

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20	
B Check if applicable:	C Name of organization YOUTH IN MOTION INC
<input type="checkbox"/> Address change	Doing business as YOUTH IN MOTION INC
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	340 MEADOW GROVE CT
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code
<input type="checkbox"/> Amended return	SAINT PETERS MO 63376
<input type="checkbox"/> Application pending	F Name and address of principal officer: SEE ATTACHMENT #1
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(20) (insert no.) 4947(a)(1) or 527	D Employer identification number 81-4724996
J Website: ▶ YOUTHINMOTIONSTL.ORG	E Telephone number (636) 346-7
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	G Gross receipts \$ 6,086
L Year of formation: 2017	M State of legal domicile: MO
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	IMPACT CHILDREN IN UNDERSERVED COMMUNITES IN ST LOUIS METRO AREA SO THEY MAY HAVE CONVIENT ACCESS TO QUALITY EVENTS THAT SUPPORT THE OVERALL PHYSICAL AND MENTAL DEVELOPMENT	
	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)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
Revenue	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		6,086
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,086
	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)		
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 900		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,981
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,981
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12		105
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,322	3,427
Net Assets or Fund Balances	22 Net assets or fund balances. Subtract line 21 from line 20	3,322	3,427

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.

Sign
Here

Signature of officer

Date

JUSTIN TOMICICH

EXEC DIRECTOR

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

ROBERT CRAVEN

P00024519

Firm's name ▶ HRB TAX GROUP INC

Firm's EIN ▶ 431871840

Firm's address ▶ 372 374 MID RIVERS MALL DR

Phone no.

ST PETERS MO 63376

(636) 397-0588

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)