## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2022 calendar year, or tax year beginning , 2022, and ending	,		
В	Check	if applicable: C	Employer id	entification number	
		s change  A Fair Chake for Youth Inc	27-3855519		
		change   A Fair Shake for Youth Inc   210 West 101st Street, Apt 7D   E	Z / - 383		
H	Initial	New York NY 10025	-	371-9005	
H		Inf./terminated			
		stion pending	Group Ex Number	emption	
G		unting Method: X Cash Accrual Other (specify):		organization is <b>not</b>	
Ī	Web		d to attach		
J	Tax-ex	rempt status (check only one) $ \overline{X}$ 501(c)(3) $\overline{}$ 501(c) ( ) (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$ 527 (Form S	990).		
K	Form	of organization: X Corporation Trust Association Other:			
		ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total		
-	asse	is (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	182,548.	
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr		or Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I		X	
	1	Contributions, gifts, grants, and similar amounts received	1	179,548.	
	2	Program service revenue including government fees and contracts		3,000.	
	3	Membership dues and assessments.	3		
	4	Investment income.	4		
		Gross amount from sale of assets other than inventory			
	b	Less: cost or other basis and sales expenses			
	_	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	5с		
4	6	Gaming and fundraising events:			
Ĕ		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
ě	b	Gross income from fundraising events (not including \$ of contributions			
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
	С	Less: direct expenses from gaming and fundraising events 6c			
		Net income or (loss) from gaming and fundraising events (add lines 6a and			
	u	6b and subtract line 6c)	6d		
	7a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).	7с		
	8	Other revenue (describe in Schedule O)	8		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		182,548.	
	10	Grants and similar amounts paid (list in Schedule O)			
	11	Benefits paid to or for members			
ses	12	Salaries, other compensation, and employee benefits		120,044.	
Expenses	13	Professional fees and other payments to independent contractors		2,305.	
Ä	14	Occupancy, rent, utilities, and maintenance.		24,876.	
	15	Printing, publications, postage, and shipping.  Other expenses (describe in Schedule O).  See Schedule 0	15	40.471	
	16 17			43,471.	
	18	<b>Total expenses.</b> Add lines 10 through 16	18	190,696. -8 148	
şţs				-8,148.	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-giqure reported on prior year's return)		289,157.	
¥Α	20	Other changes in net assets or fund balances (explain in Schedule O).		209,131.	
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20.		281,009.	
BA		r Paperwork Reduction Act Notice, see the separate instructions.	1	Form <b>990-EZ</b> (2022)	

Par	<b>till Balance Sheets</b> (see the inst Check if the organization used Sche	ructions for Part II)	estion in this Part II				X
	oneon in the organization acoust of	auto o to rospona to any qu		(A) Beginning			(B) End of year
22	Cash, savings, and investments			287,			278,966.
23	Land and buildings			- 1		23	,
24	Other assets (describe in Schedule O)	See Schedule	9.0	2,	043	. 24	2,043.
25	Total assets			289,	157.	. 25	281,009.
26	Total liabilities (describe in Schedule O)	)			0	. 26	0.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	289,	157	. 27	281,009.
Par	t III Statement of Program Service Ac	complishments (see the inst	ructions for Part III)		ı⊽ı		Expenses
\4/I ±	Check if the organization used Sc		question in this Part	III	X		uired for section 501
wnat	is the organization's primary exempt purpose? See	Schedule U	to three lorgest pro	arom continos o		(c)(3)	) and 501(c)(4) nizations; optional
mea	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service	ces provided, the nu	imber of persons	5		thers.)
		each program title.					
28	See Schedule 0						
	(Grants \$ ) If th	is amount includes foreign gr	rants check here			28a	150 715
29	(Grants \$ ) ii tii	is amount includes loreign gi	ants, check here			20a	153,715.
23				. – – – – – –			
	Grants \$ ) If th	is amount includes foreign gr	rants, check here	. – – – – – – .	_ [	29a	
30	, , ,						
				. – – – – – .			
	(Grants \$ ) If th	is amount includes foreign gi	rants, check here			30a	
31	Other program services (describe in Sch						
		is amount includes foreign gr				31 a	
	Total program service expenses (add lin					32	153,715.
Par	t IV List of Officers, Directors,						
	Check if the organization used Sc	hedule O to respond to any o					
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS	/ contributions t	o emplo	yee	(e) Estimated amount of
	•	position	1099-NEC) (if not paid, enter -0-)	benefit plans, a compens		erred	other compensation
Auc	lrey_Hendler						
	ec Director	40	72,35	7.		0.	0.
Saı	ah Foster						
	cretary	2		0.		0.	0.
	zabeth Nieto			_		_	
	easurer	2		0.		0.	0.
<u>Ca</u> 1	<u>cole_Hughes</u>					^	^
	rector			0.		0.	0.
	enda Johnson Tector	2		0.		0.	0
	ren Afflixio			0.		υ.	0.
	esident	2		0.		0.	0.
	70140IIC	1		<u> </u>		••	<u> </u>
BAA		TEEA0812L 0	9/28/22	1			Form <b>990-EZ</b> (2022)

Pai	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	See S		٥П
			Yes	No
34	Did the organization engage in any significant activity not previously reported to the IRS?  If "Yes," provide a detailed description of each activity in Schedule O	33		Х
-	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
ŀ	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
(	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   37a	30		^
b	Did the organization file Form 1120-POL for this year?	37b		Χ
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
k	o If "Yes," complete Schedule L, Part II, and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
k	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0.; section 4912: 0.; section 4955: 0.			
k	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
,	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed: NY			
ŀ	The organization's books are in care of:  Audrey Hendler  Located at: 210 West 101st Street New York NY  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:		-900 Yes	No X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here		_	N/A N/A No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		Х
Ł	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
C	I If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?  If "No," provide an explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		Х

BAA

Form **990-EZ** (2022)

No Yes Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I..... 46 Χ Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. X Check if the organization used Schedule O to respond to any question in this Part VI Yes No 47 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 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E...... 48 49a Did the organization make any transfers to an exempt non-charitable related organization?...... 49a **b** If "Yes," was the related organization a section 527 organization?...... 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Health benefits, contributions to employee benefit plans, and deferred compensation (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (b) Average hours (e) Estimated amount of er week devoted to position (a) Name and title of each employee other compensation None f Total number of other employees paid over \$100,000 . . . Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None. (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000..... 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a No completed Schedule A. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Executive Director Audrey Hendler Type or print name and title Print/Type preparer's name Preparer's signature Check Richard J Menfi Richard J Menfi self-employed P00553552 Paid FULTON MENFI FREGA STRAUBINGER BERLAMINO LLC Firm's name Preparer Use Only Firm's address 6 ARROW RD STE 200 Firm's EIN 46-4222649 NJ 07446 RAMSEY Phone no. 201-327-7600 X Yes

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name	of the organization					Employer identification	ation number
	Fair Shake for Youth I					27-385551	
Par							ctions.
	organization is not a private found				•	•	
1	A church, convention of churche	,		,	b)(1)(A)(	i).	
2	A school described in <b>section</b>		•				
3	A hospital or a cooperative ho					• • •	
4	A medical research organizat	tion operated in conj	unction with a hospital	describe	d in <b>sec</b>	ction 170(b)(1)(A)(iii). ⊟	inter the hospital's
	name, city, and state:						
5	An organization operated for section 170(b)(1)(A)(iv). (Cor	the benefit of a collemplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in
6	A federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	)(A)(v).	
7	An organization that normally rein section 170(b)(1)(A)(vi). (0	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	l.)			
9	An agricultural research organiz	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege
	or university or a non-land-gran university:	nt college of agriculture	e (see instructions). Enter	the nan	ne, city,	and state of the college	or
10	X An organization that normally	receives (1) more t	han 33-1/3% of its sunr	ort from		utions membershin fe	es and gross receints
	X An organization that normally from activities related to its e investment income and unreladune 30, 1975. See section 5	ated business taxab	le income (less section	ns; and 511 tax)	(2) no r	more than 33-1/3% of i usinesses acquired by	ts support from gross the organization after
11	An organization organized an		•	ety. See	section	n 509(a)(4).	
12	An organization organized an	nd operated exclusive	elv for the benefit of, to	nerform	the fun	ections of, or to carry o	ut the nurposes of one
	or more publicly supported or lines 12a through 12d that de	rganizations describe scribes the type of s	ed in <b>section 509(a)(1)</b> o supporting organization	or <b>sectio</b> and con	<b>n 509(a</b> iplete lii	<b>)(2).</b> See <b>section 509(a</b> nes 12e, 12f, and 12g.	)(3). Check the box on
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elec	ed, or controlled by its sup t a majority of the directo	ported or rs or trus	rganizat stees of t	ion(s), typically by giving the supporting organizati	g the supported on. <b>You must</b>
b	Type II. A supporting organize management of the supporting must complete Part IV. Section	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You
С	· ' '	A supporting organiza	tion operated in connection	n with, a	nd function	onally integrated with, its	supported
d	Type III non-functionally integr	rated. A supporting ord	anization operated in cor	nection	with its	supported organization(s	) that is not
	functionally integrated. The o instructions). You must comp	olete Part IV, Section	ns A and D, and Part V.				
е	integrated, or Type III non-fur	nctionally integrated	supporting organization	١.			-
f		-					
g	·			1			1
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed overning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

# Schedule A (Form 990) 2022 A Fair Shake for Youth Inc 27-3855519 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support		, , ,		,		_	
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	<b>Public support.</b> Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
11	<b>Total support.</b> Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc. (see in	structions)			12		
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organizati stop here	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)		
Sec	tion C. Computation of Pu							
14	Public support percentage for 20	•			•		<u>%</u>	
15	Public support percentage from					LL		
16a	<b>33-1/3% support test—2022.</b> If t and <b>stop here.</b> The organization	ne organization d qualifies as a pu	id not check the blicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box	
b	b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Explain in Part \	/I how	
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances to	ind-circumstances est. The organiza	s test, check this tion qualifies as a	box and <b>stop here</b> publicly supporte	Explain in Part \education	/I how the	
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions	
BAA						Schedule	A (Form 990) 2022	

Schedule A (Form 990) 2022

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.)

Sec	tion A. Public Support								
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total		
	Gifts, grants, contributions.	(4) 2010	(2) 2013	(4) ====	(u) 2021	(6) 2022	(i) rotar		
	and membership fees received. (Do not include any "unusual grants.")	197,799.	204,637.	213,809.	220,792.	179,548.	1,016,585.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's								
	tax-exempt purpose	39,000.	35,190.	14,675.		3,000.	91,865.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	Total. Add lines 1 through 5	236,799.	239,827.	228,484.	220,792.	182,548.	1,108,450.		
<b>7</b> a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13			-					
_	for the yearAdd lines 7a and 7b	0.	0.	0.	0.	0.	0.		
	Public support. (Subtract line	0.	0.	0.	0.	0.	0.		
	7c from line 6.)tion B. Total Support						1,108,450.		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total		
	Amounts from line 6	236,799.	239,827.	228, 484.	220,792.	182,548.	1,108,450.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	230, 199.	239,021.	220,404.	220,192.	102,340.	1,100,430.		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.		
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.		
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.		
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	236,799.	239,827.	228,484.	220,792.	182,548.	1,108,450.		
	First 5 years. If the Form 990 is organization, check this box and	stop here							
	tion C. Computation of Pul								
	Public support percentage for 20	•	•				100.00 %		
	Public support percentage from 2					16	100.00 %		
Sec	tion D. Computation of Inv								
17	Investment income percentage for	•	• • •	-			0.00 %		
18	Investment income percentage fi						0.00 %		
		this box and <b>stop</b>	here. The organi	ization qualifies a	s a publicly suppo	orted organization	X		
	is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on 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 <b>Part VI.</b>	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b		
		<i></i>	000	2000

Par	t IV	Supporting Organizations (continued)			
11	Hac	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A pe	erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		governing body of a supported organization?	11a		
		imily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion	B. Type I Supporting Organizations		Yes	No
1	or moffice organization	the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's ters, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported anization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		les	NO
2	Did that ben	the tax year.  the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such effit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
٠					
sec	tion	C. Type II Supporting Organizations		Yes	No
1	of e	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1	103	
Sec	tion	D. All Type III Supporting Organizations			
1	orga year	the organization provide to each of its supported organizations, by the last day of the fifth month of the anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax r, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the anization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voic all ti	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at imes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played his regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á		The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	$\equiv$	The organization is the parent of each of its supported organizations. Complete line 3 below.			
ď	$\equiv$	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	uctions	s).
2	Acti	vities Test. Answer lines 2a and 2b below.		Yes	No
ā	supp orga resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported anizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
ŀ	mor reas	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the sons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Pare	ent of Supported Organizations. Answer lines 3a and 3b below.			
ā	Did each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of h of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
ŀ		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

27-3855519

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in t complete Sections A	ı Part VI). <b>See</b> through E.
Secti	(B) Current Year (optional)			
1 1	Net short-term capital gain	1		
<b>2</b> F	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		
i	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		
Secti	on B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short ax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
<b>b</b> /	Average monthly cash balances	1b		
c F	Fair market value of other non-exempt-use assets	1c		
d 1	<b>Fotal</b> (add lines 1a, 1b, and 1c)	1d		
	<b>Discount</b> claimed for blockage or other factors explain in detail in <b>Part VI</b> ):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 3	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 1	Multiply line 5 by 0.035.	6		
<b>7</b> F	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C — Distributable Amount	Ш		Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> E	Enter 0.85 of line 1.	2		
3 1	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency emporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inter(see instructions).	grated	Type III supporting org	ganization

BAA Schedule A (Form 990) 2022 9 Distributable amount for 2022 from Section C, line 6

10 Line 8 amount divided by line 9 amount

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes 1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations 3	
4	Amounts paid to acquire exempt-use assets 4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> ) 5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	

Line 6 amount divided by line 5 amount		1.0	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

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 O (Form 990)

#### 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

A Fair Shake for Youth Inc

Employer identification number
27-3855519

# Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion	1,182.
COMPUTER EXPENSES.	
FUNDRAISING	3,969.
Insurance	5,563.
Office Expenses	3,230.
PAYROLL PROCESSING FEES	1,063.
PROGRAM EXPENSES	14,576.
STAFF EXPENSES.	371.
TRANSPORTATION EXPENSES	6,873.
UTILITIES	2,803.
VOLUNTEER EXPENSES	2,089.
Total	\$ 43,471.

## Form 990-EZ, Part II, Line 24 Other Assets

	<u>Beginning</u>		 Ending
SECURITY DEPOSIT	\$	2,043.	\$ 2,043.
	\$	2,043.	\$ 2,043.

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

A Fair Shake for Youth helps underserved and vulnerable NYC youth realize greater opportunities and possibilities for their lives by building critical social and emotional skills using a structured hands-on program with therapy dogs.

#### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

A Fair Shake returned to in-school programming in April 2022 and completed 11 in-school and summer camp programs in 2022 with 225 middle school aged youth in underserved communities in the Bronx, Brooklyn, and Manhattan. The organization focused on rebuilding both the volunteer base of therapy dogs and staffing.

A Fair Shake also continued to offer its innovative 'Zoom Reading Aloud to Dogs' program developed to serve underserved elementary school children in collaboration with the JCC Manhattan during the pandemic.

Name of the organization
A Fair Shake for Youth Inc

Employer identification number
27-3855519

#### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

#### Form 990, Part VI, Line 11b

Form 990 is reviewed and approved for filing by the Executive Director.

#### Form 990, Part VI, Line 19

Upon request.

BAA Schedule O (Form 990) 2022