#### \*\* 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)

OMB No. 1545-0047

(Rev. January 2020) Department of the Treasury

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

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

A For the 2019 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change THE YOUNIQUE FOUNDATION Name change 47-2535198 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 385-256-9573 4101 N. THANKSGIVING WAY, SUITE 101 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 84043 LEHI, UT H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CHRIS YADON Yes X No for subordinates? 4101 N. THANKSGIVING WAY, SUITE 101, LEHI, **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ➤ YOUNIQUEFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 2014 M State of legal domicile: UT Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 131 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Current Year Prior Year** 8,166,029. 9,147,846. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 5,602. 3.619. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 366. -318,963. 11 9,151,831 7,852,668. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,541,906. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,468,924. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,050,873. 2,198,903. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,667,827. 7,592,779. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,559,052. -1,815,159. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 3,321,924. 1,751,887. Total assets (Part X, line 16) 495,679. 740,801. 21 Total liabilities (Part X, line 26) 三年 826,245. 011,086 22 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CHRIS YADON, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name 06/29/20 if self-employed P00170461 MARC A. METCALF Paid Firm's EIN ▶ 20-2253063 Firm's name TANNER LLC Preparer Firm's address > 36 S STATE STREET, SUITE 600 Use Only Phone no. 801-532-7444 SALT LAKE CITY, UT 84111 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Par	t III	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1		describe the organization's mission:
	255	SCHEDULE O
2	Did th	e organization undertake any significant program services during the year which were not listed on the
	prior	Form 990 or 990-EZ?
	If "Ye	s," describe these new services on Schedule O.
3		e organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No s," describe these changes on Schedule O.
4		ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
		on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	reven	ue, if any, for each program service reported.
4a	(Code:	
		LING SERVICES YOUNIQUE FOUNDATION INSPIRES HOPE IN WOMEN WHO WERE SEXUALLY ABUSED
		CHILDREN OR ADOLESCENTS BY PROVIDING HEALING SERVICES THROUGH
		REATS, SURVIVOR COMMUNITIES, AND ONLINE RESOURCES.
4b	(Code:	
		LIC DIALOGUE
	THE	YOUNIQUE FOUNDATION ADVOCATES FOR OPEN DISCUSSION ABOUT SEXUAL
	ABU	SE THROUGH COMMUNITY DIALOGUE AND SOCIAL AWARENESS.
4c		) (Expenses \$
		CATION
		YOUNIQUE FOUNDATION EDUCATES AND EMPOWERS PARENTS AND CAREGIVERS TO
		TECT CHILDREN FROM SEXUAL ABUSE THROUGH COMMUNITY AND ONLINE OURCES.
	KES	OUNCES.
4d		program services (Describe on Schedule O.)
4e	(Expen	including grants of \$ ) (Revenue \$ )  program service expenses > 7,985,353.
тС	iotal	Form <b>990</b> (2019)

# Form 990 (2019) THE YOUNIQUE FOUNDATION 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8		X
•	Schedule D, Part III	<b>-</b> °		1
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>.</b>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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		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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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			<u></u>
.5		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	10		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b O4	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			<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2019)

Form 990 (2019) THE YOUNIQUE FOUNDATION
Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (IX), line 27 If "Prigs" complete Schedule I, Part I and III 22 X X Did the organization answer "Yes" to Part IVI, Section A. Intel 3.4 in or 8 about compensation of the organization scurrent and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule III and IVI and		(continued)		Yes	No
Part X. column (A), line 2? (I' Yes, "complete Schodule I, Parts I and III 20 DID the organization sucrent and former officers, direction, trustees, key employees, and highest compensated employees? If "Yes," complete Schodule I, Part III 23 X V 24a Did the organization thave a tax exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b and complete Schodule K. If "No." go to line 25a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d and complete Schodule K. If "No." go to line 25a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization marks an access account of the than a returning secrow at any time during the year? 24d Did the organization access as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the secret as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the did the secret as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the secret as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the secret as a "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-eventy bonds? 34d April 18d April 18	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
23 Did the organization answer "Yea" to Part VII, Section A, lims 3, 4, or 5 about compensation of the organization's current and former officers, directors, furstees, key employees, and highest compensated employees? #*Yea,** complete Schedule / 24a Did the organization have a tax exampt bond issue with an outstanding principal amount of more than \$100,000 as of the sist day of the year, that was issued after December 31, 2002? #*Yea,** answer lines 24b through 24d and complete Schedule K. If Yea,** for piece 25a  25b Did the organization maritani an escrive account other than a refunding escrive at any time during the year to defease any tax exempt bonds?  d Did the organization amaritani an escrive account other than a refunding escrive at any time during the year?  d Did the organization acts an 'no thehalf of issuer for bonds outstanding at any time during the year?  d Did the organization account of the significant of the organization and the significant of the organization and the significant of the organization with a disciplified person during the year? if Yea,* complete Schedule L, Part I  25c Section 50 (105), 501(4)(4), and 501(4)(29) organizations. Did the organization get any time during the year?  d Did the organization aver that in engaged in an excess benefit transaction with a disciplination with a disciplination expense of the significant that the transaction has not been reported on any of the organization prior Forms 900 or 900 EE? If Yea,* complete Schedule L, Part II  25d Did the organization appears any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key amployee, creator or founder, substantial contributor or 935% controlled entity (including an employee thereof) or family member of any of these persons? If Yea,* complete Schedule L, Part II II  27d Did the organization provide a grant or other assistance to any current or founder, or substantial contributor?  18d A current or former officer, director, trustee, key an			22		Х
and former officers, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24a Dot 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," crariser lines 24b through 24d and complete Schedule I, "Wh," or for line Pacsa.  5 Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?  24b C.  6 Did the organization marks an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  4 Did the organization are as an "on behalf of issuer for bonds outstanding at any time during the year?  24c C.  25a Section 501c(3), 501c(4), and 501c(2)0 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  5 b Is the organization avare that the engaged in an excess benefit transaction with a disqualified person in a pricy year, and that the transaction has not been reported on any of the organization with a disqualified person in a pricy year, and that the transaction has not been reported on any of the organization price forms 990 or 990-EZP if "Yes," complete Schedule I, Part II  25b Did the organization provide a grant or other assistantial contributor, or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III  27b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III  27c ID did the organization provide a grant or other assistance to any current or former officer, director, trustee, level of the schedule II, Part III  27d ID did the organization receive more than \$25,000 in non-cash contributions	23				
Schedule / 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.  b Did the organization marks any proceeds of tax exempt bunds beyond a temporary period exception?  c Did the organization ministria in escrive account other than a refunding escrive at any time during the year to defease any tax exempt bunds?  d Did the organization ministria in escrive account other than a refunding escrive at any time during the year?  d Did the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  b Is the organization awave that it engaged in an excess benefit transaction has not been reported on any of the organization's prior forms 990 or 990-E27. If "Yes," complete Schedule I, Part I  b Is the organization awave that it engaged in an excess benefit transaction with a disqualified person to a prior year, and that the transaction has not been reported on any of the organization's prior forms 990 or 990-E27. If "Yes," complete Schedule I, Part II  d Did the organization prior that the genged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of these persons? If "Yes," complete Schedule L, Part II  d Did the organization prior that the genged in an excess benefit and prior that the standard or forms officer, director, trustee, key employee, creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule L, Part IV  d Did the organization prior the prior transaction with an ord the following parties goes Schedule L, Part IV  d A sum the member of any individual described in line 28a? If "Yes," complete Sched					
24a Dd 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		,	23	х	
stated 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 fine 25a  b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c) Did the organization maintain an escrew account other than a refunding escrew at any time during the year of the complete schedule of the organization and any account other than a refunding escrew at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25a Section 50(16),8, 05(16),4, and 50(16),20	24 a				
Schedule K. If "No." pot for ine 25a b Did the organization maintain an escrow account other than a refunding scorow at any time during the year to defease any tax exempt bonds?  d Did the organization maintain an escrow account other than a refunding scorow at any time during the year to defease any tax exempt bonds?  d Did the organization acid as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization acid as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  Did the organization avant that it engaged in an excess benefit transaction with a disqualified person that give year? If "Yes," complete Schedule I, Part I  b is the organization avane 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 organizations prior forms 800 or 690E27 If "Yes," complete Schedule I, Part II "Yes," complete Schedule II "Yes," complete Sched					
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrive vaccount other than a refunding secrive at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  24d  25a Section 50(16), 8, 01(16)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  25 b Is the organization aware that it engaged in an excess benefit transaction than the transaction has not been reported on any of the organization is prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I I  25 b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV instructions, for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV instructions of art, historical treasures, or these similar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part IV instructions of It historical treasures, or these similar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part I		·	24a		х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-empt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d 28a Section 501(c)(3), 501(c)(4), and 501(c)(20) organization organization organization organization so with a disqualified person during the year? If 'Yes, 'complete Schedule L, Part I.  25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes, 'complete Schedule L, Part I.  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If 'Yes, 'complete Schedule L, Part I.  25b Is the organization provide any amount on Part X, line 5 or 22, for receivables from or payables or any current or former officer, director, fusctee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.  25c Is the organization provide a grant or other assistance to any current or former officer, fusctor, tustee, key employee, creator or founder, a grant asset on the part of the part of the part of the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III.  27c X  28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III.  28d A current or former officer, director, tustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule I, Part II.  28d A current or former officer, director, tustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule I, Part II.  29d Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule II.	b				
any tax-exempt bonds?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   2					
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  258 Section 501(28), 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? # 'Yes,' complete Schedule L, Part I	·		240		
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 "Yee," complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
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 900 or 900 EZ? // if Yes, "complete Schedule L, Part I			270		
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 sprior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>2</b> 54		252		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27   If "Yes," complete Schedule L, Part I   256   X    26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II   26   X    27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity finduling an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II   27   X    28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   28   X    29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   28   X    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29   X    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29   X    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29   X    29 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   31   X    30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28   "Yes," complete Schedule R, Part I   III   N   IV, and Part V, line 2   N    31 Did the organization have a controlled entity within the meaning of section 512((13)? If "Yes," complete Schedule R, Part V   III   2   N    32 Did the organization own 100% of an entity disregarded as separate from the organization with a c	h		200		
Schedule L, Part I   25b   X    10	D				1
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) 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 IVI instructions, for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IVI 28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IVI 28a X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IVI 28a X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X  31 Did the organization organization elle, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization or elleved to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  35 Did the organization have a controlled entity within the meaning of section 512(		, ,	25h		x
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organization selscribed in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29b X 29b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29b X 29b Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M 29b X 29b Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M 29b X 29b Did the organization will only the disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II III, or IV, and Part V, line 1  35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to	26	, , , , , , , , , , , , , , , , , , ,	230		
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entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? # "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M 29 ID did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M 30 ID did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b I" "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  B Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  B Old the organization complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  B Old the organi	21				1
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29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X  32 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 II, III, or IV, and Part V, line 1  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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 V III Part	С		00-		v
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  35b 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 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 for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19?  Yes No  1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Check if Schedule O contains a response or note to any line in this Part V  The part V Statements Regarding Other IRS Filings and Tax Compliance  Ye	00			v	
contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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 II  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  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  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  Check if Schedule O contains a response or note to any line in this Part V  Table The number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a 76  b 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 (gambling) winnings to prize winners?		•	29	Λ	<del></del>
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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 301.7701-37 If "Yes," complete Schedule R, Part II  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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 V III and 19?  Note: All Form 990 filers are required to complete Schedule O  37 Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			31		_^
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sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33			32		
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Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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 V I Ines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1	•		33		_^
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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 V   37	05 -				v
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If "Yes," complete Schedule R, Part V, line 2	00		350		<del></del>
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  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  11 In	36				v
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Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	00		31		
Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c	<b>3</b> 8		20	y	1
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	<u> 38</u>	Λ	
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  1a 76  1b 0  1b 1	· u				
1a     Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable     1a     76       b     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 (gambling) winnings to prize winners?     1c		Grieck if Scriedule O contains a response of flote to any line in this Part V			▞
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c		Estable week and the Book of Estable 200 E		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c			-		
(gambling) winnings to prize winners?		Enter the number of Fernie W Za moladed in line fat. Enter of infocuspillation	-		
	С				
		<i></i>	_	gan	(0010)

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Form 990 (2019) THE YOUNIQUE FOUNDATION

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

	Statements riegarding Carlor into Finings and Tax Compilation (Continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	<del>4</del> a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  13b			
C 1/10	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	1/10		Х
14a b	If IIV and the self-field a Form 700 to see a three second and the	14a 14b		1
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי		
.5	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
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Form **990** (2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 5							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer director trustee or key employee?	2	х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
		6		X				
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21				
7a								
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v				
_	persons other than the governing body?	7b		X				
8								
а	a The governing body?							
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37				
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1					
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х					
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
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					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶UT							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	THE YOUNIQUE FOUNDATION - 385-256-9573							
	4101 N. THANKSGIVING WAY, SUITE 101, LEHI, UT 84043							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

See instructions for the order in which to list the persons above.

<b>(A)</b> Name and title	(B) Average hours per week	box	not cl	Pos heck i ss per	more rson i	than of s both or/trus	an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SHELAINE MAXFIELD	20.00	ļ								•
BOARD CHAIR & PRESIDENT	10 00	Х		Х				0.	0.	0
(2) DEREK MAXFIELD	10.00	<b>.</b> ,		х					0	0
TREASURER & BOARD MEMBER (3) MELANIE HUSCROFT	2.00	Х		^				0.	0.	0
BOARD MEMBER	2.00	Х						0.	0.	0
(4) GRANT BECKWITH	1.00	77						0.	0.	
BOARD MEMBER	1:00	х						0.	0.	0
(5) JARED SWAIN	1.00	T-								
BOARD MEMBER		Х						0.	0.	0
(6) CHRIS YADON	40.00									
EXECUTIVE DIRECTOR				Х				0.	0.	0
(7) TRENT BELLISTON	40.00									
DIRECTOR OF COMPLIANCE & GENERAL COU				Х				189,946.	0.	0
(8) ABE YOUNG	40.00									
DIRECTOR OF FINANCE & ADMINISTRATION						X		141,867.	0.	0
(9) CYNTHIA GAMBILL	40.00	-								_
DIRECTOR OF PHILANTHROPY	1000					X		132,678.	0.	0
(10) MATTHEW HARTVIGSEN	40.00	-				,,		101 202	0	0
DIRECTOR OF OUTREACH	40.00					X		121,303.	0.	0
(11) ELIZABETH KANAROWSKI	40.00	1				\		110 424	0	0
DIRECTOR OF CLINICAL SERVICES (12) RICHARD PEELER	40.00					X		110,434.	0.	0
DIRECTOR OF AWARENESS	40.00	1				x		103,933.	0.	0
(13) GORDON BRUIN	40.00					^		103,933.	0.	
DIRECTOR OF CLINICAL SERVICES	40.00	1					Х	94,576.	0.	0
(14) SHELLY GOTTESMAN	40.00							5 = , 5 , 6 .	J •	
DIRECTOR OF CLINICAL OPERATIONS		1					Х	80,007.	0.	0
		•								
		_								
	<u> </u>	-		l		1				

Form **990** (2019)

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Part VI	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	j Hi	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	(do box offic	not c	Pos heck ss per	c) sition more rson i		one n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other	of
		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)	organizations (W-2/1099-MISC	.)	fronga orga and	pensa om th anizat d relat unizati	e ion ed
											_			
											$\frac{1}{1}$			
											1			
1b Suk	ototal							<b></b>	974,744.	(	0.			0.
c Tot d Tot	al from continuation sheets to Part VI	I, Section A			· · · · · · · · · · · · · · · · · · ·			DO re	974,744.	(	0.			0.
	npensation from the organization	ot inflited to th	030	iioto	o ac	JOVC	<i>,</i> ) vvi	10 10	corved more than \$100,	ood of reportable		•		6
											Г		Yes	No
	the organization list any <b>former</b> officer,	•	-	•	•	•	-	_		•		3	X	
	1a? If "Yes," complete Schedule J for s any individual listed on line 1a, is the su										·			
	related organizations greater than \$150										[	4	Х	
	any person listed on line 1a receive or a													
	dered to the organization? If "Yes," com	plete Schedule	e <i>J f</i> e	or su	uch į	oers	on					5		X
	B. Independent Contractors	mnonootod inc	lono		nt 0.				nat rangius d mara than f	1100 000 of compo		ion fro		
	nplete this table for your five highest co organization. Report compensation for	•	•							•	ısalı	ion irc	)	
	(A)				. <u>.</u>				(B)			(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	Co	omper		n
<b>2</b> Tota	al number of independent contractors (i	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				

Form **990** (2019)

\$100,000 of compensation from the organization

Form 990 (2019) THE YOU
Part VIII Statement of Revenue

			Check if Schedule O contains a re	enonee o	or note to any lin	e in this Part VIII			
			Officer if Octredule O Contains a re	sponse c	i flote to arry iiri	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
								business revenue	from tax under
									sections 512 - 514
<u>s</u>	1	а	Federated campaigns1	la					
		b	Membership dues1	lb					
		С	Fundraising events1	lc	1,733,076.				
ifts				ld					
nis,				le					
Sir			All other contributions, gifts, grants, and						
ĒΕ		'			6 432 953				
들됨			···	lf	6,432,953.				
E D		_	_	g \$					
<u>5</u> <u>5</u>		h	Total. Add lines 1a-1f		<b>&gt;</b>	8,166,029.			
					Business Code				
ø	2	а							
Ş.		b							
še		c							
E S		_							
Jra Re		d							
ľ		е							
₾			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividend	ls, interes	st, and				
			other similar amounts)			5,602.			5,602.
	4		Income from investment of tax-exempt						
	5		Royalties	=					
	•		(i) F	Real	(ii) Personal				
	6	_			()				
			Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)		<u></u>				
	7	а	Gross amount from sales of (i) Sec	curities	(ii) Other				
			assets other than inventory   7a						
		b	Less: cost or other basis						
<u>o</u>			and sales expenses <b>7b</b>						
<u> </u>		_	Gain or (loss) 7c						
ě									
π.			Net gain or (loss)		·····				
te l	8	а	Gross income from fundraising events (not						
Ò			including \$1,733,076.						
			contributions reported on line 1c). See						
			Part IV, line 18	8a	4,278.				
		b	Less: direct expenses	8b	137,890.				
		С	Net income or (loss) from fundraising e	events		-133,612.			-133,612.
			Gross income from gaming activities.		•				
			Part IV, line 19	1					
		h	Less: direct expenses						
			Net income or (loss) from gaming activ	rities	·····				
	10	а	Gross sales of inventory, less returns						
			and allowances		204,035.				
		b	Less: cost of goods sold	10b	389,386.				
		С	Net income or (loss) from sales of inve	ntory	<b>&gt;</b>	-185,351.	-185,351.		
					Business Code				
sno	11	а							
JE JE	•	b							
ila ven									
Sce		C	All allandaria						
Ξ̈́			All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			7,852,668.	-185,351.	0.	-128,010.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 585,264. 61,664. 800,161. 153,233. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,403,357. 4,755,339. 199,344. 448,674. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 813,140. 706,008. 29,488. 77,644. Other employee benefits 9 452,266. 393,992. 12,530. 45,744. 10 Payroll taxes Fees for services (nonemployees): Management 60,700. 59,118. 1,582. Legal  $13,4\overline{38}$ . 13,438. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 278,043. 93,743. 387,475 15,689. column (A) amount, list line 11g expenses on Sch O.) 284,070. 196,536. 1,345. 86,189. Advertising and promotion 12 Office expenses 13 78,871. 217,986. 120,648. 18,467. Information technology 14 15 Royalties 40,148. 74,402. 114,615. 65. 16 Occupancy 55,314.305,370. 243,516. 6,540. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 9,360. 9,360. 20 Payments to affiliates 21 249,493. 180,542. 59,010. 9,941. Depreciation, depletion, and amortization 22 16,571. 78,146. 57,432. 4,143. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 328,211. 313,607. 12,267. 2,337. MATERIALS AND SUPPLIES OTHER EXPENSES 84,726. 32,804. 8,480. 43,442. 65,313. 45,638. 19,675. EQUIPMENT С d All other expenses 9,667,827. 7,985,353. 770,366. 912,108. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2019)

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			883,645.	1	144,116
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,698,276.	4	69,701
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified	ed pers				
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			191,645.	8	164,520
As	9	B			30,410.	9	97,518
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,310,228.			
	b	Less: accumulated depreciation	10b	599,375.	272,541.	10c	710,853
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets	241,341.	14	548,937		
	15	Other assets. See Part IV, line 11	4,066.	15	16,242		
	16	Total assets. Add lines 1 through 15 (must equal			3,321,924.	16	1,751,887
	17	Accounts payable and accrued expenses			495,679.	17	438,123
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Pa	art IV d	of Schedule D		21	
S	22	Loans and other payables to any current or forme	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
iabi		controlled entity or family member of any of these	perso	ons		22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay-	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X	•		200 680
		of Schedule D			0.	25	302,678
	26	Total liabilities. Add lines 17 through 25			495,679.	26	740,801
"		Organizations that follow FASB ASC 958, chec	k here	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.			0.006.045		1 011 006
<u>la</u>	27				2,826,245.	27	1,011,086
Ä	28	Net assets with donor restrictions				28	
Ĭ		Organizations that do not follow FASB ASC 95	8, che	ck here  L			
F		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			2 22 245	31	1 011 000
Š	32	Total net assets or fund balances			2,826,245.	32	1,011,086
	33	Total liabilities and net assets/fund balances			3,321,924.	33	1,751,887

	1350 (2015)				1 6	<u> 190 -                                  </u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,	852	2,6	68.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,	66'	7,8	27.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	81!	5,1	59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	826	5,2	45.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	013	L,0	86.
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?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			
	Act and OMB Circular A-133?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		it [			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

Form **990** (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** Name of the organization THE YOUNIQUE FOUNDATION 47-2535198 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1547115.	3906099.	6750131.	9147846.	8166029.	29517220.
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.	9147846.	8166029.	29517220.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						19864781.
6	Public support. Subtract line 5 from line 4.						9652439.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	1547115.	3906099.	6750131.	9147846.	8166029.	29517220.
	Gross income from interest,		000000	0.002020	<u> </u>	0_000_0	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				3,619.	5,602.	9,221.
9	Net income from unrelated business				3,0230	3,0021	3,222
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						29526441.
	Gross receipts from related activities,	etc (see instruction	ns)			12	470,350.
	<b>First five years.</b> If the Form 990 is for			fourth or fifth ta	x vear as a section		
	organization, check this box and <b>stor</b>	•				. , . ,	<b>&gt;</b> X
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (li			olumn (f))		14	%
	Public support percentage from 2018		•			15	%
	33 1/3% support test - 2019. If the o					ore, check this box	x and
	stop here. The organization qualifies	-					\
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual	-					\
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				=		<b>.</b> —
b	10% -facts-and-circumstances test	-		• • •			
	more, and if the organization meets th						
	organization meets the "facts-and-circ				-		<b>&gt;</b>
18	Private foundation. If the organization						. —

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	<del> </del>
6 Total. Add lines 1 through 5					1	
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	<del> </del>
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9 Amounts from line 6						<u> </u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and <b>stop here</b>			······			<b>&gt;</b>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	<b>2018</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

Т..

#### 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.)

_		Yes	No
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11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization?  b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI.  11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 59% controlled with or a special person described in (a) a for (a) bove?  if Yes' to a, b, or c, provide detail in Pert VI.  11b				Yes	No
below, the governing body of a supported organization?  1 A family member of a person described in (a) above?  2. AS\$6 controlled entity of a person described in (a) or (b) above?  3. AS\$6 controlled entity of a person described in (a) or (b) above?  4. Yes 1 to a. b. or c. provide detail in Pert VI.  11b  11c  Section B. Type I Supporting Organizations  1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. 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 organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year  2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organizations of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization and the supported organization of the supported organization or trustees of each of the organization organization and the supported organization organization organization organiz	11	Has the organization accepted a gift or contribution from any of the following persons?			
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trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	h				
	~		3b		

Pai	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must continue to the continue of the conti	omplete Sec	tions 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	Illy integrated	d Type III supporting orga	anization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

ı aı	Type in Non-Functionally integrated 509(	a)(3) Supporting Orga	ilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
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 th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

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

Department of the Treasury Internal Revenue Service

#### **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

2019

Name of the organization

THE YOUNIQUE FOUNDATION

Employer identification number

47-2535198

Organization type (check one):					
Filers of	<b>:</b>	Section:			
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	, 0	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I, II, and III.			
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
but it <b>m</b> u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne 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) (2019)

# THE YOUNIQUE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 5,134,214.	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
2		\$6,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 299,250.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 125,670.	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
5		\$ 75,000.	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
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# THE YOUNIQUE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 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
8		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 22,644.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions  \$ 18,060.	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
11_		\$ 17,060.	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
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# THE YOUNIQUE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$14,999.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions  \$ 11,200.	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
17		\$	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		\$9,398.	Person X Payroll

# THE YOUNIQUE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$8,680.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$8,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$6,775.	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	Total contributions  \$ 6,600.	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
23		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$6,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

# THE YOUNIQUE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,777.	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
26		\$5,436.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Name, address, and ZIP + 4	\$ 5,000.	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
29_		\$5,000.	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
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

THE Y	DUNIQUE FOUNDATION	4.7	-2535198
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
31		\$\$	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
32		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	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
34		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$ <u>331,025.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

# THE YOUNIQUE FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	ELK HUNT FOR LIVE AUCTION		
		\$6,000.	05/13/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	THREE EDGE PA-7080 EDGE DEVICES AND 3 YEARS OF BASIC SUPPORT		
		\$\$	_05/13/19_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	SOFTWARE, SOFTWARE SUPPORT, AND SOFTWARE SECURITY		
		\$\$	_11/30/19_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	100 POLYCOM PHONES		
		\$14,999.	09/05/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
24	500 MACAROON COOKIE GIFT BOXES		
		\$6,000.	08/01/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		<u> </u>	000 000 F7 av 000 PF\ (0040\

Name of organization **Employer identification number** THE YOUNIQUE FOUNDATION 47-2535198 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE YOUNIQUE FOUNDATION

**Employer identification number** 47-2535198

Par	t I Organizations Maintaining Donor Advised F	unds or Other Similar Fund	s or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds						
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	ng that the assets held in donor adv	rised funds					
	are the organization's property, subject to the organization's excl	usive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor advis	ors in writing that grant funds can b	e used only					
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpos	e conferring					
_								
Par	t II Conservation Easements. Complete if the organiz	zation answered "Yes" on Form 990	), Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (c	check all that apply).						
	Preservation of land for public use (for example, recreation	or education) Preservation	of a historically important land area					
	Protection of natural habitat	Preservation	of a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the forr						
	day of the tax year.		Held at the End of the Tax Year					
а								
b								
С	Number of conservation easements on a certified historic structu							
d	Number of conservation easements included in (c) acquired after							
_	listed in the National Register							
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the	ne organization during the tax					
	year >							
4	Number of states where property subject to conservation easeme	· · · · · · · · · · · · · · · · · · ·	<del>-</del>					
5	Does the organization have a written policy regarding the periodic							
•	violations, and enforcement of the conservation easements it hole							
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ulling of violations, and emorcing co	riservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing consen	vation assembnts during the year					
′	\$\\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	or violations, and emorcing conserv	valion easements during the year					
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 17	O(b)(4)(B)(i)					
Ū	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation e							
	balance sheet, and include, if applicable, the text of the footnote	· ·						
	organization's accounting for conservation easements.	3						
Par	t III Organizations Maintaining Collections of Ar	t, Historical Treasures, or C	Other Similar Assets.					
	Complete if the organization answered "Yes" on Form 990	), Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 958, no	ot to report in its revenue statement	and balance sheet works					
	of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	furtherance of public					
	service, provide in Part XIII the text of the footnote to its financial	statements that describes these ite	ems.					
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and	d balance sheet works of					
	art, historical treasures, or other similar assets held for public exh	ibition, education, or research in fu	therance of public service,					
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$					
2	If the organization received or held works of art, historical treasur							
	the following amounts required to be reported under FASB ASC 9	958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$					
b	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2019					

30 Jamp the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply):  a	Pai	rt III Organizations Maintaining C	collections of Ar	t, Histo	rical Tre	asures, o	Other	Simila	r Assets	(contin	nued)	
a Public exhibition d	3									•		
b Scholarly research e Other  Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? line 21.  b If Yes, explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  C Beginning balance  Bolistributions during the year  Ending balance  Bolistributions during the year  Finding balance  C Bolistributions during the year  Ending balance  Bolistributions during the year  G Bolistributions during the year  Bolistributions during the year  G Bolistributions during the year  Bolistributions during the year  G Bolistributions during the year  G Bolistributions and the present of the organization in suspensed "Yes" on Form 990, Part IV, line 10.  Bolistributions and the present the organization answered "Yes" on Form 990, Part IV, line 10.  Bolistributions and the present the organization answered "Yes" on Form 990, Part IV, line 10.  Bolistributions and the present the organization answered "Yes" on Form 990, Part IV, line 10.  Bolistributions and programs and losses of the organization answered "Yes" on Form 990, Part IV, line 10.  Bolistributions and programs and losses of the organization and part year and balance (line 1g, column (a)) held as:  Board designated or quasi-endowment I → 36  The percentages on lines 2a, 2b, and 2c should equal 100%.  Sauth there estimated percentage of the current year end balance (line 1g, col		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IVI Excorw and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? line 21.  1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21.  1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21.  1b It we organization include an amount on Form 990, Part X. line 21, for escrow or custodial account liability?  1 Part V Ending balance  2 Did the organization include an amount on Form 990, Part X. line 21, for escrow or custodial account liability?  1 Part V Endowment Funds. Complete if the organization has been provided on Part XIII  1 Part V Endowment Funds. Complete if the organization has been provided on Part XIII.  1 Part V Endowment Funds. Complete if the organization has been provided on Part XIII.  1 Part V Endowment Europe (a) Complete if the organization suspend "Yes" on Form 990, Part X, line 10.  2 Part V Endowment Europe (a) Complete if the organization answered "Yes" (b) Prior year (c) Two years back (d) Three years back (e) Four year	а	Public exhibition	c	j 🔲 Lo	oan or exc	hange progra	ım					
4 Provide a description of the organization's collections and explain how they further the organization's eventy purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be said to raise funds a rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	b	Scholarly research	e	• 🗌 o	ther							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be aminished as part of the organization's collection?	С	Preservation for future generations										
To be sold for raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how the	/ further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or representa an amount on Form 990, Part X?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 21, for escrow or custodial account liability?   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 10.   we will not form 990. Part X! ine 110.   we will not form 990. Part X! ine 110.   we wi	5	During the year, did the organization solicit of	or receive donations	of art, hist	orical treas	sures, or othe	r similar	assets				
reported an amount on Form 990, Part X, line 21.    a   sthe organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   No												No
1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	rt IV Escrow and Custodial Arran	gements. Compl	ete if the c	rganizatio	n answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
on Form 990, Part X?    Yes   No		reported an amount on Form 990, Pa	rt X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C	1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for co	ntribution	s or other ass	ets not i	ncluded		_	_	_
beginning balance    C   Seginning balance		on Form 990, Part X?							L	Yes	L	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization selected in the organization that are held and administered for the organization by:   Part V Endowment Funds. Part IV, line 10.   Part V Endowment Funds. Part IV, line 11.   Part V Endowment Funds. Part IV, line 10.   Part V Endowment Funds. Part IV, line 11.   Part V Endowment Funds. Part V I Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11. See Form 990, Part X, line 10.   Part V I Land, Buildings, and Equipment. Part V I Land, Buildings, and Equipment. Passis (investment) basis (investment) basis (inher) depreciation depreciation     Part V I Land, Buildings, and Equipment. Part V I Land, Buildings, and Equipment. Passis (investment)	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole:							
d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability:    Part V										Amount	<u>t</u>	
e Distributions during the year   1   1   1   1   1   1   1   1   1	С	Beginning balance						1c				
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additions during the year						. 1d				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bid ff Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.    A construction of the organization answered "Yes" on Form 990, Part X, line 10.	е	Distributions during the year						. 1e				
b If "Ves." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Beginning of year balance (a) Contributions (b) Contributions (c) Net investment earnings, gains, and losses (d) Grants or scholarships (e) Chter expenditures for facilities and programs (f) Administrative expenses (g) End of year balance (g) End o												
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or cu	ustodial acco	unt liabili	ty?	L	Yes	L	No
a   Beginning of year balance   Contributions   Contribution												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Pai	T V   Endowment Funds. Complete										
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	s back	<b>(d)</b> Three <u>y</u>	ears back	(e) Four	years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a						-					
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С											
and programs f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships										
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities										
g End of year balance												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f											
a Board designated or quasi-endowment ▶	g											
b Permanent endowment	2			e (line 1g,	column (a)	)) held as:						
Term endowment ▶	а	-		%								
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (b) Cost or other depreciation  1a Land b Buildings c Leasehold improvements d Equipment 1,018,899.504,483.514,416.e e Other		· · · · · · · · · · · · · · · · · · ·										
Are there endowment funds not in the possession of the organization that are held and administered for the organization  by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  4 Land  5 Buildings  c Leasehold improvements  d Equipment  7 1,018,899. 504,483. 514,416.  e Other  9 291,329. 94,892. 196,437.	С		-′ -									
Second   S			•									
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings c Leasehold improvements d Equipment e Other  291,329. 94,892. 196,437.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	are held ar	nd administer	ed for th	e organiza	ation	г		
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  11,018,899. 504,483. 514,416. 291,329. 94,892.		•									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other										<u> </u>	$\longrightarrow$	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation  Land b Buildings c Leasehold improvements d Equipment 1,018,899. 504,483. 514,416.  e Other 291,329. 94,892. 196,437.		(ii) Related organizations									$\longrightarrow$	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Buildings  Leasehold improvements  d Equipment  e Other  Other  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1										3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  Land  b Buildings  c Leasehold improvements  d Equipment  e Other  291,329.  Description of property  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1, 018,899.  504,483.  514,416.				wment fur	nds.							
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	Fai						5	40				
basis (investment)         basis (other)         depreciation           1a Land		-										
1a Land         b Buildings         c Leasehold improvements         d Equipment       1,018,899.       504,483.       514,416.         e Other       291,329.       94,892.       196,437.		Description of property	1 ' '			I				(d) Bool	k value	е
b Buildings     C Leasehold improvements       c Leasehold improvements     1,018,899.     504,483.     514,416.       e Other     291,329.     94,892.     196,437.			<del>-   ` ` '</del>	nent)	มสรเร	(Otrier)	aer	JIECIATION				
c Leasehold improvements       1,018,899.       504,483.       514,416.         e Other       291,329.       94,892.       196,437.	_			+								
d Equipment       1,018,899.       504,483.       514,416.         e Other       291,329.       94,892.       196,437.												
e Other 291,329. 94,892. 196,437.			<b>I</b>		1 01	0 000		504 4	02	<b>E1</b>	1 1	1 6
			<b>I</b>									
				· ·				J4,0	24.			

Schedule D (Form 990) 2019

	JE FOUNDATION	47	-2535198 Page
Part VII Investments - Other Securities.	Las Farm 000 Back IV Page	Adh. O Farm OOO Bark V Page 40	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(b) Dook value	(c) Welfied of Valuation. Cost of Cha	or year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
		44 - O Farra 000 Bart V Fra 40	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) BOOK value	(c) Wethod of Valuation. Cost of end	-or-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.			
		Add One Form COO Book V Page 45	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4=1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)	······································	
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) OPERATING LEASE LIABILITY	•		302,678
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

302,678.

(7) (8)

Par	TXI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				9,683,936.
1				1	9,003,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا			
a b	Net unrealized gains (losses) on investments  Donated services and use of facilities	2a 2b	1,303,993.		
C	Recoveries of prior year grants	-	1,000,000	-	
d	Other (Describe in Part XIII.)	1 1	527,275.	-	
e	Add lines 2a through 2d			2e	1,831,268.
3	Subtract line 2e from line 1			3	7,852,668.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	-1- \4/:1	b F	5	7,852,668.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	n Expenses per F	Keturr	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			T . T	11 400 005
1	Total expenses and losses per audited financial statements			1	11,499,095.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ۔ ا	1 202 002		
a	Donated services and use of facilities	2a 2b	1,303,993.		
b	Prior year adjustments Other Jasses	2c			
d	Other losses Other (Describe in Part XIII.)		527,275.	•	
	Add lines 2a through 2d		-	2e	1,831,268.
3	Subtract line <b>2e</b> from line <b>1</b>			3	9,667,827.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	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	9,667,827.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional info	mation.		
DAE	om v itne ).				
PAF	T X, LINE 2:				
AS	OF DECEMBER 31, 2019 AND 2018, THE FOUNDAT:	том н	AD NO UNCER	ידביד	V TAX
-10	or blomber of lots into lots, the rooms.	1011 11	IID NO CHOLL		., 11111
POS	SITIONS THAT QUALIFY FOR EITHER RECOGNITION	OR D	ISCLOSURE I	N TI	HE
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
FIN	IANCIAL STATEMENTS.				
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:				
REC	LASSIFICATION OF COGS FROM FUNCTIONAL EXPE	NSES	TO		
<b>с</b> т.	THE PROPERTY OF THE PROPERTY O				200 205
STF	TEMENT OF REVENUE				389,385.
DEC	TACCTETCAMION OF CALA EVDENCE EDOM EINICMIO	NT	מעי		
<u> </u>	LASSIFICATION OF GALA EXPENSE FROM FUNCTION	MAL E	MF IU		
STZ	TEMENT OF REVENUE				137,890.
<u></u>					±31,000 ·
TOTAL TO SCHEDULE D, PART XI, LINE 2D					527,275.
	· · ·				,

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** 

THE YOU	NIQUE FOUNDATION				47-2535	198		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a								
(i) Name and address of individual or entity (fundraiser)	III) ACTIVITY I have quetody I.							
		Yes	No					
otal			<b>•</b>					
List all states in which the organizatio or licensing.			utions	or has been notified	it is exempt from re	gistration		

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

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events RECLAIM HOPERECLAIM HOPE NONE (add col. (a) through GALA - HOBBLGALA - ST. col. (c)) (event type) (total number) (event type) 1,699,743. 37,611. 1,737,354. 1 Gross receipts 1,695,993. 37,083. 1,733,076. 2 Less: Contributions 3,750. 528. 4,278. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 3,605. 3,605. 6 Rent/facility costs 39,828. 28,105. 11,723. 7 Food and beverages 8 Entertainment 74,517. 19,940. 94,457. Other direct expenses  $\overline{13}7,890.$ 10 Direct expense summary. Add lines 4 through 9 in column (d) -133,612. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 THE YOUNTQUE FOUNDATION 4	<u>7-25</u>	<u> 35198</u>	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		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?	Г	Yes	No
12	Indicate the percentage of gaming activity conducted in:			110
		1.	ا ءما	0/
	The organization's facility		13a	<u>%</u>
	An outside facility	🚨	3b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amoun	ıt		
	of gaming revenue retained by the third party  \$\bigs\\$			
_	If "Yes," enter name and address of the third party:			
٠	in 165, enter hame and address of the tillid party.			
	Name			
	Address >			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	-			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a		Г	Yes	□ Na
	retain the state gaming license?	L	162	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne		
Da	organization's own exempt activities during the tax year > \$			
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	ıd Part II	I, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	i (Form 990 or 990-EZ)	THE Y	OUNIQUE	FOUNDATION	47-2535198	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation <sub>(c</sub>	ontinued)			
			•			
-						
		· · ·			 	
-						

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Bublic

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE YOUNIQUE FOUNDATION

Employer identification number 47-2535198

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
		5a		X
b	, , ,	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
		6a		X
b	, , ,	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	, , , , , , , , , , , , , , , , , , , ,	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	1	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2019

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	(D) Nontaxable	(E) Total of columns	
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) TRENT BELLISTON	(i)	189,946.	0.	0.	0.	0.	189,946.	0.
DIRECTOR OF COMPLIANCE & GENERAL COU	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	94,576.	0.	0.	0.	0.	94,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	80,007.	0.	0.	0.	0.	80,007.	0.
	(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)							

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 M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE YOUNIQUE FOUNDATION Employer identification number 47-2535198

Par	t I	Types	of Property									
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	rted on		(d) Method of de cash contribu		_	3
1	Art -	Works of a	art									
2			treasures									
3			interests									
4			olications									
5			ousehold goods									
6			vehicles									
7			nes									
8			perty									
9			blicly traded									
10			sely held stock									
11			tnership, LLC, or									
		tinterests										
12	Secu	urities - Mis	scellaneous									
13			ervation contribution -									
	Histo	oric structu	ıres									
14	Qua	lified conse	ervation contribution - Other									
15	Real	estate - Re	esidential									
16	Real	estate - Co	ommercial									
17	Real	estate - O	ther									
18												
19				Х	1	6	,000.	FAIR	MARKET	VA:	LUE	
20			dical supplies									
21												
22			cts									
23			imens									
24			artifacts									
25	Othe	er <b>&gt;</b> (	ELECTRONICS )	X	2				MARKET			
26	Othe	er <b>&gt;</b> (	SOFTWARE )	X	1	22	,644.	FAIR	MARKET	VA:	LUE	
27	Othe	er 🕨 (	)									
28	Othe	er 🕨 (	)									
29	Num	nber of For	ms 8283 received by the organiz	zation during	the tax year for co	ontributions						
	for w	vhich the o	rganization completed Form 828	83, Part IV, [	Donee Acknowledg	ement	29					
											Yes	No
30a	Duri	ng the yea	r, did the organization receive by	y contributio	n any property rep	orted in Part I, line	es 1 throug	h 28, tha	t it			
	mus	t hold for a	at least three years from the date	e of the initia	l contribution, and	which isn't require	ed to be us	sed for				
	exer	npt purpos	ses for the entire holding period?	?						30a		_X_
b		•	be the arrangement in Part II.									
31	Does	s the orgar	nization have a gift acceptance p	policy that re	equires the review of	of any nonstandar	d contribut	ions?		31		<u>X</u>
32a	Does	s the orgar	nization hire or use third parties	or related or	ganizations to solid	cit, process, or sel	l noncash					
	cont	ributions?								32a		<u>X</u>
b		•	be in Part II.									
33	If the	e organizat	ion didn't report an amount in c	olumn (c) fo	r a type of property	for which column	(a) is chec	ked,				
	desc	cribe in Par	t II.									

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

Schedule M (Form 990) 2019

932142 09-27-19

## **SCHEDULE 0**

(Form 990 or 990-EZ) Department of the Treasury

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

Inspection

Internal Revenue Service Name of the organization

THE YOUNIQUE FOUNDATION

**Employer identification number** 47-2535198

FORM 990 - ORGANIZATION'S MISSION
WE INSPIRE HOPE IN WOMEN WHO WERE SEXUALLY ABUSED AS CHILDREN OR
ADOLESCENTS BY PROVIDING HEALING SERVICES THROUGH RETREATS, SUPPORT
GROUPS, AND ONLINE RESOURCES.
WE EDUCATE AND EMPOWER PARENTS AND CAREGIVERS TO PROTECT CHILDREN FROM
SEXUAL ABUSE THROUGH COMMUNITY AND ONLINE RESOURCES.
WE ADVOCATE FOR OPEN DISCUSSIONS ABOUT SEXUAL ABUSE THROUGH COMMUNITY
DIALOGUE AND SOCIAL AWARENESS.
EODW 000 DADW UT GEGWION A LINE 2.
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  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

## **SCHEDULE R** (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

	THE YOUNIQUE F	OUNDATION		47-2535198					
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	в.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	r (d) Total inco	(e) me End-of-year		ets Direct controll entity		9
	Identification of Related Tax-Exempt Organiza	tions Complete if the organization	answered "Yes" on Form 990	Part IV line 34 h	ecause it had one	or more	related tax-exer	mnt	
Part II	organizations during the tax year.	· · ·	The state of the s	· · · · · · · · · · · · · · · · · · ·	T Tad one	or more	TCIALCG LAX CXCI		
	(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity		(g) Section 512(b)(13 controlled entity?	
					501(c)(3))			Yes	No

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.

(-)	(1-)	(-)	(4)	(-)	(4)	(-)		L.\	(:)	(:)	(1-)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of		ortionate	Code V-UBI	General	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule	partner	ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	o
YOUNIQUE PRODUCTS, LLC -											
37-1696374, 3400 W MAYFLOWER											
AVE, SUITE 500, LEHI, UT											
84043	SALES	UT	N/A	UNRELATED	0.	0.		X	N/A	x	.00%
	1										
	1										
	1										
	1										
	1										
											<del> </del>
	-										
	1										

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

(a) Name, address, and EIN of related organization	<b>(b)</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	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr enti	tion b)(13) rolled tity?		
		country)		,				Yes	No		
	-										
									<u> </u>		

1a

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	X				
c Gift, grant, or capital contribution from related organization(s)				1c	X				
					X				
e Loans or loan guarantees by related organization(s)				1e	X				
f Dividends from related organization(s)				1f	X				
g Sale of assets to related organization(s)				1g	X				
h Purchase of assets from related organization(s)				1h	X				
i Exchange of assets with related organization(s)				1i	X				
j Lease of facilities, equipment, or other assets to related organization(s)				1j	X				
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х				
I Performance of services or membership or fundraising solicitations for related	• • • • • • • • • • • • • • • • • • • •				X				
m Performance of services or membership or fundraising solicitations by related					X				
n Sharing of facilities, equipment, mailing lists, or other assets with related orga	anization(s)			1n	X				
o Sharing of paid employees with related organization(s)									
					77				
p Reimbursement paid to related organization(s) for expenses				1p	X				
q Reimbursement paid by related organization(s) for expenses				1q	X				
					77				
					X				
s Other transfer of cash or property from related organization(s)				1s	X				
2 If the answer to any of the above is "Yes," see the instructions for information	on who must complete th	is line, including covered relati I	onships and transaction thresholds.						
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount i	nvolved					
(1)									
(2)									
(3)									
3)									
(4)									
\''I									
(5)									
(6)									
332163 09-10-19			Schedul	e R (Form 9	90) 2019				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									