 11a s	See Form 990	Part X I	ine 10				
	Description of property	(a) Cost or c		r ·	t or other		cumulate	h	(d) Boo	k valu	۵
	Description of property	basis (investr			(other)	• •	reciation	~	(M) D00	. vaiu	-
1 a	Land		,		. ,						
	Buildings										
	Leasehold improvements										
	Equipment			40	5,119.	1	98,4	87.	20	6,6	32.
	Other			3	39,395.		1,0	51.	3	8,3	44.
	. Add lines 1a through 1e. (Column (d) must e		X, colui	mn (B), line	10c.)				24	4,9	76.
								Schodulo	D /Earn	- 000	0017

Schedule D (Form 990) 2017

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value				
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)						

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	15,215.
(3)	PAYROLL TAX PAYABLE	45,975.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	61,190.

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 🚺

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 THE YOUNIQUE FOUNDATION		47-	2535198	Page 4	
Par		nts Wit				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		-			
1			1	7,183,	870.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
	Donated services and use of facilities	2b	348,296.			
	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)	2d	158,217.			
	Add lines 2a through 2d			2e	506,	513.
3	Subtract line 2e from line 1			3	6,677,	357.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,677,	357.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme			Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	6,393,	775.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	348,296.			
	Prior year adjustments	2b				
	Other losses	2c				
	Other (Describe in Part XIII.)	2d	158,217.			
	Add lines 2a through 2d	-		2e	506,	513.
3	Subtract line 2e from line 1			3	5,887,	262.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,887,	262.
Par	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1	b and 2b; Part V, line	4; Part	X, line 2; Part X	(1,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit				, ,	,
-						
PAF	RT X, LINE 2:					
AS	OF DECEMBER 31, 2017 AND 2016, THE FOUNDAT	ION	HAD NO UNCE	RTA	IN TAX	
<u>P0</u> 8	SITIONS THAT QUALIFY FOR EITHER RECOGNITION	I OR	DISCLOSURE	IN	THE	
FIN	IANCIAL STATEMENTS.					

PART	XI,	LINE	2D	-	OTHER	ADJUSTMENTS:
------	-----	------	----	---	-------	--------------

RECLASSIFICATION OF COGS FROM FUNCTIONAL EXPENSES TO

STATEMENT OF REVENUE

RECLASSIFICATION OF GALA EXPENSE FROM FUNCTIONAL EXP TO

STATEMENT OF REVENUE

TOTAL TO SCHEDULE D, PART XI, LINE 2D

732054 10-09-17

Schedule D (Form 990) 2017

60,571.

158,217.

97,646.

Schedule D (Form 990) 2017 THE YOUNIQUE FOUNDATION Part XIII Supplemental Information (continued)	47-2535198 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASSIFICATION OF COGS FROM FUNCTIONAL EXPENSES TO	
STATEMENT OF REVENUE	97,646
RECLASSIFICATION OF GALA EXPENSE FROM FUNCTIONAL EXP TO	
STATEMENT OF REVENUE	60,571
TOTAL TO SCHEDULE D, PART XII, LINE 2D	158,217
	Schedule D (Form 990) 201
732055 10-09-17 33	
20725 786875 395-11723.1A 2017.04010 THE YOUNIQUE FOUNDA	TION 395-14B1

SCHEDULE G	Sunnleme	ntal Information Regarding	Fund	draig	ing or Gaming	∆ cti		OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on						2017
Department of the Treasury Internal Revenue Service	c	organization entered more than \$1 ► Attach to Form 990 ► Go to www.irs.gov/Form990	or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization				<u>o rato</u>				lentification number
Part I Fundrais		NIQUE FOUNDATION Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV.	line 1	47-253	
required to	complete this par	t.						
 Indicate whether th a Mail solicitat 	-	sed funds through any of the followir e Solicitat	-		Check all that apply overnment grants	-		
	email solicitations			•	nment grants			
c Phone solici		g Special	fundra	aising	events			
 d In-person so 2 a Did the organization 		or oral agreement with any individual	(inclue	ding o	fficers, directors, tru	stees	, or	
		art VII) or entity in connection with p			•		Y e	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu e organization.	iant to	agree	ements under which	the fi	undraiser is to	be
			(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	trol of	(iv) Gross receipts from activity	tò (a	fundraiser ted in col. (i)) (vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
 List all states in white or licensing. 	ich the organizatic	on is registered or licensed to solicit o	contrib	oution	s or has been notifie	d it is	exempt from	registration
HA For Paperwork P	eduction Act Not	ice, see the Instructions for Form	000 ~~	000	E7 4	Soho	dulo C (Earm	990 or 990-EZ) 2017
				000-	、	20110		

732081 09-13-17

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Schedule G (Form 990 or 990 EZ) 2017 THE YOUNIQUE FOUNDATION

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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 contrib	butions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5.0

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List e	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA		NONE	(add col. (a) through
е			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	312,427.			312,427.
	2	Less: Contributions	312,427.			312,427.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				60,571.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	60,571.
De		Net income summary. Subtract line 10 from li		000 Det N/ Kee 10		-60,571.
Pa	IIL	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or l	reported more than	
		\$15,000 011 0111 930-L2, iiile 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	∐ Yes%	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)	<u></u>		
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				Yes I No
b) It "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	vear?	Yes No
		Yes," explain:				
7320	82 0	9-13-17			Schedule G (Fo	rm 990 or 990-EZ) 2017
				35		

12520725 786875 395-11723.1A 2017.04010 THE YOUNIQUE FOUNDATION 395-14B1

<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2017 THE YOUNIQUE FOUNDATION	17 - 25	3519	8 Page 3
	Does the organization conduct gaming activities with nonmembers?	L	Yes	No
	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?	C	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	1	3a	%
	An outside facility		3b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	E	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt		
	of gaming revenue retained by the third party \blacktriangleright \$			
с	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			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г		┌┐
	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 s		0.01	
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, line	s 9, 9b, ⁻	10b, 15b,
73208	33 09-13-17 Schedule G	i (Form 9	90 or 99	0-EZ) 2017
500	36 1725 786875 395-11723 13 2017 04010 THE VOINTOILE FOILDATTO	NT	305	_1/p1

12520725 786875 395-11723.1A 2017.04010 THE YOUNIQUE FOUNDATION

395-14B1

			Schedule G (F	orm 990 or 9
32084 04-01-17		37		

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	_	20	17	/	
-	-	Compensated Employees		ΖU			
Dono	tmont of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to Public			
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nam	ne of the organizatio	n		identification number			
		THE YOUNIQUE FOUNDATION	47-2	53519	8		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	charter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
		provision of all of the expenses described above? If "No," complete Part III to explain		1 b			
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3		ny, of the following the filing organization used to establish the compensation of the organization					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to				
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		compensation consultant Compensation survey or study					
	X Form 990 of o	ther organizations	ommittee				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re					v	
a		e payment or change-of-control payment?				X X	
b		ceive payment from, a supplemental nonqualified retirement plan?				X	
С		ceive payment from, an equity-based compensation arrangement?		4c			
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only posting 504	N(2) E01(a)(4) and E01(a)(20) argumentations must some late lines 5.0					
F		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. On Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	~				
э	-		ווכ				
~	contingent on the r			Ea		x	
a h	Any related organiz	ation?		<u>5a</u> 5b		X	
n		ation? or 5b, describe in Part III.		50			
A		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
0	contingent on the r						
а	-			6a		x	
		ation?				X	
5		pr 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment.	s				
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t					
2		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in		💆			
•		a 53.4958-6(c)?		9			
LHA		eduction Act Notice, see the Instructions for Form 990.		ile J (Forn	n 990 1) 2017	

Schedule J (Form 990) 2017

47-2535198

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CHRIS YADON	(i)	276,012.	0.	0.	0.	0.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		
(2) GORDON BRUIN	(i)	170,362.	0.	0.	0.	0.		0.
CLINICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

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

Employer identification number 47 - 2535198

FORM 990 - ORGANIZATION'S MISSION

WE INSPIRE HOPE IN WOMEN WHO WERE SEXUALLY ABUSED AS CHILDREN OR

THE YOUNIQUE FOUNDATION

ADOLESCENTS BY HOSTING THEM AT A RETREAT, WHERE THEY ARE UPLIFTED BY

EACH OTHER AND LEARN SKILLS THAT CAN HELP THEM FIND INDIVIDUAL HEALING.

WE EDUCATE PARENTS AND EMPOWER THEM TO PROTECT THEIR CHILDREN FROM

SEXUAL ABUSE WHILE LEADING A PUBLIC DIALOGUE TO BRING THE EPIDEMIC OF

ABUSE TO LIGHT.

FORM 990, PART VI, SECTION A, LINE 2:

SHELAINE MAXFIELD, BOARD CHAIR

DEREK MAXFIELD, BOARD MEMBER

SPOUSES

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

FORM 990 IS REVIEWED BY OFFICERS AND BOARD PRIOR TO FILING.

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

CONFLICTS ARE REQUIRED TO BE DISCLOSED WITH RECUSAL WHERE APPROPRIATE.

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

UNRELATED BOARD MEMBERS REVIEW MARKET SALARY DATA AND DETERMINE

COMPENSATION.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17

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Schedule O	(Form 990	or 990-F7	(2017)
			, (2017)

Name of the organization

THE YOUNIQUE FOUNDATION

Page 2 Employer identification number 47-2535198

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

UNRELATED BOARD MEMBERS REVIEW MARKET SALARY DATA AND DETERMINE

COMPENSATION.

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

NO SUCH DOCUMENTS AVAILABLE TO THE PUBLIC

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

SCHI	EDULE R
·	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2017 Open to Public Inspection

Name of the organization

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

Employer identification number 47 - 2535198

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

THE YOUNIQUE FOUNDATION

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 THE YOUNIQUE FOUNDATION

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca		Code V-UBI amount in box 20 of Schedule	managin partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No)
YOUNIQUE PRODUCTS, LLC -											
37-1696374, 3400 W MAYFLOWER											
AVE, SUITE 500, LEHI, UT											
34043	SALES	UT	N/A	UNRELATED	Ο.	٥.		х	N/A	X	.00%
	_										
	_										
	_										
	-										
			1								1

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	end-of-year	(h) Percentage ownership	e 512(b)(13) controlled entity?	
		country)		or trust)		assets			No
								$\mid - \mid$	
								┝──┦	<u> </u>

THE YOUNIQUE FOUNDATION Schedule R (Form 990) 2017

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)	1c		2
d Loans or loan guarantees to or for related organization(s)			2
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)			2
g Sale of assets to related organization(s)			2
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
_(2)			
_(3)			
(4)			
(5)			
<u>(6)</u>	45		Sahadula D (Farm 000) 2017

Schedule R (Form 990) 2017 THE YOUNIQUE FOUNDATION

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

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

(_)	(%)		(a)		、	(4)	(~)	4	-)	(:)	(3)	(1.)
(a)	(b)	(c)	(d)	e Are partners 501(c orgs	e) all	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner	S Sec.	Share of	Share of	Dispr	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General c	Percentage
of entity		(state or foreign	excluded from tax under	501(C 0rgs	s)(3) s.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes NO	
			,					103		, ,	103 110	
												<u> </u>
					1							

Schedule R (Form 990) 2017

Form 8868

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number					
Type or print	Name of exempt organization or other filer, see inst	tructions.		Employe	r identificatio	on number (EIN) or	
	THE YOUNIQUE FOUNDATION			47-2535198			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box 3400 W MAYFLOWER AVE, SUI		tions.	Social se	Social security number (SSN)		
instructions	City, town or post office, state, and ZIP code. For a LEHI, UT 84043	a foreign add	Iress, see instructions.				
Enter the	Return Code for the return that this application is for	(file a separa	ate application for each return)			0 1	
Applicat	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above) YOUNIQUE FOUN	06	Form 8870			12	
● If this box ▶	equest an automatic 6-month extension of time until the organization named above. The extension is for th \boxed{X} calendar year 2017 or	it Group Exe and atta NOVEI	emption Number (GEN) uch a list with the names and EINs o MBER 15, 2018 , to file on's return for:	f this is fo f all memb	r the whole g	nsion is for.	
	tax year beginning	,	d ending	<u></u>	·		
2 If 1	he tax year entered in line 1 is for less than 12 months Change in accounting period	, check reas	on: L Initial return	Final retur	'n		
3a Ift	his application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069,	enter the tentative tax, less any			•	
nc	nrefundable credits. See instructions.			3a	\$	0.	
b lft	his application is for Forms 990-PF, 990-T, 4720, or 60	69, enter an	y refundable credits and			0.	
es	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b						
c Ba	lance due. Subtract line 3b from line 3a. Include your	payment wit	h this form, if required,				
	using EFTPS (Electronic Federal Tax Payment System			3c	\$	0.	
Caution instruction	: If you are going to make an electronic funds withdraw ons.	/al (direct de	bit) with this Form 8868, see Form 8	8453-EO a	nd Form 887	9-EO for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notic	e, see instr	uctions.		Form 8	3868 (Rev. 1-2017)	