** PUBLIC DISCLOSURE COPY **

990

Department of the Treasury

Internal Revenue Service

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

6 Open to Public Inspection

OMB No. 1545-0047

ΑI	For th	e 2016 calendar year, or tax year beginning and endir	ng							
В	Check if applicab	C Name of organization		D Employer identifie	cation number					
X	Addre	THE YOUNIQUE FOUNDATION								
	Name chang			47-2	535198					
	Initial return	,	n/suite	E Telephone numbe						
	Final return termir	3400 W MAYFLOWER AVE, SUITE 500			345-4556					
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,961,506.					
F	return Applic tion	LEHI, OI 04045		H(a) Is this a group re						
	⊥ltiòh pendi	F Name and address of principal officer: CHRIS YADON 3400 W MAYFLOWER AVE, SUITE 500, LEHI, UT	٦ ۾	for subordinates H(b) Are all subordinates in	? Yes X No					
$\overline{}$	Γαν-ρν	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	527		list. (see instructions)					
		te: VOUNIQUEFOUNDATION.ORG		H(c) Group exemptio	,					
			L Year o		1 State of legal domicile: UT					
	art I	Summary		·	·					
9	1	Briefly describe the organization's mission or most significant activities: SEE SCH	IEDU	LE O						
anc										
Governance	1	Check this box if the organization discontinued its operations or disposed o		1 1						
9	3	Number of voting members of the governing body (Part VI, line 1a)			<u> </u>					
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			37					
iţi		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			50					
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
ď		Net unrelated business taxable income from Form 990-T, line 34			0.					
		·		Prior Year	Current Year					
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	🗀	1,547,115.	3,906,099.					
enn	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	12,426. 3,918,525.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,547,115.	3,918,525.					
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
G	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Site paid to or for members (Factor), column (7,9,1110-1)							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	.	0.	2,390,761.					
Бe		Total fundraising expenses (Part IX, column (D), line 25) 260, 395.								
ш	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		459,173.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,264,311.	3,727,891.					
	19	Revenue less expenses. Subtract line 18 from line 12	.	282,804.						
Net Assets or Fund Balances			Beg	ginning of Current Year 352,518.	End of Year					
sse. Bala	20	Total assets (Part X, line 16)		69,714.	787,102. 310,004.					
Vet /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	·	282,804.	477,098.					
Pá	art II	Signature Block	.	202,0010	17770300					
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of m	y knowledge and belief, it is					
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer	has any knowledge.						
Sig	n	Signature of officer		Date						
Her	·e	CHRIS YADON, EXECUTIVE DIRECTOR Type or print name and title								
		ļ · · · · · · · · · · · · · · · · · · ·	In	Date Check	II PTIN					
Pai	d	Print/Type preparer's name GARRETT KOERNER Preparer's signature	- 1	0/06/2017	[—]					
	u parer	Firm's name TANNER LLC	10	Firm's EIN	20-2253063					
	Only	Firm's address 36 S STATE STREET, SUITE 600		THIII 3 LIN						
_	•	SALT LAKE CITY, UT 84111		Phone no.80	1-532-7444					
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

ı u	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
	Did the exemination undertake any significant program conjuge during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,120,344. including grants of \$) (Revenue \$) HEALING SERVICES
	THE YOUNIQUE FOUNDATION INSPIRES HOPE IN WOMEN WHO WERE SEXUALLY ABUSED
	AS CHILDREN OR ADOLESCENTS BY HOSTING THEM AT A RETREAT, WHERE THEY ARE
	UPLIFTED BY EACH OTHER AND LEARN SKILLS THAT CAN HELP THEM FIND
	INDIVIDUAL HEALING. IN ADDITION, OUTPATIENT SERVICES ARE PROVIDED TO
	SOME LOCAL CLIENTS FOR LONG TERM CARE.
4b	(Code:) (Expenses \$ 563, 562 • including grants of \$) (Revenue \$)
	PUBLIC DIALOGUE
	THE YOUNIQUE FOUNDATION LEADS PUBLIC DIALOGUE TO BRING THE EPIDEMIC OF
	ABUSE TO LIGHT.
4c	(Code:) (Expenses \$445,651 •including grants of \$) (Revenue \$)
	EDUCATION (Indicated Indicated Indic
	THE YOUNIQUE FOUNDATION EDUCATES PARENTS AND EMPOWERS THEM TO PROTECT
	THEIR CHILDREN FROM SEXUAL ABUSE.
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,129,557.
<u>4e</u>	Total program service expenses ► 3,129,557. Form 990 (2016)

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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			17
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	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			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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			٠,,
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			٠,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			177
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	Х	v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
		l I 47		Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 47							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_ ID							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re								
_	(gambling) winnings to prize winners?	I	1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	37							
	filed for the calendar year ending with or within the year covered by this return		01	Х					
р	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b						
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х				
3a	-		3a 3b						
	 b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 								
48	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х				
h	If "Yes," enter the name of the foreign country:	account)?	4a		25				
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	occupte (FRAR)							
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 transa		5b		X				
	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		30						
ou	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 contribut								
-	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 ser	vices 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						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	······	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the							
_			8						
9	Sponsoring organizations maintaining donor advised funds.								
a			9a 9b						
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90						
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100							
''	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
~	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b						
			Form	990	(2016)				

632005 11-11-16

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

	Check if Schedule O contains a response or note to any line in this Part VI				Λ
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	1a	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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				
3					Х
	of officers, directors, or trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		<u> </u>	X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
а	The governing body?		8a	Х	
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 rea		0.5		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
800	tion B. Policies (This Section B requests information about policies not required by the Internal R		<u> </u>		
000	tion B. I oncies (mis Section B requests information about policies not required by the internal h	evenue Code.)		V	NI.
40-	Did the consequence is the content of the content o		40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		
р	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			١	
12a			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	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 arrange	ment with a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		100		
<u> 17</u>	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 (or 1024 if applicable), 990, and 990-	(Section 501(c)(3)s only	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	(- 22 2.7 00 1 (0)(0)0 Offing	, aranai		
		in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		nd finar	ncial	
19		minor or interest policy, a	iu illidi	icial	
20	statements available to the public during the tax year.	oleo and reserved - : N			
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records:			
	YOUNIQUE FOUNDATION - 385-345-4556				
	3400 W MAYFLOWER AVE, SUITE 500, 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.

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

Check this box if neither the organiz (A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an			l than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	week (list any hours for related organizations below (list any hours for related organizations below (list any hours for related organizations below (lint any hours for related organizations below (lint any hours for related organizations below	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations					
(1) SHELAINE MAXFIELD BOARD CHAIR	10.00	x		x				0.	0.	0
(2) DEREK MAXFIELD	10.00	123		25					<u>.</u>	
TREASURER & BOARD MEMBER		x		х				0.	0.	0
(3) MELANIE HUSCROFT	2.00									
BOARD MEMBER		X						0.	0.	0
(4) GRANT BECKWITH	1.00	١							0	
BOARD MEMBER	1 00	Х						0.	0.	0
(5) JARED SWAIN BOARD MEMBER	1.00	X						0.	0.	0
(6) CHRIS YADON	40.00	^						0.	0.	0
EXECUTIVE DIRECTOR	1000	1		x				268,672.	0.	0
(7) SHERILYN LADDIMORE	10.00									
SECRETARY				Х				0.	0.	0
(8) GORDON BRUIN	40.00							4.4.4.0.=		
CLINICAL DIRECTOR	40.00				Х			164,987.	0.	0
(9) JAMES CONLEE OUTREACH MANAGER	40.00					х		105,239.	0.	0
		-								
		<u> </u>			<u> </u>					5 000 (224)

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	NIQUE FO	UNI	DA!	ric	NC				47-25	351	L98	Pa	age 8
Part VII Section A. Officers, Directors, Tr		ploy	ees			ighe	t C		es (continued)				
(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle	ss pe	ition more rson	than of the state	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Esti amo	(F) mate ount o ther	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	;)	fro orga	m the nizati relate	e lon ed
		_											
										_			
										_			
										+			
1b Sub-total							<u> </u>	538,898.	(0.			0.
c Total from continuation sheets to Part	VII, Section A					l	>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	538,898.		0.			0.
2 Total number of individuals (including bu compensation from the organization	t not limited to tr	iose	IISTE	ed ai	DOV	e) wr	o r	eceived more than \$100	,000 of reportable				3
compensation from the organization											1	Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for								highest compensated e			3		X
4 For any individual listed on line 1a, is the	•	le co	omp	ensa	ation	n and	ot	her compensation from	the organization				
and related organizations greater than \$											4	Х	
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," co					-						5		X
Section B. Independent Contractors	implete Scriedal	C 	OI SI	исп	pers						<u> </u>		
1 Complete this table for your five highest	compensated in	depe	ende	ent c	onti	racto	rs t	that received more than	\$100,000 of comp	ensa	tion fr	om	
the organization. Report compensation f	or the calendar y	ear	endi	ng v	vith	or w	thir	n the organization's tax	year.				
(A) Name and busine	ss address							(B) Description of s	ervices	Cc	(C) mpen		า
NOCTURNAL LLC, 7509 S 5		Г,	St	JIT	ľΕ		_	VIDEO ANIMAT					
102-NOC, RIDGEFIELD, WA							1	SERVICES			164	, 2	85.
Total number of independent contractors	s (including but r	not li	mite	d to	tho	se lis	tec	d above) who received m	nore than				

\$100,000 of compensation from the organization

			Check if Schedule O cont	tains a respor	se or not	te to any line	e in this Part VIII	<u></u>	<u></u>	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a						
Gra Iou		b	Membership dues	1b						
ts,		С	Fundraising events	1c						
直		d	Related organizations	1d						
ž,		е	Government grants (contribut	tions) 1e						
흔		f	All other contributions, gifts, gran							
la pi			similar amounts not included abo	ve 1f	3,906	5,099.				
d C		g	Noncash contributions included in lines	s 1a-1f: \$						
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f			🕨	3,906,099.			
					Busir	ness Code				
<u>8</u>	2	а			_					
Program Service Revenue		b			_					
		С			_					
rai Re		d			_					
, ro		е			_					
۳			All other program service reve							
_		g	Total. Add lines 2a-2f							
	3		Investment income (including	•	-					
	4		other similar amounts)							
	4									
	5		Royalties	(i) Real		Personal				
	6	_	Gross rents			reisonai				
			Gross rents Less: rental expenses			-				
			Rental income or (loss)			-				
			Net rental income or (loss)							
			Gross amount from sales of	(i) Securitie) Other				
	'	a	assets other than inventory	(i) Securitie	55 (11	Curier				
		h	Less: cost or other basis			-				
		U	and sales expenses							
		_	Gain or (loss)			-				
			Net gain or (loss)							
ne			Gross income from fundraisin	g events (not						
Other Revenu			including \$							
Re			contributions reported on line	-						
her		L-	Part IV, line 18			-				
₹			Less: direct expenses							
			Net income or (loss) from fund	-	:s					
	9	a	Gross income from gaming ac							
		L	Part IV, line 19 Less: direct expenses			-				
			Net income or (loss) from gan		Γ					
	10	a	Gross sales of inventory, less		55	5,407.				
		h	and allowances Less: cost of goods sold			2,981.				
						1,301.	12,426.	12,426.		
		U	Net income or (loss) from sale Miscellaneous Revenu			ness Code	12,420	12/120		
	11	a	sociiai ioods i ioveiit		24311	.555 0546				
		b			_					
		c								
			All other revenue		_					
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions.			🕨 🗓	3,918,525.	12,426.	0.	0.

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 respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	538,898.	444,891.	56,615.	37,392
6	Compensation not included above, to disqualified	330,030.	111,001.	30,013.	31,332
O	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,324,499.	1,093,450.	139,148.	91,901
7	Other salaries and wages	1,324,433.	1,093,430.	139,140.	91,901
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	374,177.	308,905.	39,310.	25,962
9	Other employee benefits	153,187.	126,465.	16,093.	10,629
10	Payroll taxes	133,107.	120,403.	10,093.	10,023
11	Fees for services (non-employees):				
а	Management	70 004	E0 02C	C 455	2 702
b	Legal	70,094.	59,936.	6,455.	3,703
	Accounting	31,419.	26,866.	2,893.	1,660
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4.40 400	405 504	40 764	
	column (A) amount, list line 11g expenses on Sch 0.)	149,437.	127,781.	13,761.	7,895
12	Advertising and promotion	324,002.	291,023.	8,057.	24,922
13	Office expenses		10.00		
14	Information technology	22,556.	12,090.	6,926.	3,540
15	Royalties				
16	Occupancy	291,704.	251,330.	21,085.	19,289
17	Travel	64,996.	56,188.	8,434.	374
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	78,546.	72,438.	4,606.	1,502
23	Insurance	31,049.	22,981.	6,093.	1,975
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MATERIALS AND SUPPLIES	254,761.	229,145.	3,833.	21,783
b	OTHER MISCELLANEOUS EXP	18,566.	6,068.	4,630.	7,868
С					<u> </u>
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,727,891.	3,129,557.	337,939.	260,395
<u>26</u>	Joint costs. Complete this line only if the organization	., =:,	.,,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oaaoanonar oampaigir ana ranaraidhig dullollatioth		I		

Part X Balance Sheet

· a	ILA	Check if Schoolule O centains a reasones or note to any line in this Bart V			
		Check if Schedule O contains a response or note to any line in this Part X		T	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	127,662.	1	227,709.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	37,808.	4	71,424.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	0.	8	179,092.
	9	Prepaid expenses and deferred charges	34,195.	9	53,010.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 342,140. 89,773.	1-0-0-0		
	b		152,853.	10c	252,367.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	3,500.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	352,518.	16	787,102.
	17	Accounts payable and accrued expenses	16,621.	17	256,892.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	53,093.		52 112
		Schedule D	69,714.	25	53,112. 310,004.
	26	Total liabilities. Add lines 17 through 25	05,714.	26	310,004.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
Ses	07	complete lines 27 through 29, and lines 33 and 34.	282,804.	07	477,098.
Fund Balances	27	Unrestricted net assets	202,004.	27	477,000.
Ba	28	Temporarily restricted net assets Permanently restricted net assets		28	
Ę,	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Ē		, , ,			
S S	20	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Ne.	32	Retained earnings, endowment, accumulated income, or other funds	282,804.	33	477,098.
	33	Total liabilities and not assets/fund balances	352,518.	33	787,102.
	34	Total liabilities and net assets/fund balances	332,310.	34	707,102.

Ра	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				25.
2	Total expenses (must equal Part IX, column (A), line 25)	2				91.
3	Revenue less expenses. Subtract line 2 from line 1	3				34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		28	2,8	04.
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			3,6	60.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		47	7,0	98.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

2016

Open to Public Inspection

Name of the organization

THE YOUNIQUE FOUNDATION

 $\begin{array}{c} \textbf{Employer identification number} \\ 47-2535198 \end{array}$

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch					I)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative					ii).	
4	一	A medical research organiz						the hospital's name
		city, and state:	a operatea ee.	ngan onon man a moopha		000		ino noophan o name,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		ilege of difficulty owner	а ог орста	ica by a g	overnmental and accord)CG 1
6				aantal unit daaarihad in .	aaatian 17	70/L\/4\/A\	6.0	
6	X	A federal, state, or local gov						
′	21	An organization that norma	•	ntial part of its support i	rom a gov	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C	. ,					
8		A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the colleg	e or
		university:						
10		An organization that norma						
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.	
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	er the number of supported o	organizations					
g	Prov	ride the following information		· · · · · · · · · · · · · · · · · · ·				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Γ∩t:	al							I

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")				1547115.	3906099.	5453214.
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.	5453214.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4059813.
6	Public support. Subtract line 5 from line 4.						1393401.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4				1547115.	3906099.	5453214.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5453214.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	55,407.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u>▶</u> X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (14	<u>%</u>
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			=		-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				-		,
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	oa, 16b, 1/a, or 17		ind see instruction	

Schedule A (Form 990 or 990-EZ) 2016

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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							
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
٠	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
/ 6	, ,						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	() 0040	(1) 0040	() 004.4	(1) 0045	() 0040	(0 T
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						_
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						<u></u> ▶∟
	ction C. Computation of Publ						
15	Public support percentage for 2016 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2015					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2015. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
3a		
3b		
3c		
4a		
4 a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
,		
8		
9a		
3a		
9b		
9c		
10a		
10b		
m 990 or 99	90-EZ)	2016

Pa	rt IV	Supporting Organizations (continued)			
		Continuos (Continuos)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
		71 11 0 0		Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported	•		
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		5. Type ii eappertiiig ergaiiii=aaeiie		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			110
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
Ū		cant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions)_	
2		ties Test. Answer (a) and (b) below.		Yes	No
– a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u		es of each of the supported organizations? Provide details in Part VI .	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amour	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed 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	Distrib	utions to attentive supported organizations to which the	ne organization is responsive	e	
	(provid	de details in Part VI). See instructions			
9	Distrib	utable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Distrib	utable amount for 2016 from Section C, line 6			
2		distributions, if any, for years prior to 2016 (reason-			
_		ause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b					
С	From 2	2013			
	From 2				
	From 2				
		of lines 3a through e			
		d to underdistributions of prior years			
		d to 2016 distributable amount			
i		over from 2011 not applied (see instructions)			
i		nder. Subtract lines 3g, 3h, and 3i from 3f.			
4		utions for 2016 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
		d to 2016 distributable amount			
		nder. Subtract lines 4a and 4b from 4			
5	Remai	ning underdistributions for years prior to 2016, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions			
6		ning underdistributions for 2016. Subtract lines 3h			
	and 4k	o from line 1. For result greater than zero, explain in			
		I. See instructions			
7	Exces	s distributions carryover to 2017. Add lines 3j			
	and 4	- I			
8	Break	down of line 7:			
а					
b	Exces	s from 2013			
С	Exces	s from 2014			
d	Exces	s from 2015			
е	Exces	s from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

THE YOUNIQUE FOUNDATION

47-2535198

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note: Only a section 50 General Rule X For an organiza	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or				
property) from Special Rules	any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
sections 509(a any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under ()(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from butor, 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, 0-EZ, line 1. Complete Parts I and II.				
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III.				
year, contribut is checked, en purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an exclusively religious, charitable, etc., a complete any of the parts unless the General Rule applies to this organization because it received nonexclusively table, etc., contributions totaling \$5,000 or more during the year \bigsim \bigsi				
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), "on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

THE YOUNIQUE FOUNDATION

47-2535198

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 2,745,337.	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000.	Person X Payroll
(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.)

Name of organization Employer identification number

THE YOUNIQUE FOUNDATION 47-2535198

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$6,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

THE YOUNIQUE FOUNDATION

47-2535198

Part II	Noncash Property (See instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Turti		_	
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
23453 10-18-	40	Schedule B (Form	990, 990-EZ, or 990-PF) (201

Name of organization Employer identification number 47-2535198 THE YOUNIQUE FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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. (<u>a)</u> No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE YOUNIQUE FOUNDATION

Employer identification number 47-2535198

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	lana amala di la makata bana 1940		
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
_	conservation easements.		
Ра	rt III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 1	, ,	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		▶ \$

632051 08-29-16

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

Schedule D (Form 990) 2016

Pai	t III Organizations Maintaining C	collections of Ar	rt, Hist	orical Tr	easures, c	or Other	Similar	Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	nificant use	e of its	collection	items
	(check all that apply):									
а	Public exhibition	d		oan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizati	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	torical trea	asures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	ollection?			\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for o	contribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
		·	· ·						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on F								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	·								
Pai										
	·	(a) Current year		ior year	(c) Two year			s back	(e) Four y	ears back
1a	Beginning of year balance	(a) carrerie year	(2)	ioi youi	(6))		.,	0 20011	(0)	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
-										
	and programs									
	Administrative expenses									
_	End of year balance		- /!:		->> 11-1					
2	Provide the estimated percentage of the curr	•		g, column (a	a)) neid as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	and administe	red for the	e organizati	ion	I .	
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organization				'				3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or of			t or other		umulated		(d) Book	value
		basis (investn	nent)	basis	(other)	depr	eciation			
	Land									
	Buildings									
С	Leasehold improvements							\perp		
d	Equipment			33	9,052.		89,163			,889.
	Other				3,088.		610) •		,478.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	10c.)		>	▶	252	,367.

Schedule D (Form 990) 2016

Scriedule D (Form 990) 2016 1111 1 0 011 1 2 0	,		2333130 Page 0
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

(7) (8)

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	6,512.
(3)	CREDIT CARDS	46,600.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	53,112.

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

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 THE YOUNIQUE FOUNDATION	N		47-2	2535198 _{Page} 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With	Revenue per F	Return	·
Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	4,105,589
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b	144,083.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	42,981.		
e Add lines 2a through 2d			2e	187,064
3 Subtract line 2e from line 1			3	3,918,525
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			_
c Add lines 4a and 4b			4c	0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	3,918,525
Part XII Reconciliation of Expenses per Audited Financial S		h Expenses per	Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, li				2 24 4 255
Total expenses and losses per audited financial statements			1	3,914,955
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		444 000		
a Donated services and use of facilities	2a	144,083.		
b Prior year adjustments	2b			
c Other losses		40.004		
d Other (Describe in Part XIII.)		42,981.		107.064
e Add lines 2a through 2d			2e	187,064
3 Subtract line 2e from line 1			3	3,727,891
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			•
c Add lines 4a and 4b			4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18.)		5	3,727,891
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			4; Part	X, line 2; Part XI,
PART X, LINE 2:				
AS OF DECEMBER 31, 2016, THE FOUNDATION H	HAD NO UNC	ERTAIN TAX	POS	SITIONS
THAT QUALIFY FOR EITHER RECOGNITION OR D	T SCT.OSTIRE	TN THE EIN	IANC:	ΓΔΤ.
TIME CONDITE TOK BITTER RECOGNITION ON B.	IDCHODORL	114 1111 1 11	171110.	
STATEMENTS.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
	EVDENCEC	mo.		
RECLASSIFICATION OF COGS FROM FUNCTIONAL	EXPENSES	TO		
STATEMENT OF REVENUE				42,981
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
PECLASSIFICATION OF COSS FROM FINCTIONAL	EADENGEG	πО		

STATEMENT OF REVENUE

632054 08-29-16

42,981. Schedule D (Form 990) 2016

Schedule D (Form 990) 2016	THE YOUNIQUE FOUNDATION	47-2535198 Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Info	rmation (continued)	
	-	
-		

Schedule D (Form 990) 2016

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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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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
1 a	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			
	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 filing 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			
4	During the year did any parago listed on Form 000 Part VIII. Section A. line 1s, with respect to the filing			
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:			
9		4a		х
h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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		

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

Schedule J (Form 990) 2016

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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	6		reported as deferred on prior Form 990
(1) CHRIS YADON	≘│	268,672.	0.	0.	0.	0.	268,672.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GORDON BRUIN	Ξ	164,987.	0.	0.	0.	0.	164,987.	0.
CLINICAL DIRECTOR	(iii)	0.	0.	0.	0.	0.	0.	0.
	(ii)							
	Ξ							
	≡							
	Ξ							
	⊞							
	Ξ							
	(ii)							
	Ξ							
	≡							
	Ξ							
	≡							
	Ξ							
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2016

Part III | Supplemental Information

ယ

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 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 HOSTING THEM AT A RETREAT, WHERE THEY ARE UPLIFTED BY
EACH OTHER AND LEARN SKILLS THAT CAN HELP THEM FIND INDIVIDUAL HEALING.
WE EDUCATE PARENTS AND EMPOWER THEM TO PROTECT THEIR CHILDREN FROM
SEXUAL ABUSE WHILE LEADING A PUBLIC DIALOGUE TO BRING THE EPIDEMIC OF
ABUSE TO LIGHT.
FORM 990, PART VI, SECTION A, LINE 2:
SHELAINE MAXFIELD, BOARD CHAIR
DEREK MAXFIELD, BOARD MEMBER
SPOUSES
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY OFFICERS AND BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICTS ARE REQUIRED TO BE DISCLOSED WITH RECUSAL WHERE APPROPRIATE.
FORM 990, PART VI, SECTION B, LINE 15:
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
UNRELATED BOARD MEMBERS REVIEW MARKET SALARY DATA AND DETERMINE
COMPENSATION.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization THE YOUNIQUE FOUNDATION	Employer identification number 47-2535198
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OF	FICERS
UNRELATED BOARD MEMBERS REVIEW MARKET SALARY DATA AND DET	ERMINE
COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
NO SUCH DOCUMENTS AVAILABLE TO THE PUBLIC	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION WAS AUDITED FOR THE FIRST TIME DURING TH	E YEAR. THE
BOARD SELECTED THE AUDIT FIRM AND OVERSAW THE AUDIT.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection 2016

OMB No. 1545-0047

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

THE YOUNIQUE FOUNDATION ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number 47-2535198

		(a) Name, address, and EIN of related organization	Part II Identification of Related Tax-Exempt Organizations during the tax year.					(a) Name, address, and EIN (if applicable) of disregarded entity
		(b) Primary activity	i ons. Complete if the organization an					(b) Primary activity
		(c) Legal domicile (state or foreign country)	swered "Yes" on Form 990,					(c) Legal domicile (state or foreign country)
		(d) Exempt Code P section sta	Part IV, line 34 beca					(d) Total income
			use it had one or mo					(e) End-of-year assets
			e related tax-exempt					s Direct controlling entity
			(b) Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Section Sol (c) (d) Exempt Code status (if section solity) Sol (c)(3)) (iii) Subject controlling status (if section entity) Sol (c)(3))	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt or genizations during the tax year. (b) Name, address, and EIN of related organization Primary activity To reign country) Legal domicile (state or section or section year) To reign country) Primary activity To reign country) Primary activity To reign country) Primary activity To reign country) Presiden 52 Primary activity Primary activity Presiden 52 Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exem organizations during the tax year: (b) Name, address, and EIN of related organization Primary activity foreign country) Legal domicile (state or form) foreign country) Section Sott (c)(3)) Primary activity Exempt Code status (if section entity sortion) Sott (c)(3)) Primary activity In the description of Related Tax-Exempt Organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exem organization or leated on Form 990, Part IV, line 34 because it had one or more related tax-exem organization or leated tax-exem organization or leated on Form 990, Part IV, line 34 because it had one or more related tax-exem organization or leated on Form 990, Part IV, line 34 because it had one or more related tax-exem organization or leated on Form 990, Part IV, line 34 because it had one or more related tax-exem organization or leated on Form 990, Part IV, line 34 because it had one or more related tax-exem organization or leated on Form 990, Part IV, line 34 because it had one or more related tax-exem organization or leated on Form 990, Part IV, line 34 because it had one or more related tax-exem organization or leated tax-exem organization or leated org	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exem granizations during the tax year. (a)	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exem organization. (a) Name, address, and EIN of related organization Primary activity to reign country) Primary activity to reign country) Primary activity to reign country) Direct controlling entity sorticles (state or section source) Sortici(3)) Primary activity to reign country) Primary activity to reign country to related tax-exem sorticles (state or section source) Sortici(3)) Primary activity to reign country) Primary activity to reign country to related tax-exem sorticles (state or section source) Sortici(3)) Primary activity to reign country) Primary activity to reign country to related tax-exem sorticles (state or section sorticles) Public charity to reign country to related tax-exem sorticles (state or section sorticles) Primary activity to reign country to related tax-exem sorticles (state or section sorticles) Primary activity to reign country to relate or section sorticles (state or section sorticles) Primary activity to reign country to relate or section sorticles (state or section sorticles) Primary activity to reserve the activity to re	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exem organizations during the tax year. (b) Name, address, and EIN of related organization of related organization foreign country) of related organization of related organiz

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47-2535198

Page 2

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.

	0 4 0 4 3	QUE PRODUCTS, LLC - 96374, 3400 W MAYFLOWER SUITE 500, LEHI, UT	(a) Name, address, and EIN of related organization	
	ОАПЕО	071	(b) Primary activity	
	C		Legal domicile (state or foreign country)	•
	N/A		(d) Direct controlling entity	
	ONKELATED	מייים די איייים די אוויים די איייים די איייים די אייים די איייים די איייים די איייים די איייים די איייים די איייים די אייים די אייי	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	
	c	o.	(f) Share of total income	
	c	o	(g) Share of end-of-year assets	
	>	∢	(h) Disproportionate allocations? Yes No	
	N/A	N	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	
	>	∢	(j) General or managing partner? Yes No	
			(j) (k) General or Percentage managing ownership partner?	

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.

								Name, address, and EIN of related organization	(a)
								Primary activity	
							country)	Legal domicile (state or foreign	(c)
								Legal domicile	(a)
							טו נומטון	(C corp, S corp,	(e)
								Share of total income) (3)
							40000	Share of end-of-year	
								ownership) (E)
							Yes No	512(b)(13) controlled entity?	Section

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

990) 2016	(Form	Schedule R (Form 990) 2016		3 8	632163 09-06-16
					(6)
					(5)
					(4)
					(3)
					(2)
					(1)
	lved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
		relationships and transaction thresholds.	his line, including covered	vho must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
×	1s		1:		$\overline{}$
×	₹				r Other transfer of cash or property to related organization(s)
×	4				q Reimbursement paid by related organization(s) for expenses
×	ਰਂ				p Reimbursement paid to related organization(s) for expenses
×	ō				Sharing of paid employees with related organization(s)
×	ⅎ			:	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×	Ħ				m Performance of services or membership or fundraising solicitations by related organization(s)
×	±				I Performance of services or membership or fundraising solicitations for related organization(s)
×	=				k Lease of facilities, equipment, or other assets from related organization(s)
×	≟				j Lease of facilities, equipment, or other assets to related organization(s)
×	≐				i Exchange of assets with related organization(s)
×	ⅎ				h Purchase of assets from related organization(s)
×	1 g				g Sale of assets to related organization(s)
×	≠				f Dividends from related organization(s)
×	1e				e Loans or loan guarantees by related organization(s)sorrowssorrows
×	1d				d Loans or loan guarantees to or for related organization(s)
×	ਨ				c Gift, grant, or capital contribution from related organization(s)
×	ਰ				b Gift, grant, or capital contribution to related organization(s)
×	1a			V	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
		tions listed in Parts II-IV?	elated organizations listed	is with one or more re	1 During the tax year, did the organization engage in any of the following transactions with one or more related organization
Yes No	_				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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. Name, address, and EIN of entity Primary activity (state or foreign Legal domicile country) <u>ල</u> Predominant income particle (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Yes No Are all partners sec. 501(c)(3) orgs.? Share of income total end-of-year Share of assets <u>g</u> Disproportionate amount in box 20 managing allocations? of Schedule K-1 partner? ownership was No (Form 1055) Yes No Ξ \equiv ≘ $\widehat{\Sigma}$

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