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PUBLIC DISCLOSURE COPY

1	IRS e-file Signature Authorization for an Exempt Organization	ļ	OMB Nc. 1545-0047
Berrin 8879-EO	for an Exempt Organization		0000
	For calendar year 2020, or fiscal year beginning 2020, and ending	. 20	2020
Department of the Treasury	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 		
Internal Revenue Service Name of exempt organization		Taxpayeri	dentification number
NORTHERN YOUT	H PROJECT	47 4	024191
Name and title of officer or pe	rson subject to tax		
LEONA HILLARY			
PRESIDENT			
	Return and Return Information (Whole Dollars Only)		
Check the box for the retu	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fr 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with	rom the retu in this form v	vas
check the box on line 1a, i blank, then leave line 1b 3	22, 33, 44, 54, 64, 67 74 below, and the antiburt on that line for the retain being mod mat 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter	ered .0. on t	he
return, then enter 0 on th	e applicable line below. Do not complete more than one line in Part I.		
1a Form 000 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-FZ check	here b X b Total revenue, if any (Form 990-EZ, line 9)	2b	98,725.
Ba Form 1120-POL check		3b	
ta Form 990-PF check		4b	
5a Form 8868 check her			
6a Form 990-T check ne	re b Total tax (Form 990-T, Part III, line 4)	6b	· · · · · · · · · · · · · · · · · · ·
7a Form 4720 check her	e D Total tax (Form 4720, Part III, line 1)	7b	
Part II Declara	tion and Signature Authorization of Officer or Person Subject to Ta	ax	
Under penalties of perjury	, I declare that $[X]$ I am an officer of the above organization or $[L]$ I am a person su	ibject to tax	that I have examined a cop
(settlement) date. I also a	It the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior uthorize the financial institutions involved in the processing of the electronic payment of ecessary to answer inquiries and resolve issues related to the payment. I have selected I) as my signature for the electronic return and, if applicable, the consent to electronic fu	a personal	awal.
X Lauthorize SV	VAIN & GRIECO, LLC	to enter m	IY PIN 09505
	ERO firm name		Enter five numbers, but do not enter all zeros
a state agency PIN on the retu	e on the tax year 2020 electronically filed return. If I have indicated within this return that (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforer rn's disclosure consent screen.	mentioned E	he return is being filed with RO to enter my
electronically fi	led return. If I have indicated within this return that a copy of the return is being filed with ities as part of the IRS Fed/State program, I will/enter my PIN on the return's disclosure	h a state ag	ency(ies) reen.
Signature of officer or person sub Part III Certific	ation and Authentication) Da	te ▶ 11-2-222
	your six-digit electronic filing identification by your five-digit self-selected PIN.		
I certify that the above m that I am submitting this IRS <i>e-file</i> Providers for B	umeric entry is my PIN, which is my signature on the 2020 electronically filed return indic return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informusiness Returns.	mation for A	uthorized
ERO's signature 🕨 SWA	IN & GRIECO, LLC	10/29	121
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	o So	
	eduction Act Notice, see instructions.		Form 8879-EO (2020)
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K Form d organization: Tist:				10)/7/2)/1	or 527	-			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file form 990-EZ					947 (a)(1		(10	111 990,	990-L	2, 01 990-F1).
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 > 9 98, 725. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 19, 306. 13 Professional fees and other payments to independent contractors 13 24, 892. 14 Occupancy, rent, utilities, and maintenance 14 700. 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 17 Total expenses. Add lines 10 through 16 17 91, 796. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 3, 051. 19 Net assets or fund balances (explain in Schedule 0) 20 0. 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 9, 980.								8		
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11Benefits paid to or for members1112Salaries, other compensation, and employee benefits1219,306.13Professional fees and other payments to independent contractors1324,892.14Occupancy, rent, utilities, and maintenance14700.15Printing, publications, postage, and shipping1516Other expenses (describe in Schedule 0)SEE SCHEDULE O1617Total expenses. Add lines 10 through 161791,796.18Excess or (deficit) for the year (subtract line 17 from line 9)186,929.19Net assets or fund balances at beginning of year (from line 27, column (A))193,051.20Other changes in net assets or fund balances (explain in Schedule 0)200.219,980.980.								10		
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Yee Pointing Professional fees and other payments to independent contractors1324,892.14Occupancy, rent, utilities, and maintenance14700.15Printing, publications, postage, and shipping1516Other expenses (describe in Schedule 0)SEE SCHEDULE O1646,898.17Total expenses. Add lines 10 through 161791,796.18Excess or (deficit) for the year (subtract line 17 from line 9)186,929.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)193,051.20Other changes in net assets or fund balances (explain in Schedule 0)200.219,980.219,980.	ŝ	12 Sa	laries, other compensation, and employee benefits					12		19,300
15 Printing, publications, postage, and snipping 15 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 6,929 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 3,051 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0 21 9,980 21 9,980	use							13		24,892
15 Printing, publications, postage, and snipping 15 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 6,929 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 3,051 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0 21 9,980 21 9,980	đ							14		
16Other expenses (describe in Schedule 0)SEE SCHEDULE O1646,898.17Total expenses. Add lines 10 through 161791,796.18Excess or (deficit) for the year (subtract line 17 from line 9)186,929.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)193,051.20Other changes in net assets or fund balances (explain in Schedule 0)200.219,980.219,980.	- Č	15 Pri	nting, publications, postage, and shipping					15		
17 Total expenses. Add lines 10 through 16 17 91,796. 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 6,929. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 3,051. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 9,980.			ner expenses (describe in Schedule O)	EE S	CHEI	DULE O		H		46,898
18Excess or (deficit) for the year (subtract line 17 from line 9)186,929.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)193,051.20Other changes in net assets or fund balances (explain in Schedule 0) 21200.219,980.			tal expenses. Add lines 10 through 16			·····	•			
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21 Net assets or fund balances at end of year. Combine lines 18 through 20 🕨 21 9, 980.	ets									•,•2
21 Net assets or fund balances at end of year. Combine lines 18 through 20 🕨 21 9, 980.	ss							10		3 051
21 Net assets or fund balances at end of year. Combine lines 18 through 20 🕨 21 9, 980.	et⊿							H		
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			perwork Reduction Act Notice, see the separate instructions.				. 💌	21	En	

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Form 990-EZ (2020) NORTHERN YOUTH PROJECT			47-40241	. 91 Page 2
Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to resp				
	A)	A) Beginning of year		nd of year
22 Cash, savings, and investments		3,051	• 22	9,980.
23 Land and buildings			23	
24 Other assets (describe in Schedule O)			24	
25 Total assets		3,051	• 25	9,980.
26 Total liabilities (describe in Schedule 0)		0	• 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		3,051	• 27	9,980.
Part III Statement of Program Service Accomplishmer	`	,		xpenses
Check if the organization used Schedule O to resp	ond to any question	in this Part III		for section and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE O			organizati	ons; optional for
Describe the organization's program service accomplishments for each of its three largest program s		s. In a clear and concise	others.)	
manner, describe the services provided, the number of persons benefited, and other relevant information	ation for each program title.			
28 SEE SCHEDULE O				
				01 EC1
(Grants \$) If this amount includes foreign g	rants, check here	►	28 a	81,561.
29				
		`		
(Grants \$) If this amount includes foreign g	rants, check here	····· ►	29a	
30				
(Grants \$) If this amount includes foreign g	ranta abaak bara		30a	
31 Other program services (describe in Schedule O)			50a	
(Grants \$) If this amount includes foreign g			31a	
			N 00	81,561.
Part IV List of Officers, Directors, Trustees, and Key E				
Check if the organization used Schedule O to resp	ond to any question	in this Part IV		
Check if the organization used Schedule O to resp	ond to any question (b) Average hours	(C) Reportable	(d) Health benefits,	(e) Estimated
Check if the organization used Schedule O to resp (a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms	contributions to employee benefit	(e) Estimated amount of other
	(b) Average hours	(C) Reportable	contributions to	(e) Estimated
(a) Name and title LEONA HILARY	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estimated amount of other
(a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estimated amount of other
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO	(b) Average hours per week devoted to position 4 • 0 0	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 •	contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation 0 •
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ	(b) Average hours per week devoted to position 4.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 •	Contributions to employee benefit plans, and deferred compensation 0 •	(e) Estimated amount of other compensation 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY	(b) Average hours per week devoted to position 4 • 0 0	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 •	contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation 0 •
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO	(b) Average hours per week devoted to position 4.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0 0 0 0 0	(e) Estimated amount of other compensation 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER	(b) Average hours per week devoted to position 4.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 •	Contributions to employee benefit plans, and deferred compensation 0 •	(e) Estimated amount of other compensation 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0 • 0 • 0 •	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER	(b) Average hours per week devoted to position 4.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0 0 0 0 0	(e) Estimated amount of other compensation 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0 • 0 • 0 •	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
(a) Name and title LEONA HILARY PRESIDENT PATRICK JARAMILLO TREASURER REBECCA GUTIERREZ SECRETARY MATIAS CORONADO MEMBER PATRICIA SHURE MEMBER ANA MARIA GUADALUPE SALAZAR	(b) Average hours per week devoted to position 4.00 2.00 2.00 2.00 2.00 2.00	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	Contributions to employee benefit plans, and deferred compensation 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .

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Form	990-EZ (2020) NORTHERN YOUTH PROJECT 47-4024	191	F	Page 3
Pa	Int V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Part	V	X
			Yes	No
33	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 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	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		x
b	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	N/	A
	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		X
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 0 .			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or 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
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright 0 • ; section 4912 \blacktriangleright 0 • ; section 4955 \blacktriangleright 0 •			
b	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
C	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization \mathbf{D}			
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
	List the states with which a copy of this return is filed 🕨 MM			
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 505-83			
	Located at ▶ P.O. BOX 1332, ABIQUIU, NM ZIP+4 ▶ 8	751	0	
b	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		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
		1		
		_	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	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
d	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		X
b	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		

Form **990-EZ** (2020)

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Form 990-E	EZ (2020) NORTHERN YOUTH	PROJECT				47-4024	191		Page 4
								Yes	No
46 Did th	he organization engage, directly or indirectly, in po	litical campaign activities	s on behalf of o	r in oppositio	n to candidates for pu	Iblic office?			
lf "Ye	s," complete Schedule C, Part I						46		X
Part V	Section 501(c)(3) Organization	s Only							
	All section 501(c)(3) organizations must a			-					
	Check if the organization used Schedule	O to respond to any	question in th	nis Part VI .					
								Yes	
	he organization engage in lobbying activities or have								X X
	e organization a school as described in section 170						48		A X
	he organization make any transfers to an exempt n						49a 49b		
50 Com	rs," was the related organization a section 527 orga plete this table for the organization's five highest c		(other than offi	cers director	e tructees and key e	mnlovees) who		ceived	more
	\$100,000 of compensation from the organization.			un ootor	3, il u 31003, ullu koy ol	inproyees) wite	caonii	CONCU	more
	(a) Name and title of each employee		(b) Averag	ae hours	(C) Reportable	(d) Health benef)Estim	ated
			per week d	evoted to	compensation (Forms W-2/1099-MISC)	contributions to employee bene	it am	ount of	other
	NON	1E	posit	ion		plans, and deferr compensation		mpens	ation
f Total	number of other employees paid over \$100,000								
	plete this table for the organization's five highest c			ho each rece	ived more than \$100.	000 of compen	sation f	om the	ę
	nization. If there is none, enter "None." NON				itea more man q ree,		bation	onn an	
	(a) Name and business address of each independe	ent contractor		(b) Type of service	(C)	Compe	ensatio	n
d Total	number of other independent contractors each re-	ceiving over \$100 000			•				
	he organization complete Schedule A? Note: All se		tions must atta						
	bleted Schedule A						XY	es 🗌	No
	alties of perjury, I declare that I have examined this								, it is
	ct, and complete. Declaration of preparer (other th	· •					-		
Sign	Signature of officer					Date			
Here	LEONA HILARY, PRESI	DENT							
		Decements 1			Charle	if DTW			
	Print/Type preparer's name	Preparer's signature		Date	Check self- employ	if PTIN			
Paid	ANTHONY J. GRIECO,				Sell- ellipio		100	220	
Prepare						▶ 85-04	183		
Use On	Firm's name ► SWAIN & GRIE Firm's address ► 2050 BOTULE		ፐጥፑ ኦ			(505)	100 100 100		70
	SANTA FE, N	-	TTR W		Phone no.	(303)	000	57	10
May the ID	SANTA FE, F						XY	20	No
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									()

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2020
	Open to Public Inspection
r	identification number

Employer	identif	ication	numbe
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		NORT	HERN YOUTH	PROJECT				4	7-4024191		
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instructions.				
The	organ	nization is not a private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)	1				
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organiz					-	i). Enter	the hospital's name,		
		city, and state:	·					-	-		
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental uni	t describ	bed in		
		section 170(b)(1)(A)(iv). (0									
6		A federal, state, or local go	vernment or governm	nental unit described in :	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma						aeneral	public described in		
		section 170(b)(1)(A)(vi). (C		1 11	5			5	Ĩ		
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research or				ed in coniu	unction with a la	nd-arant	college		
		or university or a non-land-									
		university:	<u>.</u>			···, -··	, , , , , , , , , ,				
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membershir	o fees, a	nd aross receipts from		
		activities related to its exer									
		income and unrelated busi									
		See section 509(a)(2). (Co				0000 0090		Inzation			
11		An organization organized		ively to test for public sa	fety See	section 5	09(a)(4)				
12	\square	An organization organized		•	•			v out the	nurnoses of one or		
		more publicly supported or		•	-			•			
		lines 12a through 12d that	-								
а		Type I. A supporting orga	• •			-		-	<i>u</i> aivina		
u	L	the supported organization		-	•						
		organization. You must o			amajonty				dpporting		
b		Type II. A supporting org	-		tion with it	te sunnort	ed organization(e) by ba	wina		
D	L	control or management of	-				•		-		
		organization(s). You mus			ame perso		Unition of manage	e une sup	ported		
с		Type III functionally inte	-		in connoc	tion with	and functionally	intograt	od with		
U	L	its supported organizatio					-	Integration	eu with,		
d		Type III non-functionally						d organi	zation(s)		
u	L	that is not functionally inf	• • •					•			
		requirement (see instruct			-		-	analleni	IVEIIE55		
~		Check this box if the orga		•							
е	L	functionally integrated, o					а турет, турет,	туре ш			
f	Ente	er the number of supported	• •								
g		vide the following information							·		
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of m	onetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instr	ructions)	support (see instructions)		
Tota											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 5

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Schedule A (Form 990 or 990 EZ) 2020 NORTHERN YOUTH PROJECT

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	52,533.	90,222.	53,162.	42,588.	98,725.	337,230.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	52,533.	90,222.	53,162.	42,588.	98,725.	337,230.
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)						
	Public support. Subtract line 5 from line 4.						337,230.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	52,533.	90,222.	53,162.	42,588.	98,725.	337,230.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						337,230.
12	Gross receipts from related activities	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Per	rcentage			r	100 00
	Public support percentage for 2020 (•				100.00 %
	Public support percentage from 2019						100.00 %
1 6a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o	-					
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			•	•	VI how the organiz	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ						▶⊣
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		and see instruction	

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 NORTHERN YOUTH PROJECT

(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.)

	idar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support		•					
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	. ,				,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.) ·········							
	First 5 years. If the Form 990 is for th	e organization's f	I irst second third	fourth or fifth tax	L vear as a section	1 501(c)('	3) organizat	ion
		-			-			
	tion C. Computation of Publi							
	Public support percentage for 2020 (li			oolump (f))		15		(
						15		
	Public support percentage from 2019 tion D. Computation of Invest					10		0
	•					17		
	Investment income percentage for 20							
	Investment income percentage from 2					18	< 11 ¹	(
	33 1/3% support tests - 2020. If the	-					o, and line	
	more than 33 1/3%, check this box ar							P ∟
	33 1/3% support tests - 2019. If the	0					-	
	upo 18 is not more than 33 1/30/ che	ск this box and s l	top here. The orga	anızatıon qualifies a	as a publicly supp	orted o	rganization	▶∟
	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio							► Г

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

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Schedule A (Form 990 or 990 EZ) 2020 NORTHERN YOUTH PROJECT

Part IV Supporting Organizations (continued)

1

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		1
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported

~	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	supervised, or controlled the supporting organization.

Section C. Type in Supporting Organizations					

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sec	tion D. All Type III Supporting Organizations		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	yeat	see instruction	ns).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a	a governmental entity	. Describe in Part VI how	you supported a governm	ental entity (see instructions).
---	--	------------------------------	-----------------------	---------------------------	-------------------------	----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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9

9505___1

No

Yes

2a

2b

За

3b

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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional instructions).		ted Type III su	ipporting org

instructions).

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Schedule A (Form 990 or 990 EZ) 2020 NORTHERN YOUTH PROJECT

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	_
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020	NORTHERN	YOUTH	PROJECT
Dart VI Cumplementel Inform			

Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2	ON. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; , 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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, 4 Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
032028 01-25-21	Schedule A (Form 990 or 990-EZ)
01105 788008 9505	2020.04030 NORTHERN YOUTH PROJECT 9505_

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

11401105 788008 9505

47-4024191

NORTHERN YOUTH PROJECT

	Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
Image: second secon				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 2	1		- \$ <u>12,500.</u>	Payroll Noncash (Complete Part II for
s 18,500. Payrol Noncesh = Complete Part II for noncesh contributions. (a) (b) (c) (c) (a) Name, address, and ZIP + 4 Total contributions Payrol Type of contributions. 3				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 3	2		- \$ <u>18,500.</u>	Payroll Noncash (Complete Part II for
Image: second				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 4	3		\$10,800.	Payroll Noncash (Complete Part II for
(a) (b) (c) (d) 5 (c) (d) 5 (c) (d) (a) (b) (c) (d) 5 (c) (d) (c) (d) 6 (c) (d) (c) (d) 10 No. Name, address, and ZIP + 4 Total contributions Person X 6 (c) (d) Noncash (Complete Part II for noncash contributions.) (d) 6 (c) (d) Total contributions Type of contributions 6 (c) (d) Total contributions Type of contribution 10 Name, address, and ZIP + 4 Total contributions Type of contribution 6 (c) (d) Total contributions Type of contribution 9 (b) (c) (d) Total contributions Type of contribution 6 (c) (d) Noncash (complete Part II for noncash contributions.) (complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (202) Schedule B (Form 990, 990-E				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 5	4		- \$\$6,000.	Payroll Noncash (Complete Part II for
Image: second				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 6	5		- \$5,000. -	Payroll Noncash (Complete Part II for
923452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)				
14				Payroll Noncash (Complete Part II for noncash contributions.)

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2020.04030 NORTHERN YOUTH PROJECT

Name of organization

47-4024191

NORTHERN YOUTH PROJECT

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2020)

15 2020.04030 NORTHERN YOUTH PROJECT

Name of organization

Employer identification number

47 - 4024191

NORTHERN YOUTH PROJECT

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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2020.04030 NORTHERN YOUTH PROJECT

Page 3

lame of or	ganization			Employer identification number
IORTHE	ERN YOUTH PROJECT			47-4024191
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following line entinative the following line entine the set in the	ny For organizations	that total more than \$1,000 for the y
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
F		(e) Transfer of gif	l t	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
ŀ		(e) Transfer of gif	 :	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, an	., 2		ansferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gif		
_	Transferee's name, address, an			ansferor to transferee
023454 11-25-	-20		Schedule	B (Form 990, 990-EZ, or 990-PF) (20

2020.04030 NORTHERN YOUTH PROJECT

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SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Employer identification number 47 - 4024191

Name of the organization

NORTHERN YOUTH PROJECT

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT :
INSURANCE	1,902.
ADVERTISING	746.
ACCOUNTING	2,603.
BANK SERVICE CHARGES	192.
LEADERSHIP	804.
ART PROGRAM	3,250.
GARDEN PROGRAM	34,113.
ADMINISTRATION	1,992.
SUPPLIES	989.
POSTAGE	307.
TOTAL TO FORM 990-EZ, LINE 16	46,898.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - NORTHERN YOUTH PROJECT

(NYP) WAS FOUNDED BY TEENS IN 2009 AS A PLATFORM TO DEVELOP SKILLS THAT

FOSTER HEALTH, ACADEMIC PERFORMANCE, AND PERSONAL INVESTMENT IN THEIR

COMMUNITIES AND THE ENVIRONMENT, FOR A BRIGHTER TOMORROW TODAY.

THE INITIATIVE WORKS TO SUPPORT THE OUTCOMES AND OPPORTUNITIES FOR

RURAL NORTHERN NEW MEXICO YOUTH THROUGH HANDS-ON ART, AGRICULTURE,

COMMUNITY SERVICE, AND LEADERSHIP PROJECTS THAT HONOR THE PAST AND LOOK

TO THE FUTURE.

NORTHERN YOUTH PROJECT SERVES YOUNG PEOPLE AGES 12 TO 21, PROVIDING

FREE PROGRAMS AND ACTIVITIES YEAR ROUND. THE PROJECT WORKS TO EMPOWER

TEENS IN PUTTING IDEAS INTO ACTION: INITIATING PROJECTS THEY WANT TO

 DO,
 FOCUSING
 ON
 THEIR
 INTERESTS
 AND
 ENGAGING
 IN
 ACTIVITIES
 DRIVEN
 BY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

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THEIR PASSIONS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: THIS YEAR HAS TESTED OUR CREATIVITY, DEDICATION, AND DETERMINATION AS WE ALL STRUGGLED WITH HOW TO CONTINUE TO DO THE WORK IN OUR COMMUNITY AND TO STAY SAFE. NYP ADAPTED TO COVID-19 BY SHIFTING LEADERSHIP AND ART PROGRAMMING TO A VIRTUAL MODEL; MEETING REGULARLY ONLINE AND STILL ENGAGING THE YOUTH IN HEALTH AND COMMUNITY CENTERED SOCIAL ACTIVITIES. OUR RESPONSE TO COVID INCLUDED CREATING A FOOD DISTRIBUTION PROGRAM (GREEN GIFTS), PROVIDING HEALTHY, LOCALLY PRODUCED GOODS TO FAMILIES IN NEIGHBORING SCHOOL DISTRICTS; WHICH ALSO INCLUDED A TEEN NEWSLETTER FULL OF YOUTH ART, GARDENING TIPS, AND HEALTHY EATING RECIPES. WE ALSO CREATED HEALTH SAFETY PROTOCOLS AT THE GARDEN, INCREASED STAFF HOURS TO PROVIDE ENOUGH MENTORS TO MEET WITH REGULATIONS, AND EXTENDED PROGRAMMING IN ORDER TO PROVIDE SERVICES FOR OUR YOUTH (WHOSE NUMBERS INCREASED) THAT HAD OTHERWISE LIMITED SUMMER PROGRAMMING, AND SCHOOL ACTIVITIES.

OLDER INTERNS, INCLUDING TWO SENIOR INTERNS, WORKED CLOSELY WITH STAFF TO CREATE A COVID RESPONSE FOOD DISTRIBUTION PROJECT THAT DEVELOPED INTO THE GREEN GIFTS PROGRAM. NYP TEAMED UP WITH THE NORTHERN NEW MEXICO FOOD NETWORK COALITION TO BRAINSTORM AND RESOURCE SHARE IN ORDER TO PROVIDE FAMILIES IN NORTHERN NEW MEXICO WITH FOOD. NYP FOCUSED ON PROVIDING HEALTHY, LOCALLY PRODUCED PRODUCE (SOME FROM OUR GARDEN) TO THE YOUNG FAMILIES OF THE JEMEZ MOUNTAIN SCHOOL DISTRICT AND ABIOUIU ELEMENTARY. IT HAS ADAPTED TO WORK WITH LOCAL NONPROFITS TO PROVIDE THEM WITH LOCAL PRODUCE FOR THEIR SPECIFIC FOOD DISTRIBUTIONS. IN THE FALL WE BROUGHT IN MENTORS AND PARTNERED WITH THE DAR AL ISLAM MOSQUE TO USE THEIR CERTIFIED KITCHEN TO PROCESS AND PRESERVE MEDICINE, 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 19

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization NORTHERN YOUTH PROJECT	Page 2 Employer identification number 47-4024191
HEALTHY SNACKS, AND FOODS TO SHARE WITH THE COMMUITY. INS	
HARVEST BRUNCH, WE INSTEAD SENT "GREEN GIFT" BAGS TO THE	PARTICIPANTS'
FAMILIES AND COMMUNITY SUPPORTERS AS A GIFT OF THANKSGIVI	NG AND HEALTH.
THE AGRICULTURE PROGRAM FOCUSED ON PERMACULTURE AS WE REC	EIVED A GRANT
FROM THE NEW MEXICO FOUNDATION FOR CULTURALLY RELEVANT PE	RMACULTURE.
FARMER AND NYP MOTHER, MARCELA CASAUS, AND TEWA WOMEN UNI	TED'S BEATA
TSOSIE-PEA SERVED AS MENTORS FOR ALEXA JARAMILLO, OUR NEW	AGRICULTURE
PROGRAMS COORDINATOR. TOGETHER THEY TAUGHT THE YOUTH ABOU	T TRADITIONAL
PERMACULTURE PRACTICES, TEACHING OBSERVATION, SYMBIOTIC R	ELATIONSHIPS,
WATER FLOW, AND TREE GUILDS AS WE CONTINUE TO DEVELOP OUR	FOOD FOREST.
WE WERE ABLE TO TAKE A FIELD TRIP TO SOL FELIZ FARM IN TA	OS TO LEARN
FROM MIGUEL & MARGARITA SANTISTEVAN OTHER PERMACULTURE TE	CHNIQUES AND
WHY WORM COMPOSTING IS SO VALUABLE. WE ALSO TOOK A TRIP T	O THE HEALING
FOODS OASIS IN ESPAOLA TO SEE PERMACULTURE DESIGN, AND TO	HELP HARVEST
AMARANTH. WE ALSO COOKED REGULARLY WITH FRESH VEGGIES FRO	M THE GARDEN,
AND HARVESTED HERBS TO SUPPLEMENT THE GREEN GIFTS PROGRAM	. THE PROGRAM
ALSO COLLABORATED WITH TEWA WOMEN UNITED FOR TREEGENERATI	ON WE ENDED
THE YEAR WITH A WATER BLESSING FROM SAYAN EVELYN TO GIVE	THANKS FOR
WATER & REMEMBER HER IMPORTANCE. AND WITH A COLLABORATION	WITH THE ART
PROGRAM AND MENTOR ISRAEL HAROS-LOPEZ CREATING MURALS TEL	LING THE STORY
OF AMARANTH.	
IN THE EARLY PART OF THE YEAR WE WERE MEETING FOR REGULAR	ART HANG
OUTS" WHERE WE GATHERED AT THE NORTHERN NEW MEXICO COLLEG	E, EL RITO
CAMPUS STUDENT CENTER TO COOK, EAT TOGETHER, AND CREATE A	RT. THE ART
PROGRAM ADAPTED TO COVID BY CREATING ONLINE ART CHALLENGE	S EACH WEEK
THROUGH THE SPRING. THE SUMMER PROGRAM WAS LED BY ASH HAY	WOOD, AND WAS
FOCUSED ON EARTH BASED ART PROJECTS. THE YOUTH MADE FLOWE	R PIGMENTS,
AND PAINTINGS. CREATED CLAY DESIGNS AND OLLAS TO HELP WAT	ER IN THE

 AND PAINTINGS. CREATED CLAY DESIGNS AND OLLAS TO HELP WATER IN THE

 032212 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

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 2020.04030 NORTHERN YOUTH PROJECT
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Name of the organization NORTHERN YOUTH PROJECT	Employer identification number 47-4024191
GARDEN. AND COLLABORATED WITH THE GARDEN PROGRAM TO DESIG	N WATER FLOW
FORMS TO MOVE WATER DOWN HILL WITH LIMITED EROSION. THEY	ALSO CREATED A
SHORT VIDEO SHOWCASING THE PROJECTS OF THE SUMMER THAT WE	CAN BE
ACCESSED ON OUR WEBSITE OR AT HTTPS://YOUTU.BE/JMTZQWZ9B5	O . THEY ALSO
COLLABORATED WITH THE AGRICULTURE PROGRAM TO START A NEW	MURAL HONORING
AMARANTH.	
WE HAD AN AVERAGE OF 6 MORE TEENS PARTICIPATING IN OUR IN	TERNSHIPS. AND
OUR "BRIDGE" OR YOUNGER YOUTH PROGRAM SAW AN INCREASE IN	NUMBERS AS
WELL. SO MUCH SO THAT WE CREATED "SENIOR INTERNSHIP" TO H	AVE ONE OLDER
INTERN SPECIALIZE IN CREATING AGE APPROPRIATE ACTIVITIES	IN THE GARDEN
TO INTEGRATE THE YOUNGER CHILDREN INTO PROGRAMMING. THIS	SPRING AND
SUMMER WE SERVED APPROXIMATELY 44 YOUTH, INCREASING OUR A	VERAGE BY 10
PARTICIPANTS.	
THE GARDEN BECAME THE ONE PLACE THE YOUTH AND FAMILIES CO	ULD COME. AS
THE SCHOOL YEAR STARTED WE SAW A CONTINUED PARTICIPATION,	WHEREAS IN
PAST YEARS WE USUALLY SEE A DECLINE. ONLINE SCHOOLING ONL	Y ADDS TO THE
ISOLATION OF THE YOUTH IN OUR AREA. WE WERE ABLE TO GROW	AND ADAPT
DESPITE THE CHALLENGES, AND WE HOPE TO BE ABLE TO CONTINU	E INTO THE NEW
YEAR STRONGER AND RESILIENT TO BUILD COMMUNITY AND PROVID	E EXPERIENCES
TO OUR YOUTH. THIS YEAR YOUTH PARTICIPATION HAS GROWN, AN	D DEMAND FOR
YEAR-ROUND PROGRAMMING HAS INCREASED.	
WE ALSO ADAPTED OUR FUNDRAISERS TO BE ABLE TO STILL BRING	PEOPLE
TOGETHER SAFELY. WE COLLABORATED WITH THE MOTHER NATURE C	ENTER AND
URBAN REBELS, AS WELL AS LOCAL FARMERS TO GET SEEDS, PLAN	T STARTS, AND
INFORMATION TO YOUTH TO PLANT GARDENS AT HOME. WE THEN HE	LD OUR ANNUAL
PLANT SALE & SEED EXCHANGE ONLINE, AND WITH PHONE ORDERS.	PEOPLE WERE
ABLE TO PICK UP WHAT THEY ORDERED AND BEGIN PLANTING AT H	OME. WE ALSO
GAVE SMALLER GARDEN TOURS DURING FARMER'S MARKET HOURS SO	FOLKS COULD

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
NORTHERN YOUTH PROJECT	47-4024191
SEE THE BEAUTY OF THE GARDEN. AND WE FOCUSED ON #GIVINGTU	ESDAY AS AN
ONLINE PLATFORM SINCE WE COULD NOT HAVE AN IN-PERSON GARD	EN OPEN HOUSE
AND SALSA CONTEST.	

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

FORM 990-EZ AMENDED 990 EXPLANATION

AN AMENDED 990-EZ IS BEING FILED TO REPORT ACCURATE BOARD OF DIRECTORS TITLES.