

**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2016 calendar year, or tax year beginning** , **2016**, and ending


<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Time Out Youth, Inc. 3800 Monroe Road Charlotte, NC 28205		<b>D</b> Employer identification number 56-1755564
	<b>F</b> Name and address of principal officer: Rodney Tucker Same As C Above		<b>E</b> Telephone number (704) 344-8335
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ 894,836.	
<b>J</b> Website: <a href="http://www.timeoutyouth.org">www.timeoutyouth.org</a>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1993	<b>M</b> State of legal domicile: NC
<b>H(c)</b> Group exemption number ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>To offer support, advocacy, and opportunities for personal development and social interaction to lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth ages 11-20.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	12
	6	Total number of volunteers (estimate if necessary)	125
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 484,228. Current Year: 786,720.
	9	Program service revenue (Part VIII, line 2g)	4,198. 28,769.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	174. 227.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,623. 45,566.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	504,223. 861,282.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	263,210. 329,784.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
		16b Total fundraising expenses (Part IX, column (D), line 25) ▶	81,942.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	168,164. 180,462.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	431,374. 510,246.
19	Revenue less expenses. Subtract line 18 from line 12	72,849. 351,036.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year: 380,734. End of Year: 1,416,833.
	21	Total liabilities (Part X, line 26)	40,367. 725,430.
	22	Net assets or fund balances. Subtract line 21 from line 20	340,367. 691,403.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 		Date
	Malone Lockaby Type or print name and title		Treasurer
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Phillip G. Wilson		Check <input type="checkbox"/> if self-employed PTIN P00096084
	Firm's name ▶ C. DeWitt Foard & Co, PA, CPAs	Firm's address ▶ 817 E. Morehead Street, Ste. 100 Charlotte, NC 28202-2767	Firm's EIN ▶ 56-1688300 Phone no. 704-372-1515

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No