

OMB No. 1545-0047 2021

Department of the Treasury

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

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

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

	iai Revenue	, co to manuel germ connect in more united and	id the latest ini	Offilation.		Inspection
<u>A</u>	For the 2	2021 calendar year, or tax year beginning , and ending				
В	Check if applic	cable: C Name of organization MYHEALTH FOR TEENS AND YOUNG	ADULTS	DE	Employer ide	entification number
\square	Address chang	nge INC.				
Ħ	Name change	Doing business as		*	***	2735
H	Name change	Number and street (or P.O. box if mail is not delivered to street address)	F		Telephone nu	
	Initial retum	15 8TH AVENUE S		9	952-47	4-3251
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code				
$\overline{}$		HOPKINS MN 55343		G (Gross receipts	\$ 1,295,029
\vdash	Amended retu	F Name and address of principal officer:				
\sqcup	Application pe	ending GERILYN HAUSBACK		H(a) Is this a group re	eturn for subor	rdinates? Yes X No
		15 8TH AVENUE SOUTH		H(b) Are all subording	nates included	1? Yes No
		HOPKINS MN 55343		If "No," atta	ich a list. See	instructions
	Tax-exempt		527			
	Website:		1 027	H(c) Group exemption	on number	
	Form of organ		I Vos	r of formation: 197		State of legal domicile: MN
	art I		L Tea	i oi ioimation. ± 2 7	<u> </u>	State of legal domicile.
Г		Summary				
	1 Brie	efly describe the organization's mission or most significant activities:				
Se	S	See Schedule O				
ıan						
err						
Governance	2 Che	eck this box ▶ if the organization discontinued its operations or disposed of m	ore than 25%	of its net assets.		
∞ 5	3 Nur	mber of voting members of the governing body (Part VI, line 1a)			3 3	11
		mber of independent voting members of the governing body (Part VI, line 1b)			4	11
Activities	5 Total	tal number of individuals employed in calendar year 2021 (Part V, line 2a)				36
çį		tal number of valuateers (estimate if necessary)			-)
Ă					7a	0
		tal unrelated business revenue from Part VIII, column (C), line 12			-	0
	b Net	t unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	7b	Current Year
	Q Cor	ntributions and grants (Part VIII. line 1h)	<u> </u>	964,	351	800,352
re	0 COI	ntributions and grants (Part VIII, line 1h)		420,		
Revenue	9 Pro	ogram service revenue (Part VIII, line 2g)		420,	029	481,174
Re	10 Inve	estment income (Part VIII, column (A), lines 3, 4, and 7d)		•	000	24 500
		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	I	-6,		-24,500
		tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,378,	881	1,257,026
		ants and similar amounts paid (Part IX, column (A), lines 1–3)				0
		nefits paid to or for members (Part IX, column (A), line 4)				0
Ś	15 Sala	laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		823,	473	874,470
penses	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)				0
be		tal fundraising expenses (Part IX, column (D), line 25) 153,43	33			
ш	17 Oth	ner expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		376,	842	376,733
	18 Tota	tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,200,		1,251,203
		venue less expenses. Subtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·	178,		5,823
58				Beginning of Current		End of Year
Assets or Balances	20 Tota	tal assets (Part X, line 16)		522,	990	526,106
ASS	21 Tota	tal liabilities (Part X, line 26)		90,	958	88,251
夏		t assets or fund balances. Subtract line 21 from line 20		432,	032	437,855
P	art II	Signature Block		•		·
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and statements	and to the best of	my knowled	dge and belief it is
		and complete. Declaration of preparer (other than officer) is based on all information of whi			,	-g,
Sig	.n	Signature of officer			Date	
_			EXECUT	IVE DIREC		
He	ie		EXECUT.	IAE DIKE	JIOR	
	- '	Type or print name and title				T., DTIN
D-2		Print/Type preparer's name Preparer's signature		Date	Check	lif PTIN
Paid	14.1	ICHOLE FAIRBANKS NICHOLE FAIRBANKS		08/19/22	self-employ	
		im's name		Firm's	EIN 🕨	<u>**-***2347</u>
Use	Only	563 PHALEN BLVD				
	Fi	irm's address > SAINT PAUL, MN 55130		Phone	e no	551-481-1128
May	the IRS	discuss this return with the preparer shown above? See instructions				Yes No

Form 990 (2021) MYHEALTH FOR T	EENS AND YOUNG AI	OULTS **-***2735	Page 2
	Service Accomplishments		Tu-
	-	any line in this Part III	X
1 Briefly describe the organization's mission	:		
See Schedule O			
•			

2 Did the organization undertake any signific	ant program services during the v	ear which were not listed on the	
prior Form 000 or 000 F72			Yes X No
If "Yes," describe these new services on S			
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 Scheo			
4 Describe the organization's program service	ce accomplishments for each of its	s three largest program services, as measur	ed by
	-	ort the amount of grants and allocations to	others,
the total expenses, and revenue, if any, for	r each program service reported.		
	F41 120		250 214
4a (Code:) (Expenses \$	541,138 including gran		
CLINIC SERVICES - MYHE			
CARE AT OUR CLINIC LOC		. IN 2021, MORE THAN .	1,000 CLIENTS
WERE SEEN IN 4,200 VIS	olts.		
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•••••			
•			
•••••			
SMALL AND LARGE GROUP			CS TO YOUNG
•••••			
4c (Code:) (Expenses \$	213,862 including gran	ts of \$) (Rever	nue \$ 204,589
MENTAL HEALTH COUNSELI	NG - IN 2021, OV	ER 1,800 COUNSELING SI	ESSIONS WERE
PROVIDED. COUNSELING T	HERAPY IS PROVID	ED FOR AGES 12-26.	
*			

4d Other program services (Describe on Sch			10.100
	including grants of \$) (Revenue \$	13,120)
4e Total program service expenses ▶	984,637		

Form 990 (2021) MYHEALTH FOR TEENS AND YOUNG ADULTS **-***2735

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,"		x	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	··		
	condidates for public office? If "Vee " complete Schoolide C. Port I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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			X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			l
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			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			٦,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		.
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the ergonization report more than \$15,000 total of fundraicing event gross income and contributions on	. 17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	х	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-	If "Yes," complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b 24	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	. 21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41	<u> </u>	<u> </u>

reportable gaming (gambling) winnings to prize winners?

	1 990 (2021) MYHEALTH FOR TEENS AND YOUNG ADULTS **-***2/35		P	age 4
_ Pa	art IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	omployoes2 If "Ves." complete Schedule I	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
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			
		35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			۱
	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			
		37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		٠,	
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	<u> </u>
Pa	art 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	<u></u>		╙.
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a	'' '' '''			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	36	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	ıthority	over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	t)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		Х
С				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods		_	37	
				7a	X	
b				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					v
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Forn			7g		
g 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			7		
	sponsoring organization have excess business holdings at any time during the year?	~,		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the energying organization make any tayable distributions under section 40662			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	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:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	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.					
а				13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b		-		
C	Enter the amount of reserves on hand	13c		44-		v
14a				14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule let the creamization subject to the section 4060 tax on payment(s) of more than \$1,000,000 in remunerations.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneral			4.5		х
	excess parachute payment(s) during the year?			15		Ĥ
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment in	200000	2	16		х
.0	If "Yes," complete Form 4720, Schedule O.	icome	·	10		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

X

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b,	, or 10b below,	describe the	circumstances,	processes,	or changes on	Schedule O.	See instructions
Check if Schedule O co	ontains a respon	se or note to	any line in this	Part VI			

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	11				
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		X
6	Did the organization have members or stockholders?			L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?			L	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?			L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e followi	ng:			
а	The governing body?			L	8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	Revenu	ie Code	e.)		
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			<u>L</u>	l0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			<u>L</u>	l0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	n?	L	l1a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			<u>L</u>	2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	<u>L</u>	l2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe on Schedule O how this was done			<u>L</u>	l2c	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			Ľ	15a	X	
b	Other officers or key employees of the organization			<u>Ľ</u>	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a							
	with a taxable entity during the year?			<u>L</u>	l6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?			· · · · · · · · · · · · · · · · · · ·	l6b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ MN						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	ction 50	01(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	est polic	cy, and				
	financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and recor	ds 🕨					
	ERILYN HAUSBACK 15 - 8TH AVE S			050	. –		0
H	OPKINS MN 5534	13		952-	47	4-32	251

08/19/2022 3:51 PM	$V \sqsubset$	т.					
Form 990 (2021)	MYHEALTH	FOR	TEENS	AND	YOUNG	ADULTS	•

Page 7

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

 <u>See</u> the instructions for the order in which to list the persons above.

Check this box if neither the organization						ion com	pensated any current officer	, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	k, unle	ss pe	ition more rson is	than one s both an r/trustee) Former Highest compensated	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GERILYN HAUSBACK	40.00						07.000		1 000
EXECUTIVE DIRECTOR	0.00	\vdash		X			97,800	0	1,000
(2) MARTINA MALEK	1.25							_	_
CHAIR	0.00	X		Х			0	0	0
(3) KELLY HOGLUND	1.25								
VICE CHAIR	0.00	X		X			0	0	0
(4) MARK BARTHOLOMAY									
TREASURER	1.25 0.00	х		x			0	0	0
(5) KENDRA O'SULLIVA									
SECRETARY	1.25 0.00	x		x			0	0	0
(6) JESSICA KELLEY	1.00								
DIRECTOR	0.00	x					0	0	0
(7) LESLIE KRUEGER								-	
DIRECTOR	1.00	x					0	o	0
(8) MEG KOEPKE	3.33	† <u></u>					1		
	1.00	x					0	0	0
DIRECTOR (9) SHELLY MCMILLAN	0.00	┢					1	0	0
(6) 5112221 11611222	1.00								
DIRECTOR	0.00	x					0	0	0
(10) ASHLEY SWANSSON									
	1.00								
DIRECTOR	0.00	X					0	0	0
(11) MOLLY MADICH	1.00								
DIRECTOR	0.00	x					0	o	0
21.0101	0.00	1 22				oxdot		<u> </u>	

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	_			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do not check more than or box, unless person is both a officer and a director/truste employee or director individual trustee					an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amo of other compensatior from the organization a related organiza		r tion e n and	3
(12) JOE MARSHALL DIRECTOR	1.00	x						0	0				0
								27.000				-	200
to tal from continuation sheet Total (add lines 1b and 1c) Total number of individuals (inc	ets to Part VII, \$	Secti					> >	97,800 97,800	\$100,000 of			1,0	
reportable compensation from 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organindividual 5 Did any person listed on line 1 for services rendered to the orsection B. Independent Contractors	rmer officer, direcomplete Schede 1a, is the sum nizations greater a receive or acceptanization? If "Yors	ector ule of of re than true of	trus for sporta \$15	stee, such able 60,00 pensa	key indicom 0? If ation	emp ividua pens "Yes from edule	loye al ation s," co	e, or highest compensated n and other compensation fromplete Schedule J for such y unrelated organization or for such person	om the h individual		3 4 5	Yes	X X X
Complete this table for your five compensation from the organization.	zation. Report co							ar year ending with or withir	n the organization's tax yea	ar.			
Name and	(A) business address							Descript	(B) juich of services		Com	(C) pensatio	on
Total number of independent or received more than \$100,000 or received.								e listed above) who	0				

		Check if	Sche	edule O conta	ains a	respon	se or note	to any line in this	s Part VIII		
						·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ts	1a	Federated camp	aigns		1a						
iran	b	Membership due			1b						
, G	c	Fundraising eve	nts		1c		99,105				
iifts ar /	d	Related organization			1d						
π,	e	Government grants (or			1e		544,305				
ons Si	f	All other contributions,									
the	_	and similar amounts no			1f		156,942				
iti Q	g	Noncash contributions lines 1a-1f			1g	\$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines					>	800,352			
							Business Code	·			
ө	2a	CLIENT SER	VICE	FEES			624110	452,315	452,315		
Program Service Revenue	b			N & TRAININ	G		624100	28,859	28,859		
Se	С										
eve	d										
10g	е										
а.	f	All other program									
	g	Total. Add lines	2a-2f					481,174			
	3	Investment incor	ne (ind	luding dividend	s, inter	est, and					
		other similar am	ounts)				▶				
	4	Income from inv	estmer	nt of tax-exempt	bond	proceeds	▶				
	5	Royalties									
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6с								
	d 72	Net rental incom Gross amount from	e or (le			<u> </u>					
	1 a	sales of assets		(i) Securities	3	(ii)	Other				
		other than inventory	7a								
Other Revenue	b	Less: cost or other									
š		basis and sales exps.	7b								
ď	С	Gain or (loss)	7c								
her	d	٠ ,			· · · · · · ·						
ō	8a	Gross income from	tundrai								
		(not including \$		99,105							
		of contributions rep		n line	١.		12 502				
		1c). See Part IV, lir			8a		13,503				
		Less: direct expe			8b		38,003	-24,500			
	C	Net income or (I	,	•	events	<u> </u>		-24,500			
	Эa	Gross income fro			00						
	b	activities. See Pa			9a 9b						
		Less: direct expo				<u> </u>					
		Gross sales of in	,	0 0	11165 .						
	IVa	returns and allow		•	10a						
	h	Less: cost of goo			10b						
		Net income or (le				I	•				
_			200/ 110	Jaio 01 111VC	y		Business Code				
sno	11a										
nne	b	***************************************									
sells e	c										
Miscellaneous Revenue	d	All other revenue									
_		Total. Add lines									
		Total revenue						1.257.026	481.174	0	0

-*2735 Form 990 (2021) MYHEALTH FOR TEENS AND YOUNG ADULTS Page **10** Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

8b, 9	b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 000	F4 240	04 700	10 760
	trustees, and key employees	98,800	54,340	24,700	19,760
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	673,469	522,836	58,668	91,965
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,021	6,687	-221	1,555
9	Other employee benefits	33,216	26,650	106	1,555 6,460
10	Payroll taxes	60,964	45,182	7,418	8,364
11	Fees for services (nonemployees):	·	·		
а	Management				
b	Land				
		10,357	9,410	445	502
d	Accounting Lobbying	20/337	3,110	110	302
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	22 202	21 166	1 000	1 107
	(A) amount, list line 11g expenses on Schedule O.)	23,293	21,166	1,000	1,127 2,315
12	Advertising and promotion	22,095	17,727	2,053	
13	Office expenses	43,575	34,960	4,049	4,566
14	Information technology				
15	Royalties				
16	Occupancy	88,458	70,969	8,220	9,269
17	Travel	2,796	2,243	260	293
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	31,604	25,357	2,936	3,311
23	Inquirence	18,701	15,004	1,738	1,959
24	Other expenses. Itemize expenses not covered	==, . ==		_,.55	=,:30
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	MEDICAL EXPENSES	84,557	84,557		
a	*				
b	EMR EXPENSES	32,213	32,213	066	1 000
С.	MISCELLANEOUS	10,521	8,465	966	1,090
d	PROGRAM SUPPLIES	8,563	6,871	795	897
е	All other expenses	1 051 000	204 427	440 400	450 400
25	Total functional expenses. Add lines 1 through 24e	1,251,203	984,637	113,133	153,433
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				
$D \wedge A$					_ 000

MYHEALTH FOR TEENS AND YOUNG ADULTS **-**2735

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 224,285 213,619 Cash—non-interest-bearing 1 Savings and temporary cash investments 68,811 78,465 Pledges and grants receivable, net 3 27,500 28,657 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 9,096 2,842 Inventories for sale or use 15,686 Prepaid expenses and deferred charges 14,328 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 547,856 10a 370,528 10b 188,479 177,328 10c **b** Less: accumulated depreciation 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 522,990 526,106 16 Total assets. Add lines 1 through 15 (must equal line 33)..... 90,958 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 90,958 88,251 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 432,032 437,855 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 31 Retained earnings, endowment, accumulated income, or other funds 432,032 437,855 32 32 Total net assets or fund balances 522,990 526,106 Total liabilities and net assets/fund balances

Form **990** (2021)

Page **11**

Form 990 (2021) MYHEALTH FOR TEENS AND YOUNG ADULTS **-***2735

Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	ot
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	57,	026
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	51,	203
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>823</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	32,	032
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4	37,	<u>855</u>
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>		Ш
			_	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 on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				_
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)



Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

MYHEALTH FOR TEENS AND YOUNG ADULTS INC.

Employer identification number **-**2735

Pa	art I	Reas	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ons.
				it is: (For lines 1 through 12, ch			· /	
1	Ň		•	ociation of churches described in	•	,		
2	П	•	•	A)(ii). (Attach Schedule E (Form		`	, , , ,	
3	П		spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4	П	•	cal research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,					
	ш	city, and state	•	,				
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
•	ш	-	(b)(1)(A)(iv). (Complete Part	•	or operate	, - 9		
6	П			overnmental unit described in s e	ection 17	0(b)(1)(A)(v).	
7	X		-	substantial part of its support from			• •	
	ш	•	section 170(b)(1)(A)(vi). (Co		3		3 1	
8	П			70(b)(1)(A)(vi). (Complete Part	II.)			
9	П			cribed in section 170(b)(1)(A)(i		ed in conj	unction with a land-grant colleg	e
		or university of university:	or a non-land-grant college o	f agriculture (see instructions). E	nter the r	name, city	, and state of the college or	
10		An organizati	on that normally receives (1)	more than 33 1/3% of its suppo	ort from co	ontribution	ns, membership fees, and gross	· · · · · · · · · · · · · · · · · · ·
		receipts from	activities related to its exemp	ot functions, subject to certain ex	xceptions;	and (2) r	no more than 331/3% of its	
			· · · · · · · · · · · · · · · · · · ·	d unrelated business taxable inc	` .			
	\Box), 1975. See section 509(a)(2).			•	
11	Н	-	•	exclusively to test for public safe	•			•
12		-		xclusively for the benefit of, to pons described in section 509(a)			• • • •	
				cribes the type of supporting org				CHECK
	а		•	rated, supervised, or controlled			•	7
	u			er to regularly appoint or elect a		•		9
			• ,, .	omplete Part IV, Sections A ar				
	b	Type II.	A supporting organization sup	pervised or controlled in connec-	tion with i	ts suppor	ted organization(s), by having	
		control or	management of the support	ing organization vested in the sa	ame perso	ons that c	control or manage the supported	d
		organizati	ion(s). You must complete	Part IV, Sections A and C.				
	С			upporting organization operated tructions). You must complete				h,
	d	Type III	non-functionally integrated	I. A supporting organization ope	rated in c	onnection	with its supported organization	n(s)
				organization generally must sat	•		·	S
			,	nust complete Part IV, Section				
	е		•	eived a written determination fron n-functionally integrated supporti			a Type I, Type II, Type III	
	f		nber of supported organization		ng organi	Zauon.		
	g		ollowing information about th					
(ii		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
(-,		anization	(,	(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
<i>(</i> 2:								
(C)								
(P)								
(D)								
/E\								
(E)								
Tota	<u> </u>							

Schedule A (Form 990) 2021

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	911,646	769,861	800,788	964,351	800,352	4,246,998
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	911,646	769,861	800,788	964,351	800,352	4,246,998
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)						62,120
<u>6</u> Soc	Public support. Subtract line 5 from line 4 tion B. Total Support						4,184,878
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	911,646	769,861	800,788	964,351	800,352	4,246,998
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	911,040	703,801	800,788	904,331	800,332	4,240,336
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						4,246,998
12	Gross receipts from related activities, etc. (12	2,139,631
13	First 5 years. If the Form 990 is for the organization	•		•	` ' ' '	,	. \Box
	organization, check this box and stop here	·					
	tion C. Computation of Public Su	• •				1	
14	Public support percentage for 2021 (line 6,	column (f) divided I	by line 11, column	(f))		14	98.54 %
15	Public support percentage from 2020 Schero 33 1/3% support test—2021. If the organi	Jule A, Part II, line	14		4/00/		97.81 %
16a	box and stop here . The organization qualit				3 1/3% or more, cn	eck this	▶ X
b	33 1/3% support test—2020. If the organi					o chock	× 🔼
b	this box and stop here . The organization of			nization			▶ □
17a	10%-facts-and-circumstances test—202					 14 is	
	10% or more, and if the organization meets	_					
b	Part VI how the organization meets the factorganization 10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	ots-and-circumstance 0. If the organizatio meets the facts-and-circumstan	es test. The organ in did not check a d-circumstances te nces test. The org	ization qualifies as box on line 13, 16a st, check this box a anization qualifies a	a publicly supported a, 16b, or 17a, and and stop here. Example as a publicly supported by the p	ed line plain orted	▶□
18	Private foundation. If the organization did						
	instructions						▶ □



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

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

OMB No. 1545-0047 Open to Public Inspection |

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

	YHEALTH FOR TEENS AND YOUNG ADULTS		**-***2735
	nrt I Organizations Maintaining Donor Advised Fu	unde or Other Similar Funds or	
Г	Complete if the organization answered "Yes" on		Accounts.
	Genipiere ii and erganii a anen anenerea i ee	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·	(b) i ando and outer decounte
1	Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that		<u> </u>
5	g g		□ v _{ee} □ Ne
_	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	• •	
	only for charitable purposes and not for the benefit of the donor or dor		□ v _{ee} □ Ne
D	conferring impermissible private benefit?		Yes No
F	Int II Conservation Easements. Complete if the organization answered "Yes" on	Form 990 Part IV line 7	
_			
1	Purpose(s) of conservation easements held by the organization (check	<u> </u>	Service to the second service
	Preservation of land for public use (for example, recreation or edu	′ H	·
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure inc		2c
d	Number of conservation easements included in (c) acquired after 7/25/	06, and not on a	
			2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	ion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mo		
	violations, and enforcement of the conservation easements it holds? $\underline{\ }$		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation e	asements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation easem	nents during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	•	
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that d	escribes the
_	organization's accounting for conservation easements.		0: " 4 /
Pa	organizations Maintaining Collections of Art		Similar Assets.
	Complete if the organization answered "Yes" on		
1a	If the organization elected, as permitted under FASB ASC 958, not to	•	
	of art, historical treasures, or other similar assets held for public exhib		or public
	service, provide in Part XIII the text of the footnote to its financial state		
Ø	If the organization elected, as permitted under FASB ASC 958, to repo		
	art, historical treasures, or other similar assets held for public exhibitio	n, education, or research in furtherance of	public service,
	provide the following amounts relating to these items:		Δ.
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, o		oviae inė
	following amounts required to be reported under FASB ASC 958 relati	-	.
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

MYHEALTH FOR TEENS AND YOUNG ADULTS Schedule D (Form 990) 2021 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): а Public exhibition Loan or exchange program b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. **Endowment Funds.** Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (d) Three years back (e) Four years back 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and **d** Grants or scholarships e Other expenditures for facilities and programs **f** Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ **b** Permanent endowment ▶ % c Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations 3a(i) 3a(ii)

(ii) Related organizations **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment t	funds

Part VI Land, Buildings, and Equipment.

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

Complete in the organization of							
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value			
	(investment)	(other)	depreciation				
1a Land							
b Buildings							
c Leasehold improvements		327,343	193,996	133,347			
d Equipment		220,513	176,532	43,981			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Schedule D (Form 990) 2021

Part VII Investments - Other Securities

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
Financial	derivatives		
Closely he	eld equity interests		
Othor			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
	(b) must equal Form 990, Part X, col. (B) line 12.)	▶	
Part VIII	Investments – Program Related. Complete if the organization answered "	Ves" on Form 000 Part IV lin	ne 11c See Form 000 Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
1)			,
2)			
3)			
4)			
5)			
6)			
, 7)			
8)			
9)	n (b) must equal Form 990, Part X, col. (B) line 13.)		
9) otal. (Columi	Other Assets.		
9) otal. (Columi		Yes" on Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
9) otal. (Columi	Other Assets. Complete if the organization answered "	Yes" on Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
9) otal. <i>(Columr</i> Part IX	Other Assets. Complete if the organization answered "		
9) otal. (Column Part IX	Other Assets. Complete if the organization answered "		
9) otal. (Column Part IX 1) 2)	Other Assets. Complete if the organization answered "		
9) otal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered "		
9) ptal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered "		
9) tal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "		
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "		
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "		
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered " (a) Des	scription	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Assets. Complete if the organization answered " (a) Des		(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Assets. Complete if the organization answered " (a) Des	scription	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Assets. Complete if the organization answered " (a) Des	scription	(b) Book value
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column	Other Assets. Complete if the organization answered " (a) Des	scription	(b) Book value
ey) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) ptal. (Column Part X	Other Assets. Complete if the organization answered " (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered " line 25.	scription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X,
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) ptal. (Column Part X	Other Assets. Complete if the organization answered " (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	scription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X,
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) ptal. (Column Part X 1) Federal 2)	Other Assets. Complete if the organization answered " (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	scription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X,
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column Part X 1) Federal 2) 3)	Other Assets. Complete if the organization answered " (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	scription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X,
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) 3) 4)	Other Assets. Complete if the organization answered " (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	scription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X,
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) 3) 4) 5)	Other Assets. Complete if the organization answered " (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	scription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered " (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	scription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X,
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered " (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	scription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X,
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered " (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	scription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X,

Pa	rt XI Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form		ac per iteturii.	
1	Total various gains and other augment nor audited financial etatements		1 1	1,257,026
_	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1,257,020
2		2a		
a				
b C	Donated services and use of facilities	2c		
d	Recoveries of prior year grants Other (Describe in Part XIII.)	2d		
e	Other (Describe in Part XIII.) Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,257,026
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,257,026
Pa	rt XII Reconciliation of Expenses per Audited Financial		ses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.	1,1	1 251 202
1			1	1,251,203
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مم ا		
a	Donated services and use of facilities	2a 2b		
b	Prior year adjustments	1 0 - 1		
q	Other (Describe in Part VIII.)			
d e	· · · · · · · · · · · · · · · · · · ·		2e	
3	Add lines 2a through 2d Subtract line 2a from line 1		3	1,251,203
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
		4a		
b	Other (Describe in Part XIII.)	4b		
	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
С	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18			1,251,203
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18 or XIII Supplemental Information.	3.)	5	1,251,203
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part \	/, line 4; Part X, line	1,251,203
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part v	/, line 4; Part X, line on.	



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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization MYHEALTH FOR TEENS INC.	AND YOUNG	G A	DUI	.TS	Employer identificat	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to				red "Yes" on Form 9	90, Part IV, line	17.
1 Indicate whether the organization raised funds through ar	ny of the following	activi	ties. C	Check all that apply.		
a Mail solicitations	Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	Solicitation	of go	vernm	nent grants		
c Phone solicitations	g Special fun	draisi	ng ev	ents		
d In-person solicitations			•			
2a Did the organization have a written or oral agreement wir or key employees listed in Form 990, Part VII) or entity in						Yes No
b If "Yes," list the 10 highest paid individuals or entities (fur compensated at least \$5,000 by the organization.	ndraisers) pursuant	to a	greem	ents under which the fun-	draiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo cont	id fund- r have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			. •			
List all states in which the organization is registered or lice registration or licensing.		ntribu	tions	or has been notified it is	exempt from	

Schedule G (Form 990) 2021

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

		gross receipts g	Jieatei tilaii 45,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MIRROR BALL GAL (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
une			(overlit type)	(event type)	(ota nambor)	.,,
Revenue	1	Gross receipts	99,105			99,105
_	2	Less: Contributions	99,105			99,105
		Gross income (line 1 minus	33/103			33,203
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages	20,068			20,068
Direc	8	Entertainment	11,167			11,167
	9	Other direct expenses	6,768			6,768
	10	Direct expense summary.	Add lines 4 through 9 in column (d	d)		38,003
	11 art	Net income summary. Sub	otract line 10 from line 3, column (d plete if the organization ans	d)		-38,003
Г	art		rm 990-EZ, line 6a.	weled res on Folli 990,	rait iv, line 19, or report	eu more man
Ф		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Diligo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	•	Mahamba an Jahan	Yes %	Yes %	Yes %	
	6	Volunteer labor	No		No	
	7	Direct expense summary.	Add lines 2 through 5 in column (d	d)	▶	
	8	Net gaming income summ	nary. Subtract line 7 from line 1, col	lumn (d)		
	8	Net gaming income summ	nary. Subtract line 7 from line 1, col	lumn (d)	>	
9	Ent	ter the state(s) in which the	e organization conducts gaming act	iivities:		
а	Ent	ter the state(s) in which the	e organization conducts gaming act	tivities: of these states?		Yes No
а	Ent	ter the state(s) in which the he organization licensed to No," explain:	e organization conducts gaming act conduct gaming activities in each	tivities: of these states?		Yes No
a b 10a	Ent Is t If "I	ter the state(s) in which the he organization licensed to No," explain:	e organization conducts gaming act conduct gaming activities in each	of these states? ded, or terminated during the tax		Yes No

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Sche	edule G (Form 990) 2021 MYHEALTH FOR TEENS AND YOUNG ADULTS **-**2735		ſ	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	Π̈́Nα
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			ш
-	formed to administer charitable gaming?		Yes	Пи
13	Indicate the percentage of gaming activity conducted in:		□ 163	□"
		13a		%
a	The organization's facility	13b		% %
b	An outside facility	130		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name &			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming		П.,	П.,
	revenue?		Yes	∐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	\square_{N}
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		□ .03	□
D	spent in the organization's own exempt activities during the tax year > \$			
Pa	ret IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v)	· and	
1 0	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info			
	See instructions.	malion	•	
	See instructions.			

Schedule G (Form 990) 2021



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 Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization MYHEALTH FOR TEENS AND YOUNG ADULTS INC.

Employer identification number **-**2735

Form 990 - Organization's Mission

THE MISSION OF MYHEALTH FOR ALL TEENS AND YOUNG ADULTS IS TO IMPROVE THE
HEALTH OF OUR COMMUNITY BY PROVIDING HEALTH SERVICES AND INFORMATION THAT
SUPPORT ALL TEENS AND YOUNG ADULTS IN MAKING RESPONSIBLE AND WELL-INFORMED
DECISIONS.

Form 990, Part III, Line 4d - All Other Accomplishments

THE BECOMING PROGRAM, WHICH DELIVERS SUPPORT AND EDUCATION FOR PREGNANT AND

PARENTINGS TEENS BY LICENSED PUBLIC HEALTH NURSES, PROVIDED NEARLY 300 HOME

VISITS IN 2021.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE FULL BOARD OF DIRECTORS REVIEWS THE 990 PRIOR TO IT BEING FILED.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EACH RESPONSIBLE PERSON SHALL ANNUALLY COMPLETE A DISCLOSURE FORM

IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE

RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO

A CONFLICT OF INTEREST ARISING. EACH NEW RESPONSIBLE PERSON IS REQUIRED TO

REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY AND ACKNOWLEDGE IN WRITING

HE OR SHE HAS DONE SO. THE CONFLICT OF INTEREST POLICY SHALL BE REVIEWED

ANNUALLY BY THE BOARD WITH ANY CHANGES IMMEDIATELY REPORTED TO ALL

RESPONSIBLE PERSONS.

A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND IN
ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL MATERIAL FACTS, WHICH SHALL BE

MYHEALTH FOR TEENS AND YOUNG ADULTS

Employer identification number

-*2735

REFLECTED IN THE BOARD MEETING MINUTES. THE BOARD CHAIR SHALL ACT AS THE DIRECTOR'S OR MEMBER'S PROXY IF THE DIRECTOR OR MEMBER DOES NOT PLAN TO ATTEND THE MEETING. THE PERSON WITH THE CONFLICT OF INTEREST, OUTSIDE OF EXPLAINING ALL MATERIAL FACTS. SHALL NOT HAVE ANY INFLUENCE ON THE BOARD'S DISCUSSION OF THE ISSUE. ANY PERSON WITH A CONFLICT OF INTEREST THAT IS NOT A DIRECTOR OR MEMBER SHALL DISCLOSE SUCH CONFLICT OF INTEREST TO THE CHAIR OR CHAIR'S DESIGNEE AND SHALL ABSTAIN FROM MAKING ANY MATERIAL DECISIONS OR ACTIONS REGARDING THE TRANSACTION OR CONTRACT.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE DIRECTOR POSITION GOES THROUGH AN ANNUAL REVIEW BY THE BOARD.

THE REVIEW INCLUDES STAFF MEMBER PARTICIPATION. THE BOARD DECISION AND

DELIBERATION IS DOCUMENTED IN THE MEETING MINUTES.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE EXECUTIVE DIRECTOR DOES ANNUAL REVIEWS OF AND DETERMINES SALARY FOR KEY

EMPLOYEES. SALARY RANGES ARE DETERMINED USING COMPARABILITY DATA OBTAINED

FROM THE MINNESOTA COUNCIL OF NONPROFITS' SALARY DATA, AND OTHER SOURCES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
MYHEALTH FOR TEENS AND YOUNG ADULTS IS LISTED ON THE CHARITIES REVIEW
COUNCIL WEBSITE AS "MEETS ALL STANDARDS" SEE WWW.SMARTGIVERS.ORG.
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE MADE AVAILABLE FOR PUBLIC INSPECTION BY REQUEST THROUGH THE
ORGANIZATION. 990 IS ALSO AVAILABLE ON THE GUIDESTAR PHILANTHROPIC WEBSITE
WWW.GUIDESTAR.ORG.