Form 8879-TE		IRS e-file Sign	ature Authorization Exempt Entity		OMB No. 1545-0047
	5 1 1 000				
	For calendar year 202		L 1 , 2021, and ending JUN 30 e IRS. Keep for your records.	_ , 20 <u>4 4</u>	2021
Department of the Treasury Internal Revenue Service		•	m8879TE for the latest information.		
Name of filer		do to www.ii3.gov/1 oil		EIN or SS	N
ROY MA	AS' YOUTH	ALTERNATIVES,	TNC.		914638
Name and title of officer or pe		BLAIR M THOM		/	21000
	-	CHIEF EXECUT			
Part I Type of	Return and Re	turn Information			
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents. ount on that line for	For all other forms, enter the return being filed with	and enter the applicable amount, if any, f whole dollars only. If you check the box of this form was blank, then leave line 1b , <i>2</i> n the return, then enter -0- on the applical	n line 1a, 2a 2b, 3b, 4b, 5	n, 3a, 4a, 5a, 6a, 7a, 8a, 9a b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere 🕨 🗶	b Total revenue, if any	(Form 990, Part VIII, column (A), line 12)		ны <u>2,363,871.</u>
2a Form 990-EZ che	eck here 🕨 📃	b Total revenue, if any	/ (Form 990-EZ, line 9)		2b
3a Form 1120-POL	check here 🕨 📃		D-POL, line 22)		
4a Form 990-PF che	eck here 🕨 🗔		tment income (Form 990-PF, Part V, line		
5a Form 8868 check			8868, line 3c)		
6a Form 990-T chec			T, Part III, line 4)		
7a Form 4720 check			D, Part III, line 1)		
8a Form 5227 check			id of tax year (Form 5227, Item D)		8b
9a Form 5330 check		b Tax due (Form 5330			9b
10a Form 8038-CP ch			ayment requested (Form 8038-CP, Part II	II. line 22)	10b
			f Officer or Person Subject to Ta		
intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial institu financial institution to deb later than 2 business days payment of taxes to receiv	der, transmitter, or ipt or reason for rej , I authorize the U. ution account indic it the entry to this a prior to the payme /e confidential infor nber (PIN) as my sig	electronic return originator ection of the transmission, S. Treasury and its designa ated in the tax preparation iccount. To revoke a paym int (settlement) date. I also mation necessary to answe gnature for the electronic re	It shown on the copy of the electronic retu (ERO) to send the return to the IRS and t (b) the reason for any delay in processin ated Financial Agent to initiate an electrom software for payment of the federal taxes ent, I must contact the U.S. Treasury Fina authorize the financial institutions involve er inquiries and resolve issues related to t eturn and, if applicable, the consent to electron ame	o receive from g the return of hic funds with s owed on this ancial Agent a d in the proce he payment.	m the IRS (a) an or refund, and (c) the date indrawal (direct debit) is return, and the at 1-888-353-4537 no essing of the electronic I have selected a s withdrawal.
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with a state age on the return's o As an officer or return. If I have	ncy(ies) regulating disclosure consent person subject to t indicated within this	charities as part of the IRS screen. ax with respect to the entit	n. If I have indicated within this return that Fed/State program, I also authorize the a cy, I will enter my PIN as my signature on t return is being filed with a state agency(ie closure consent screen.	forementione	ed ERO to enter my PIN 2021 electronically filed charities as part of the
Signature of officer or person subje	ct to tax 🕨			Da	te > 05/12/2023
Part III Certifica	tion and Author	entication			
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	-	7007507800 Do not enter all zero		
-			on the 2021 electronically filed return indic 3, Modernized e-File (MeF) Information for		
ERO's signature 🕨RAN	DY WALKER	& CO	Date ►		
			nis Form - See Instructions The IRS Unless Requested To Do	o So	
LHA For Privacy act and		ction Act Notice, see inst			Form 8879-TE (2021)
102521 01-11-22					

Form 9990 Description Description Description 2021 Description Descri		-		Return of Organization Exempt Fro	om In	come Tax	ŀ	OMB No. 154	15-0047
Denote of the Treasure ▶ Do note of the social socurity numbers on this form as it may be made public intermetion. Openation intermetion intermetion. A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 B Cross Contender year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 B Cross Contender year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 B Cross Contender year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 Contender year, or tax year beginning JUL 1, 2021 and ending year, or tax year beginning JUN 30, 2023 Contender year, or tax year beginning JUL 1, 2021 and ending year, or tax year beginning JUN 2021 Engineering Contender year, or tax year beginning JUL 1, 2021 And tax year beginning JUN 2021 Engineering Engineering Contender year, or tax year beginning JUN 2011 State of province, country, and ZP or foreign postal code Tele ontropic dentification Tele ontropic dentification SAME AS C ABOVE His bare and address of principa of foreign intermetion. His bare and address of principa of foreign province, country, and ZP or foreign postal code His bare fleagl dominie: TX </td <td>For</td> <td>mУ</td> <td>90</td> <td></td> <td>ns)</td> <td>202</td> <td>)1</td>	For	mУ	90		ns)	202)1		
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Andread ROY MAAS' YOUTH ALTERNATIVES, INC. 74-1914638 Instruction Doing business as 74-1914638 Instruction 3103 WEST AVE E Telephone number (210) 340-8077 Instruction SAN ANTONICO, TX 78213 F Provide F Name and address of principal officer: BLATR M. THOMPSON SMM ANS CONC. G Coursectests 12,494,817. Michael F Name and address of principal officer: BLATR M. THOMPSON SMM ANS CONC. Yes Namonov I Tax exempt status: X 501(c)(3) 501(c)(4) (insert na.) 4947(a)(1) or 507 I Tax exempt status: X 501(c)(3) 501(c)(4) (insert na.) 4947(a)(1) or 507 I Tax exempt status: X 501(c)(3) 501(c)(4) (insert na.) 4947(a)(1) or 507 I Stridy describe the organization's incision or most significant activities: RMYA CREATER FUTURES No FOR CHILDREN IN CRISIS BY PROMOTING INDIVIDUAL SUCCESS AND HEALTHY 2 Constructions and grants (Part VIII, ine 1a) 4 17 Number of independent voting members of the governing body (Part VI, ine 2a) 5 5 5 5 5 I turnetaed business revenue (Part VIII, column (A), lines 13) 12, 6				forganization		D Employer identif	icatio	on number	
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City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX 78213 G Gross recepts 5 12,494,817. Perform SAN ANTONIO, TX 78213 High is this a group return for subordinates? Yes X No SAME AS C ABOVE High is this a group return for subordinates? Yes X No 1 Brefly describe the organization: X 501(c)(3) 501(c)(1) (inset no.) 4947(a)(1) or 502 2 Website: WWW.RMYA. ORG High we at abordinates incluser: Yes X No PartII Summary Corporation Trust Association Other L year of formation: 1977 M state of legal domicile: TX PartII Summary if the organization: X corporation or most significant activities: RMYA CREATES BRIGHTER FUTURES 2 Check this box if the organization or disposed of more than 25% of its net assets. 3 18 4 17 3 Number of independent voting members of the governing body (Part VI, line 1a) 13,790,652. 11,915,796. 5 12,544. 24,493. 13,794. 4 Onthoutnes of adviculase employee in calend ary varian body (Part VI, line 1a) 13,790,652. 11,915,796. 12,5644. 24,493. 1		returi	n Number	and street (or P.O. box if mail is not delivered to street address) Roon	m/suite				
and located City or town, state or province, country, and ZIP or foreign postal code I2 / 43 4, 01 / . SAN ANTONIO, TX 78213 File or the state of the stat		returi	√ JI0J	WEST AVE		(210) 34			
Image: Second	_	ated	City or to		_	G Gross receipts \$		12,494,	817.
SAME AS C ABOVE H(b) Are at subordivates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or DZT H(b) Are at subordivates included? Yes No J Website: WWW. RNYA. ORG H(c) Group exemption number > Form of organization: X Corporation Trust Association Other > L Year of formation: 1977 M State of legal domicals: TX Part1 Summary 1 Briefly describe the organization's mission or most significant activities: RMYA CREATES BRIGHTER FUTURES FOR CHILDREN IN CRISIS BY PROMOTING INDIVIDUAL SUCCESS AND HEALTHY 2 Check this box > 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 V, line 1a) 3 4 Number of independent voting members of the governing body (Part V, line 2a) 6 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 7 Total unrelated business revenue from Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 12, 6444, 244, 493. 10 Inversement income (Part VIII, column (A), lines 4, olum (A), line 12) 14, 223, 910. 12, 6444, 244, 493. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		returi	DAN .						
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11 Other revenue (Part Viii, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 033, 301. 403, 788. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14, 223, 910. 12, 363, 871. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 272, 350. 558, 448. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 9, 191, 250. 8, 777, 768. 16a Professional fundraising expenses (Part IX, column (D), line 25) 342, 396. 9, 191, 250. 8, 777, 768. 17 Other expenses (Part IX, column (D), line 25) 342, 396. 12, 838, 799. 12, 853, 032. 19 Revenue less expenses. Subtract line 18 from line 12 1, 385, 111. -489, 161. 18 Total assets (Part X, line 16) 5, 243, 820. 4, 554, 058. 21 Total liabilities (Part X, line 26) 1, 038, 291. 837, 690. 22 Net assets or fund balances. Subtract line 21 from line 20 4, 205, 529. 3, 716, 368. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying sc	nu	9	Program servi			35,253.		13,	794.
11 Other revenue (Part Viii, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 033, 301. 403, 788. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14, 223, 910. 12, 363, 871. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 272, 350. 558, 448. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 9, 191, 250. 8, 777, 768. 16a Professional fundraising expenses (Part IX, column (D), line 25) 342, 396. 9, 191, 250. 8, 777, 768. 17 Other expenses (Part IX, column (D), line 25) 342, 396. 12, 838, 799. 12, 853, 032. 19 Revenue less expenses. Subtract line 18 from line 12 1, 385, 111. -489, 161. 18 Total assets (Part X, line 16) 5, 243, 820. 4, 554, 058. 21 Total liabilities (Part X, line 26) 1, 038, 291. 837, 690. 22 Net assets or fund balances. Subtract line 21 from line 20 4, 205, 529. 3, 716, 368. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying sc	eve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		12,644.		24,	493.
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 272,350.558,448. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0.0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 9,191,250.8,777,768. 16a Professional fundraising fees (Part IX, column (D), line 25) > 342,396. 17 Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e) 3,375,199.3,516,816. 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 12,838,799.12,853,032. 19 Revenue less expenses. Subtract line 18 from line 12 1,385,111. -489,161. 20 Total assets (Part X, line 16) 5,243,820.4,554,058. 1,038,291.837,690. 21 Total liabilities (Part X, line 26) 1,038,291.837,690. 4,205,529.3,716,368. 22 Net assets or fund balances. Subtract line 21 from line 20 4,205,529.3,716,368. 9. 22 Net assets or fund balances. Subtract line 21 from line 20 4,205,529.3,716,368. Part II Signature Block 10 10,368,291.83,716,368.	É	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		385,361.		409,	788.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,191,250.8,777,768. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0.00000000000000000000000000000000000		12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,191,250.8,777,768. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.0.0. b Total fundraising expenses (Part IX, column (D), line 25) 342,396. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,375,199.3,516,816. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,838,799.12,853,032. 19 Revenue less expenses. Subtract line 18 from line 12 1,385,111. -489,161. 10 Beginning of Current Year End of Year 20 Total liabilities (Part X, line 16) 1,038,291. 837,690. 21 Total liabilities (Part X, line 26) 1,038,291. 837,690. 22 Net assets or fund balances. Subtract line 21 from line 20 4,205,529. 3,716,368. Part II Signature Block		13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)				558,	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 342,396. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,375,199. 3,516,816. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,838,799. 12,853,032. 19 Revenue less expenses. Subtract line 18 from line 12 1,385,111. -489,161. 20 Total assets (Part X, line 16) 5,243,820. 4,554,058. 21 Total liabilities (Part X, line 26) 1,038,291. 837,690. 22 Net assets or fund balances. Subtract line 21 from line 20 4,205,529. 3,716,368. Part II Signature Block		14	Benefits paid t	to or for members (Part IX, column (A), line 4)					
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,838,799. 12,853,032. 19 Revenue less expenses. Subtract line 18 from line 12 1,385,111. -489,161. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 5,243,820. 4,554,058. 21 Total liabilities (Part X, line 26) 1,038,291. 837,690. 22 Net assets or fund balances. Subtract line 21 from line 20 4,205,529. 3,716,368. 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	x De	. b		• • • • • • • • •	•				
19 Revenue less expenses. Subtract line 18 from line 121,385,111489,161.Beginning of Current YearEnd of Year20 Total assets (Part X, line 16)5,243,820. 4,554,058.21 Total liabilities (Part X, line 26)1,038,291. 837,690.22 Net assets or fund balances. Subtract line 21 from line 204,205,529. 3,716,368.Part IISignature BlockUnder 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	ш	17	-				<u> </u>		
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 5, 243, 820. 4, 554, 058. 21 Total liabilities (Part X, line 26) 1, 038, 291. 837, 690. 22 Net assets or fund balances. Subtract line 21 from line 20 4, 205, 529. 3, 716, 368. 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					🗖		-		
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			Revenue less	expenses. Subtract line 18 from line 12					
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	ts or		-						
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	Ssei	20					-		
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	let A	21					-		
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						±,40J,049.		5,110,	200.
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Sign		Signature of	officer							Date	
Here		BLAIR	М.	THOM	PSON,	CHIE	F EXECUTIVE	OFFICER			
		Type or print	t name a	and title							
	Print	t/Type prepare	er's nam	ie		F	Preparer's signature		Date	Check PTIN	
Paid	RAN	JDY L.	WAL	KER,	CPA					self-employed P009637	79
Preparer	Firm	's name 🕒	RAN	DY W	ALKER	& CO				Firm's EIN 🕨 20-399269	3
Use Only	Firm	's address 🕨	780	0 IH	10 WI	EST, S	STE. 505				
	SAN ANTONIO, TX 78230							Phone no. 210 - 366 - 943	0		
May the I	RS dis	scuss this re	turn wi	ith the pr	eparer sho	wn above	? See instructions			X Yes	No
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) ROY MAAS' YOUTH ALTERNATIVES, INC. 74-1914	638	Page 2
Pa	statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	~	
	RMYA CREATES BRIGHTER FUTURES FOR CHILDREN IN CRISIS BY PROMOTING INDIVIDUAL SUCCESS AND HEALTHY RELATIONSHIPS IN A SAFE, HEALING	G	
	ENVIRONMENT, GIVING CHILDREN AND FAMILIES THE TOOLS TO END THE C	YCLE	
	OF ABUSE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
•	If "Yes," describe these new services on Schedule O.	Yes	V No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	oenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	nses, and	
	revenue, if any, for each program service reported.	100 0	
4a	(Code:) (Expenses \$ 7,905,278. including grants of \$ 557,003.) (Revenue \$) (Revenue \$]	128,2 DF	44 •)
	EMERGENCY AND RESIDENTIAL PROGRAMS WHICH PROVIDE SERVICES TO VAR.		
	STATE AND LOCAL GOVERNMENT ENTITIES FOR CHILD PLACEMENT AND GUID		
	INCLUDING THE DIRECT SERVICES TO THE PUBLIC. TOTAL YOUTH SERVED	WERE	
	235. TOTAL DAYS OF CARE PROVIDED WAS 27,947.		
4b	(Code:)(Expenses \$ 1,120,839. including grants of \$ 1,445.) (Revenue \$	18,1	80.)
чы	COUNSELING CENTER - PROVIDES PROFESSIONAL COUNSELING TO CHILDREN		<u>, , , , , , , , , , , , , , , , , , , </u>
	EXPERIENCING TRAUMA AND DISTRUPTIVE BEHAVIORS, AND THEIR FAMILIE		
	TOTAL COUNSELING SESSIONS WAS 7,947, AND TOTAL HOURS OF COUNSELING		
	PROVIDED WAS 6,599, WHICH INCLUDES THE CLINICAL DEPARTMENT HOURS THE RESIDENTS AT MEADOWLAND.	FOR	
	THE RESIDENTS AT MERDOWLAND.		
4c	(Code:) (Expenses \$2, 360, 907. including grants of \$) (Revenue \$)	38,2	93.)
	CHARTER SCHOOL - AN "ON-CAMPUS" CHARTER SCHOOL AT THE MEADOWLAND	0.07	
	LONGTERM RESIDENTIAL/TREATMENT CENTER, WITH GRADES 1-12. THE SCHO ACCOMODATES THE RESIDENTS AT MEADOWLAND AND IS OPEN TO THE LARGE		
	BOERNE, TEXAS COMMUNITY. STUDENT ENROLLMENT BEGAN IN FALL OF 201		
	TOTAL NUMBER OF STUDENTS WAS 183.		
4d	Other program services (Describe on Schedule O.)	\	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 11,387,024.)	
		Form 99	0 (2021)
132002	2 12-09-21 2		

Form	990	(2021)
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 Form 990 (2021)
 ROY MAAS' YOUTH ALTERNATIVES, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			- 23
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ũ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		<u></u>
IZa		12a		х
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
20-	complete Schedule G, Part III	19 202		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		- 23
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
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 Form 990 (2021)
 ROY MAAS' YOUTH ALTERNATIVES, INC.
 74-1914638
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
U		24c		
اہ	any tax-exempt bonds?			<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b	x	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200	Δ	<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	37	X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50		36		x
07	If "Yes," complete Schedule R, Part V, line 2	30		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	↓ 12-09-21	Form	990	(2021)
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Form 990 (2					ALTERNATIVES,	
Part V	Statements	Regard	ing Other	IRS Filing	gs and Tax Complia	nce (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 235		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" <i>to line 3b, provide an explanation on Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Зa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
I	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

132005 12-09-21

Form	990	(2021)
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ROY MAAS' YOUTH ALTERNATIVES, INC.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI		X					
Section A. Governing Body and Management							

			10		es	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	18			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		4 1			
b	Enter the number of voting members included on line 1a, above, who are independent		17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		ŀ		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			5		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?		7	а		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
-	persons other than the governing body?		7	b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		····· ⊢·			
a	The governing body?		9	a Z	x	
					x	
9	Each committee with authority to act on behalf of the governing body?		······ °		<u> </u>	
9						х
Sec.	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			,		- 77
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		v		
	Did the energia tion have been been been been at a filled a O				es	No X
	Did the organization have local chapters, branches, or affiliates?		<u> 1</u> 0)a	\rightarrow	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,				
)b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the fo	rm? 1	a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12	2b 2	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">	'es," describe			_	
	on Schedule O how this was done		12		X	
13	Did the organization have a written whistleblower policy?		1		X	
14	Did the organization have a written document retention and destruction policy?		1	4 2	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		1	ia 2	X	
b	Other officers or key employees of the organization			ib		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?		10	ia		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?		16	ib		
Sec	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ad 000 T (agation 50	1(0)(2)0 00		ailab	
10		IG 990-1 (Section St		iy) ava	aliau	ne
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntilict of interest pol	cy, and fin	ancia		
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records	·			
	MARIANA VAZQUEZ - (210) 340-8077					
	3103 WEST AVE, SAN ANTONIO, TX 78213			-		
	3 12-09-21		С	orm 9	90 (202

Form 990 (20	21) ROY MAAS'	YOUTH ALTERNATIVES	, INC.	74-1914638	Page 7		
Part VII C	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
E	Employees, and Independent Contractors						
C	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.						
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.							
Enter -0- in co	Enter -0- in columns (D), (E), and (F) if no compensation was paid.						

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours per liked organization inter and attention with the spectrum of the spectrum between th	(A)	(B)	(C)		(D)	(E)	(F)				
hours per veck (itst any line) Doc. utstsprant is being its and address training its and address training below set ing and address training ing and address	Name and title	Average	Position		Reportable Reportable		Estimated				
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(7) NOAH ALMANZA 40.00 X 0. 0. 0. CHIEF STRAT. OFF. [FROM 04/2022] 1.00 X 0. 0. 0. (8) SHIRLEY BRATTON 1.00 X 0. 0. 0. 0. BOARD MEMBER 0.000 X 0.00 X 0. 0. 0. 0. BOARD MEMBER 0.000 X 0.00 X 0. 0. 0. 0. 0. BOARD MEMBER 0.000 X 0.00 X 0. 0. 0. 0. 0. BOARD MEMBER 0.000 X 0.00 X 0. 0. 0. 0. 0. BOARD MEMBER 0.000 X 0.00 X 0. 0. 0. 0. 0. (11) BILL JOHNSON 1.00 0. <	(6) BLAIR M. THOMPSON III										
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(8) SHIRLEY BRATTON 1.00 X 0.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(7) NOAH ALMANZA										
BOARD MEMBER 0.00 X 0.	CHIEF STRAT. OFF. [FROM 04/2022]				Х				0.	0.	0.
(9) BARTA BUSBY 0.50 X 0.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(8) SHIRLEY BRATTON										
BOARD MEMBER 0.00 X 0.	BOARD MEMBER		Х						0.	0.	0.
(10) LEA FREEMYER 1.00 X 0.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(9) BARTA BUSBY										
PARLIAMENTARIAN 0.00 X 0.	BOARD MEMBER		Х						0.	0.	0.
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BOARD MEMBER 0.00 X 0.	PARLIAMENTARIAN		Х						0.	0.	0.
(12) EARNEST JONES 1.00 X 0.00 X 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 0.00 (13) ROXI MCCLOSKEY MORRIS 2.00 0.00 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 BOARD MEMBER 1.000 X 0.00 0.00 BOARD MEMBER 1.000 X 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 BOARD MEMBER 1.000 X 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 BOARD MEMBER 1.000 X 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00	(11) BILL JOHNSON										
BOARD MEMBER 0.00 X 0.	BOARD MEMBER		Х						0.	0.	0.
(13) ROXI MCCLOSKEY MORRIS 2.00 0.000	(12) EARNEST JONES										
BOARD MEMBER 0.00 X 0.	BOARD MEMBER		Х						0.	0.	0.
(14) MICHAEL MCCRAY 2.00 0.00 0.00 BOARD MEMBER 1.00 X 0.00 0.00 (15) MARK MORKOVSKY 1.00 0.000 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 BOARD MEMBER 1.000 X 0.00 0.00 BOARD MEMBER 1.000 X 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00	(13) ROXI MCCLOSKEY MORRIS										
BOARD MEMBER 1.00 X 0.	BOARD MEMBER		Х						0.	0.	0.
(15) MARK MORKOVSKY 1.00 0.00	(14) MICHAEL MCCRAY										
BOARD MEMBER 0.00 X 0.			Х						0.	0.	0.
(16) JOSH LODEN 2.00 0.00	(15) MARK MORKOVSKY										
BOARD MEMBER 1.00 X 0. 0. 0. <td>BOARD MEMBER</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	BOARD MEMBER		Х						0.	0.	0.
(17) JOHN ROACH 2.00 X 0.00 X 0.00	(16) JOSH LODEN										
BOARD MEMBER 0.00 X 0. 0. 0.	BOARD MEMBER		Х						0.	0.	0.
	(17) JOHN ROACH										
	BOARD MEMBER	0.00	Х						0.	0.	

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132007 12-09-21

Form 990 (2					ALTERNAT	=
Part VII	Section A.	Officers, Direct	tors, Truste	es, Key Em	ployees, and Hig	ghest Co

INC.

74-1914638 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)					(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of	
	week			uau	recio	i/irus	lee)	- from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	ruste	al trus		/ee	mpen		1099-NEC)	1000 NEO	and related
	below	Individual trustee or director	Institutional trustee	Ju Ju	mplo	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			
(18) MANUEL RUIZ	2.00									
BOARD MEMBER	0.00	Х						0.	0	. 0.
(19) MAGGIE SINGER	1.00									
BOARD MEMBER	0.00	Х						0.	0	. 0.
(20) BRUCE STROUP	2.00								0	
BOARD MEMBER	1.00	Х						0.	0	. 0.
(21) KAREN CANNON PRESIDENT	2.00	х		х				0.	0	. 0.
(22) CAROLYN ALLEY	2.00	Δ		Δ				0.	0	• • •
VICE PRESIDENT	0.00	х		х				0.	0	. 0.
(23) CLAY GOAR	1.00	~		<u> </u>				0.	0	• • •
SECRETARY	1.00	х		х				0.	0	. 0.
(24) ALLEN GUIDRY	2.00			23					•	· · ·
IMMEDIATE PAST PRESIDENT	0.00	х		х				0.	0	. 0.
(25) RUSSELL LEDAY	1.00									
TREASURER	1.00	Х		Х				0.	0	. 0.
Ib Subtotal 595,781. 0. 48,279.										
1b Subtotal								0.	0	
c Total from continuation sheets to Part VI								595,781.	0	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not address the second secon										• 40,279•
compensation from the organization		030	13100	u ac	000	<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010			3
										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for su	uch individual									3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4 X
5 Did any person listed on line 1a receive or a									lual for services	
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ch į	bers	on .				5 X
1 Complete this table for your five highest cor	monsated ind	ono	ndor		ontra	actor	re th	at received more than \$	100 000 of compen	sation from
the organization. Report compensation for t	•	•							· ·	Sation nom
(A)	ine culoridui je			<u>g</u>				(B)		(C)
Name and business	address							Description of s	ervices	Compensation
3 & E CONTRACTORS, 5602 RANDOLPH BLVD #2,										
SAN ANTONIO, TX 78233 REMODEL CONTRACTOR 382,548.										
BLUE ARMOR SECURITY SERVICES, 10515										
GULFDALE ST #109, SAN ANTONIO, TX 78216SECURITY SERVICES121,270.JT HEALTH SCIENCE CENTER AT SAN ANTONIO										
7703 FLOYD CURL DR, SAN ANTONIO, TX 78229 PSYCHIATRIC SERVICES 118,192.										
		<u> </u>		/ 0		<u> </u>				110,1920
2 Total number of independent contractors (ir \$100,000, of compensation from the organiz	0	ot lin	nited	to			τed	above) who received mo	ore than	
\$100,000 of compensation from the organization > 3										

132008 12-09-21

Form **990** (2021)

	n 990 rt V		021) ROY MAAS	YOU	TH ALTERI	NATIVES, IN	NC.	74-1914	638 F	Page 9
			Check if Schedule O contains a r	esponse	or note to any lin	e in this Part VIII				\square
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue ex from tax u sections 512	inder
its ts	1 :	а	Federated campaigns	1a	320,833.					
àran oun	I	b	Membership dues	1b						
s, G				1c	465,555.					
Gift Iar			.	<u>1d</u>	143,707.					
ns, Simi			5 (,	<u>1e</u>	8,739,072.					
utio er S			All other contributions, gifts, grants, and		2 246 620					
Oth				1f 1g \$	2,246,629. 563,919.					
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f			11,915,796.				
0 0					Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ø	2	а	RESIDENTIAL & COUNSEL		623990	13,794.	13,794.			
vice	_	b				,	, ,			
Ser nue		с								
am eve		d								
Program Service Revenue		е								
Pr	1	f	All other program service revenue							
			Total. Add lines 2a-2f			13,794.				
	3		Investment income (including dividen			24,402				402
			other similar amounts)			24,493.			24	,493.
	4 5		Income from investment of tax-exemp							
	5		Royalties	Real	(ii) Personal					
	6	а	Gross rents 6a	- loai	() + 0.001.101					
			Less: rental expenses 6b							
			Rental income or (loss) 6c							
			Not reptal income or (loca)		►					
	7	а	Gross amount from sales of (i) Se	curities	(ii) Other					
			assets other than inventory 7a							
	I		Less: cost or other basis							
venue			and sales expenses							
			Gain or (loss) 7c							
r Re			Net gain or (loss)		>					
Other Re	8		Gross income from fundraising events (no including \$ 465,555.							
0			contributions reported on line 1c). Se							
			Part IV, line 18		185,770.					
			Less: direct expenses	·····						
			Net income or (loss) from fundraising			54,824.			54	,824.
	9	а	Gross income from gaming activities.	See						
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gaming act	vities	<u></u> ▶					
	10		Gross sales of inventory, less returns	10	170,901.					
			and allowances Less: cost of goods sold							
			Net income or (loss) from sales of inve		<u> .</u> . ►	170,901.	170,901.			
		-			Business Code		,			
sno	11	а	INSURANCE PROCEEDS		900099	165,320.			165	,320.
ane	I		OTHER INCOME		900099	18,743.			18	,743.
Sells		с								
Miscellaneous Revenue			All other revenue							
<u> </u>			Total. Add lines 11a-11d	<u></u>		184,063.				
	12				►	12,363,871.	184,695.	0.		,380.
13200	9 12-0	09-2	:1						Form 990	(2021) י

22320507 130509 ROYMAASINC

9

ROY MAAS' YOUTH ALTERNATIVES, Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

INC.

	Check if Schedule O contains a response	se or note to any line in	this Part IX	<u></u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	558,448.	558,448.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	641 607		66 100	20 075
_	trustees, and key employees	641,697.	555,442.	66,180.	20,075
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,943,919.	6,006,763.	717,617.	219,539.
8	Pension plan accruals and contributions (include	0,910,919	0,000,000	/ 1 / / 0 1 / 0	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	680,357.	595,370.	67,653.	17,334.
10	Payroll taxes	511,795.	422,559.	70,400.	18,836.
11	Fees for services (nonemployees):	-			
а	Management				
b					
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	697,366.	617,915.	50,584.	28,867.
12	Advertising and promotion	115 510	240 004	64,737.	10 602
13	Office expenses	415,513. 136,017.	340,084.		<u> 10,692</u> . 6,980.
14	Information technology	130,017.	114,235.	14,802.	0,900.
15 10	Royalties	533,070.	528,431.	4,608.	31.
16 17	Occupancy	74,526.	72,058.	2,468.	51.
17 18	Travel Payments of travel or entertainment expenses	/1/5200	72,030.	2,400.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	123,294.	117,167.	5,866.	261.
20	Interest	- , -			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	357,907.	351,410.	5,869.	628.
23	Insurance	288,872.	238,532.	44,171.	6,169.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а		570,673.	556,568.	2,565.	11,540.
b	FOOD SERVICES	184,218.	177,013.	5,761.	1,444.
С	FOSTER FAMILY PER DIEM	114,449.	114,415.	34.	
d		20,911.	20,614.	297.	
	All other expenses	10 853 033	11 397 034	1 1 2 6 1 2	312 206
25 26	Total functional expenses. Add lines 1 through 24e	12,853,032.	11,387,024.	1,123,612.	342,396.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

22320507 130509 ROYMAASINC

Check if Schedule O contains a response or note to any line in this Part X

	Check if Schedule O contains a response or note	s to any				
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,375,391.	1	830,968.
2	Savings and temporary cash investments			1,302,002.	2	1,788,269.
3	Pledges and grants receivable, net	578,881.	3	407,700.		
4	Accounts receivable, net		941,958.	4	598,778.	
5	Loans and other receivables from any current or			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
J	trustee, key employee, creator or founder, substa					
	controlled entity or family member of any of thes				5	
6	Loans and other receivables from other disqualif	-				
U	under section 4958(f)(1)), and persons described				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9				243,950.	9	80,498.
	Land, buildings, and equipment: cost or other			210,0000		
iou	basis. Complete Part VI of Schedule D	10a	1.688.399.			
b	Less: accumulated depreciation	10b	<u>1,688,399</u> . 1,203,064.	474,965.	10c	485,335.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line 1		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	326,673.	15	362,510.		
16	Total assets. Add lines 1 through 15 (must equa	5,243,820.	16	4,554,058.		
17	Accounts payable and accrued expenses			1,035,572.	17	837,006.
18	Grants payable				18	
19	Deferred revenue			2,035.	19	
20					20	
21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
22	Loans and other payables to any current or form	er office	er, director,			
	trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
	controlled entity or family member of any of thes	e perso	ns		22	
23	Secured mortgages and notes payable to unrelation	ted third	d parties		23	
24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
25	Other liabilities (including federal income tax, pay	ables t	o related third			
	parties, and other liabilities not included on lines	17-24).	Complete Part X			
	of Schedule D			684.	25	684.
26	Total liabilities. Add lines 17 through 25			1,038,291.	26	837,690.
	Organizations that follow FASB ASC 958, chee	ck here				
	and complete lines 27, 28, 32, and 33.					1 500 110
27	Net assets without donor restrictions	2,888,296.	27	1,702,110. 2,014,258.		
28	Net assets with donor restrictions	1,317,233.	28	2,014,258.		
	Organizations that do not follow FASB ASC 95	58, cheo	ck here 🕨 📃			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds		29			
30	Paid-in or capital surplus, or land, building, or eq				30	
31	Retained earnings, endowment, accumulated inc				31	2 716 260
32	Total net assets or fund balances			4,205,529.	32	3,716,368.
33	Total liabilities and net assets/fund balances	5,243,820.	33	4,554,058.		

Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

	1990 (2021) ROY MAAS' YOUTH ALTERNATIVES, INC.	74-191	.4638	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>.2,36</u>	-			
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	.2,85				
3	Revenue less expenses. Subtract line 2 from line 1	3	-48				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,20	5 , 5	<u>29.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3,71	5,3	<u>68.</u>		
Pa	Part XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	Х	 		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c	Х	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0					
	Act and OMB Circular A-133?		3a	X	┝───		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			<u>X</u>	(2021)		
			Lorm	7711	(1) (1) (1)		

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public

Name of the	organization
-------------	--------------

Nan	ne of	the organization							identification number	
D		ROY	MAAS' YOUT	H ALTERNATIV	ES, IN	VC.			4-1914638	
Pa	nrt I	Reason for Public	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructions	S.		
The	orgar	nization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b) (1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental un	it describe	ed in	
		section 170(b)(1)(A)(iv). (0	Complete Part II.)							
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	Illy receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (C			Ū			•		
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research or				ed in conju	inction with a l	and-grant	college	
		or university or a non-land-	-			-		-	-	
		university:		. ,				U U		
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from	
		activities related to its exen	• • • •							
		income and unrelated busi								
		See section 509(a)(2). (Co					, ,			
11	\square	An organization organized		velv to test for public sa	fetv. See	section 50)9(a)(4).			
12	\square	An organization organized	-	•	•			rv out the	purposes of one or	
		more publicly supported or		•				•		
		lines 12a through 12d that								
а		Type I. A supporting orga							aivina	
-		the supported organization	-	-	• • • •	-				
		organization. You must o								
b		Type II. A supporting org	-		tion with it	s sunnorte	d organization	(s) by hav	vina	
~	·	control or management of	-				-		-	
		organization(s). You mus					nior or manag			
с		Type III functionally inte			in connect	tion with	and functionally	vintograte	nd with	
C	·	its supported organizatio						yintegrate	a with,	
d		Type III non-functionally		•			-	od organi-	zation(c)	
u		that is not functionally inf						-		
		requirement (see instruct			•		-	anallenin	/eness	
			,	•						
е	·	Check this box if the orga					Type I, Type I	, type iii		
	Ent	functionally integrated, o er the number of supported of								
		vide the following information	•	d organization(a)						
<u> </u>		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	ng document? No	support (see in	structions)	support (see instructions)	
				above (see instructions))						
- ·	-1									
Tota	ai								1	

Schedule A	(Form 990) 2021	ROY MA	AS' YOUTH	ALTERNATIVES,	INC.	74-1914638	Page 2
Part II	Support Schedule for	or Organiz	ations Describ	ed in Sections 170(b	o)(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13200166.	13230999.	14265469.	<u>13790652.</u>	<u>11915796.</u>	66403082.
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	10000100	1	1 1 0 6 5 1 6 0		11015506	6.6.4.0.0.0.0
	0	13200166.	13230999.	14265469.	13790652.	11915796.	66403082.
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,						1256000
	column (f)						1356800.
	Public support. Subtract line 5 from line 4.						65046282.
		() 0017	(1) 0010	() 0010	(1) 0000	() 0001	(0 T))
	ndar year (or fiscal year beginning in)	(a)2017 13200166.	(b) 2018 1 3 2 3 0 0 0 0	(c) 2019	(d) 2020	(e) 2021	(f) Total
		13200100.	13230999.	14205409.	13/90052.	11913790.	00403002.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	26,630.	44,153.	13,548.	12,644.	24,493.	121,468.
~	and income from similar sources	20,030.	44,100.	15,540.	12,044.	24,495.	121,400.
9	Net income from unrelated business						
	activities, whether or not the	97,811.	144 549	139,773.		54,824.	436,957.
10	business is regularly carried on Other income. Do not include gain	57,011.	111,519.	135,115.		54,0240	430,3371
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		10,388.	15,199.	288,290.	184 063.	497,940.
11	Total support. Add lines 7 through 10			10/1000	20072501		67459447.
12		etc. (see instructio	ns)			12 1	,020,803.
	First 5 years. If the Form 990 is for th	,	,				,,
	organization, check this box and sto	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	96.42 %
	Public support percentage from 2020					15	96.54 %
	33 1/3% support test - 2021. If the o					ore, check this bo	
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2020. If the	organization did no	t check a box on				
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test		•				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line			
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >
						Schedule A	(Form 990) 2021

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	membership fees received. (Do not							
	include any "unusual grants.")							
2	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							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	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							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disgualified persons							
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 year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	021	(f) Total
9	Amounts from line 6							
	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							
c	Add lines 10a and 10b							
	Net income from unrelated business activities not included on 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.)							
	Total support. (Add lines 9, 10c, 11, and 12.)	L						
14	First 5 years. If the Form 990 is for the	0		,	5	()()	0	<i>'</i>
Sec	check this box and stop here	c Support Per	centage					
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15		%
16	Public support percentage from 2020					16		%
Sec	ction D. Computation of Inves	tment Income	Percentage					
	Investment income percentage for 20			ine 13, column (f))		17		%
18	Investment income percentage from			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18		%
	33 1/3% support tests - 2021. If the						nd line 17	
	more than 33 1/3%, check this box ar							
h	33 1/3% support tests - 2020. If the	-	•				31/3% 3	► 💷
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization						"zation	
		T GIU HOL CHECK A	DOX OFFINE 14, 19	a, or red, check tr	IIS DUX AND SEE INS		hodule A	(Earm 000) 0001
13202	23 01-04-22					30	neuule A	(Form 990) 2021

ROY MAAS' YOUTH ALTERNATIVES, INC. Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a) 2017

Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and

(f) Total

(e) 2021

(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.) Section A. Public Support

(c) 2019

(b) 2018

(d) 2020

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15

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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).
- 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).*
- **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 on 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 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 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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10b Schedule A (Form 990) 2021

ROY MAAS' YOUTH ALTERNATIVES, INC. Schedule A (Form 990) 2021

2

Pa	rt IV Supporting Organizations (continued)		
		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 on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
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 tay year		1

	supported organizations and what conditions of 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
	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	d. or controlled the supporting organization.	
Section C. T	ype II Supporting Organizations	

			Yes	N
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		1

Section 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 on 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 org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

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

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- Activities Test. Answer lines 2a and 2b below. 2
- 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 on 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

17

Sche	dule A (Form 990) 2021 ROY MAAS ' YOUTH ALTERNA			74-1914638 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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-functiona	lly integrat	ed Type III supporting org	ganization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

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e Excess from 2021

Schedule A (Form 990) 2021

organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020

ROY MAAS' YOUTH ALTERNATIVES, INC.

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1

Current Year

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

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

Schedule A (Form 990) 2021

Section D - Distributions

2

Schedule A (Form 990) 2021 ROY MAAS' YOUTH ALTERNATIVES, INC. Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 2 and 1; 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 a 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additiona (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME	
2018 AMOUNT: \$ 10,388.	
2019 AMOUNT: \$ 15,199.	
2020 AMOUNT: \$ 16,000.	
2021 AMOUNT: \$ 18,743.	
FORGIVENESS OF DEBT	
INSURANCE PROCEEDS	
2020 AMOUNT: \$ 272,290.	
2021 AMOUNT: \$ 165,320.	
132028 01-04-22 20	Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization		Employer identification number
]	ROY MAAS' YOUTH ALTERNATIVES, INC.	74-1914638
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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 organizatio	n 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 Ru	le. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	
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), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

74-1914638

ROY MAAS' YOUTH ALTERNATIVES, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TEXAS DEPARTMENT OF FAMILY & PROTECTIVE SERVICES2401 RIDGEPOINT DR, MC Y987AUSTIN, TX 78754	\$ <u>4,235,065.</u>	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
2	TEXAS EDUCATION AGENCY 1701 N CONGRESS AVE AUSTIN, TX 78701	\$ <u>2,620,394.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES 300 C STREET, SW SWITZER BUILDING WASHINGTON, DC 20201	Total contributions \$ 365,682.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	KRONKOSKY FOUNDATION 112 EAST PECAN SUITE 830 SAN ANTONIO, TX 78205	\$351,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4TEXAS DEPARTMENT OF STATE HEALTHSERVICESP.O. BOX 149347AUSTIN, TX 78714	Total contributions	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY 700 S ALAMO	Total contributions \$ 320,833.	Type of contribution Person X Payroll

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization	

Employer identification number

74-1914638

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	U.S. DEPARTMENT OF VETERANS AFFAIRS 810 VERMONT AVE., NW WASHINGTON, DC 20420	\$ <u>270,171.</u>	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.) Schedule B (Form 990) (2021)

22320507 130509 ROYMAASINC

Name of organization

Page 3

ROY MAAS' YOUTH ALTERNATIVES, INC.

Employer identification number

74-1914638

(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
		\$	
(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
		\$	
(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
		\$	

25

22320507 130509 ROYMAASINC

	B (Form 990) (2021)			Page 4 Employer identification number	
Name of organization					
	AAS' YOUTH ALTERNATIVES			74-1914638	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line charitable, etc., contributions of \$1,000	entry For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held	
·		(e) Transfer of	 gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	transferor to transferee	
(a) Na			1		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held	
·		(e) Transfer of	gift		
·	Transferee's name, address, a	nd ZIP + 4	Relationship of t	transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held	
	Transforma la manual a diferenza	(e) Transfer of	-		
	Transferee's name, address, a			transferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held	
	(e) Transfer of gift				
·	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee	
123454 11-11	1-21			Schedule B (Form 990) (2021)	

22320507 130509 ROYMAASINC

(Form 990) Complete if the orga Part IV, line 6, 7, 8, 9, 10, Department of the Treasury		Al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 90 for instructions and the latest informat	OMB No. 1545-0047		
Name of the organiza	tion ROY MAAS' YOUTH ALT	TERNATIVES, INC.		r identification 74-19146	
	zations Maintaining Donor Advised on answered "Yes" on Form 990, Part IV, lin		r Accounts.	Complete if th	ne
		(a) Donor advised funds	(b) Funds ar	nd other accou	ints
1 Total number at a	end of year	(a) Donor advised funds	(b) Funds ar	nd other accou	ints
	end of year of contributions to (during year)	(a) Donor advised funds	(b) Funds ar	nd other accou	ints
2 Aggregate value		(a) Donor advised funds	(b) Funds ar	nd other accou	ints
2 Aggregate value	of contributions to (during year) of grants from (during year)	(a) Donor advised funds	(b) Funds ar	nd other accou	ints
2 Aggregate value3 Aggregate value4 Aggregate value	of contributions to (during year)			nd other accou	ints
 Aggregate value Aggregate value Aggregate value Did the organization 	of contributions to (during year) of grants from (during year) at end of year	writing that the assets held in donor advised	funds	nd other accou	
 Aggregate value Aggregate value Aggregate value Aggregate value Did the organizat are the organizat 	of contributions to (during year) of grants from (during year) at end of year ion inform all donors and donor advisors in v	writing that the assets held in donor advised exclusive legal control?	funds		
 Aggregate value Aggregate value Aggregate value Did the organizat are the organizat Did the organizat 	of contributions to (during year) of grants from (during year) at end of year tion inform all donors and donor advisors in v ion's property, subject to the organization's o	writing that the assets held in donor advised exclusive legal control?	funds ed only		nts

1	Purpose(s) of conservation easements held by the organization (check all that ap	oply).
	Preservation of land for public use (for example, recreation or education)	Preservation of a historically important land area
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation co	ntribution in the form of a conservation easement on the last

	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
с	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure		
	listed in the National Register	2d	

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
	year 🕨

Number of states where property subject to conservation easement is located 4

5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	r

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	►\$

8	Does each conservation eas	sement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		

9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,					
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990. Part VIII. line 1	▶ \$					

			Ψ.			
	(ii) Assets included in Form 990, Part X		\$			
	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide					
	the following amounts required to be reported under FASB ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		\$			
b	Assets included in Form 990, Part X		\$			

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

Schedule D (Form 990) 2021

Yes

No

No

132051 10-28-21

22320507 130509 ROYMAASINC

		4	1					
•	0	1		^	-	^	^	

2 7

Sche		S' YOUTH Z						L914638		age 2
Pa	t III Organizations Maintaining C	ollections of A	Art, His	torical Tre	easures, o	r Other S	Similar Ass	ets _{(contin}	ued)	
3	Using the organization's acquisition, accession	on, and other reco	rds, chec	k any of the t	following that	t make sign	nificant use of i	ts		
	collection items (check all that apply):			-	-	-				
а	Public exhibition		d	Loan or exc	hange progra	am				
b	Scholarly research		e	1	5 1 5					
c	Preservation for future generations									
4	Provide a description of the organization's co	lections and expl	ain how t	hev further th	ne organizatio	n's exemp	t nurnose in P	art XIII		
5	During the year, did the organization solicit o	-		-	-	-				
Ŭ	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par			ie organizatio			5111 550, 1 art	IV, III C 0, 01		
10	Is the organization an agent, trustee, custodi		odian/ for	contribution	s or other as	cote not inc	ludod			
Id								Yes		No
	on Form 990, Part X?									
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table:				Amount		
								Amount		
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						lf			
2a	Did the organization include an amount on Fo	orm 990, Part X, lir	ne 21, for	escrow or cu	ustodial acco	unt liability	?	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pa	T V Endowment Funds. Complete i	f the organization								
		(a) Current year	(b)	Prior year	(c) Two yea	rs back (d) Three years ba	ick (e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balar	nce (line 1	la column (a)) held as:					
a	Board designated or quasi-endowment	•	%	ig, column (a)						
b	Permanent endowment	%	/0							
		%								
U	The percentages on lines 2a, 2b, and 2c sho	, -								
20	Are there endowment funds not in the posse		ization th	at are hold or	ad adminiata	od for the	orgonization			
Ja		ssion of the organ	ization th	at are neiù ai			organization	Г	Yes	No
	by:								103	
	(i) Unrelated organizations									
	(ii) Related organizations							<u>3a(ii)</u>		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		dowment	funds.						
Fai					са Ганна 000		- 10			
	Complete if the organization answered		,							
	Description of property	(a) Cost or		• • •	or other		umulated	(d) Book	valu	е
		basis (inves	stment)	basis	(other)	depre	eciation			
1a	Land			_						
b	Buildings									
с	Leasehold improvements				7,540.		70,749.	136		
	Equipment				4,635.		L3,590.			45.
e				14	6,224.	11	L8,725.	27	7,49	99.
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e		rt X. colu	mn (B). line 1	0c.)			485	5,3	35.
								lule D (Form	990)	2021

132052 10-28-21

Schedule D (Form 990) 2021 ROY MAAS '	YOUTH ALTERNAT	IVES, INC.	74-1914638 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.		11a See Form 000 Dart V	line 12
Complete if the organization answered "Yes (a) Description of investment	(b) Book value		nine 13. on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	•		
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X	, line 15.
(a	a) Description		(b) Book value
(1) DUE FROM STATE			362,510.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		▶ 362,510.
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 990,	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OTHER LIABILITIES			684.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) 			COA
Total. (Column (b) must equal Form 990, Part X, col. (B) li	,		684.
2. Liability for uncertain tax positions. In Part XIII, provid		-	
organization's liability for uncertain tax positions under	er FASB ASC 740. Check h	ere if the text of the foothot	e nas been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re ⁻	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	12,648,472.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	303,976.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	407,493.		
е	Add lines 2a through 2d			2e	711,469.
3	Subtract line 2e from line 1			3	11,937,003.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	426,868.		
с	Add lines 4a and 4b			4c	426,868.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		5	12,363,871.
Ра	rt XII Reconciliation of Expenses per Audited Financial St		Expenses per H	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, li				
1	Total expenses and losses per audited financial statements			1	13,203,616.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	13,203,616.
-	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	303,976.	1	13,203,616.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	13,203,616.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	303,976.	1	13,203,616.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	303,976.	1	
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	303,976. 473,476.	2e	
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	303,976. 473,476.		13,203,616. 777,452. 12,426,164.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	303,976. 473,476.	2e	
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	303,976. 473,476.	2e	
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	303,976. 473,476.	2e	777,452. 12,426,164.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	303,976. 473,476. 426,868.	2e 3 4c	777,452. 12,426,164. 426,868.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1	2a 2b 2c 2d 2d 4a 4b	303,976. 473,476. 426,868.	2e 3	777,452. 12,426,164.
2 a b c d e 3 4 a b c 5 Pa	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 2d 2d	303,976. 473,476. 426,868.	2e 3 4c 5	777,452. 12,426,164. 426,868. 12,853,032.

ROY MAAS' YOUTH ALTERNATIVES, INC. 74-1914638 Page 4

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUES FROM ROY MAAS' YOUTH ALTERNATIVES FOUNDATION [EIN:

68-0554438]

Schedule D (Form 990) 2021

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATIONS FOR FINANCIAL STATEMENT PURPOSES, NOT FOR TAX 426,868.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM ROY MAAS YOUTH ALTERNATIVES FOUNDATION [EIN:

68-0554438]

132054 10-28-21

473,476.

407,493.

74-1914638 Page 5 ROY MAAS' YOUTH ALTERNATIVES, INC. Schedule D (Form 990) 2021 Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATIONS FOR FINANCIAL STATEMENT PURPOSES, NOT FOR TAX 426,868.

SCHEDULE D, PARTS XI AND XII

ROY MAAS' YOUTH ALTERNATIVES, INC. (THE COMPANY) IS ORGANIZED IN TEXAS AS A 501(C)(3) NON-PROFIT CORPORATION TO PROVIDE COUNSELING AND RESIDENTIAL PROGRAMS WITHIN THE STATE OF TEXAS WHICH ARE DIRECTED TOWARDS ASSISTING TROUBLED YOUTHS.

AFFILIATED WITH ROY MAAS' YOUTH ALTERNATIVES, INC. IS ROY MAAS' YOUTH ALTERNATIVES FOUNDATION (THE FOUNDATION), A 501(C)(3) NON-PROFIT CORPORATION. THE FOUNDATION IS ORGANIZED FOR THE EXCLUSIVE PURPOSE OF SERVING AS A SUPPORTING ORGANIZATION FOR ROY MAAS' YOUTH ALTERNATIVES, THE FOUNDATION IS CONTROLLED BY THE BOARD OF DIRECTORS (THE BOARD) INC. OF ROY MAAS' YOUTH ALTERNATIVES, INC., AND THE TWO ENTITIES ARE FINANCIALLY INTER-RELATED.

ALSO AFFILIATED WITH THE COMPANY, IS MEADOWLAND CHARTER DISTRICT (THE DISTRICT), WHICH OPERATES UNDER AN OPEN-ENROLLMENT CHARTER PURSUANT TO CHAPTER 12 OF THE TEXAS EDUCATION CODE GRANTED IN THE FALL OF 2008. THE DISTRICT WAS ORGANIZED TO PROVIDE EDUCATIONAL SERVICES TO AT-RISK STUDENTS, AND ITS PROGRAMS, SERVICES, ACTIVITIES AND FUNCTIONS ARE GOVERNED BY THE DISTRICT'S BOARD OF DIRECTORS.

THE CONSOLIDATED FINANCIAL STATEMENTS AS OF JUNE 30, 2022 AND 2021, INCLUDE THE FINANCIAL STATEMENTS OF THE COMPANY, THE FOUNDATION AND THE DISTRICT. INTERCOMPANY TRANSACTIONS AND BALANCES HAVE BEEN ELIMINATED IN THE CONSOLIDATION. THE FINANCIAL ACTIVITY FOR THE COOMPANY AND THE Schedule D (Form 990) 2021

132055 10-28-21

22320507 130509 ROYMAASINC

Schedu Part 2	ile D (For XIII Su	m 990) 20 J ppleme)21 ental li	nform	ROY 1 ation	MAAS ' (continue	<u>YOU'</u> d)	TH AL	TERN	ATIVES	, INC	•	74-	1914638	Page 5
								D TOG	ETHEF	ON TH	HE 202	21 FOR	м 990	FOR TH	Ε
YEAR	R END	ED JU	NE 3	0, 2	2022.	. THE	FOUN	IDATI	ON'S	ACTIV	LTY FO	OR THE	YEAR	ENDED	
JUNE	E 30,	2022	IS	REPO	ORTEI	ON.	A SEI	PARAT	E 202	1 FORM	1990	UNDER	EIN:		
<u>68-0</u>	5544	38.													
													Sche	dule D (Form	990) 2021
132055 1	0-28-21							3	2						

22320507 130509 ROYMAASINC

(For	HEDULE E				S	Schools				OMB No.	1545-004	47
-	m 990)	► Attach to Form 990 or Form 990-EZ. C ► Go to www.irs.gov/Form990 for the latest information. In tition Employer identified							20	2021 Open to Public Inspection entification number -1914638		
Depart	nent of the Treasury											
	Revenue Service											
Name	e of the organization											
Pa		<u>U1</u>	MAAS	1001H	ALTER.	NATIVES,	INC	•	/4	-1914	020	
											YES	NO
1	Does the organization ha	ave a	racially no	ndiscriminato	ory policy to	ward students b	y staten	nent in its charter,				
	bylaws, other governing	instru	ument, or ir	n a resolutior	n of its gove	rning body?				1	Х	
2	Does the organization in	clude	e a stateme	ent of its racia	ally nondiscr	iminatory policy	toward	students in all its broo	chures,			
	catalogues, and other w								d scholarships	s? 2	X	
3	Has the organization pul											
	homepage at all times de	-		•		•		-				
	homepage, or through n											
	registration period if it ha community it serves? If								ierai	3	x	
	THE SCHOOL'S								OCAL	3		
	NEWSPAPERS A								001111			
						SCHOOL.	<u></u>			-		
										-		
										-		
4	Does the organization m	ainta	in the follow	wing?						_		
а	Records indicating the ra	acial	compositio	n of the stud	lent body, fa	aculty, and admi	nistrative	e staff?		4a	Х	
b	Records documenting th	nat sc	holarships	and other fir	nancial assis	stance are award	led on a	racially nondiscrimina	atory basis?	4b	Х	
с	Copies of all catalogues,	broc	hures, ann	ouncements	, and other	written commun	ications	to the public dealing				
	with student admissions										X	
d	Copies of all material use	ed by	the organi	ization or on	its behalf to	solicit contribut	ions?			4d	X	
	If you answered "No" to	any c	of the abov	e, please exp	plain. If you i	need more spac	e, use Pa	art II.		_		
										_		
										-		
5	Does the organization di									_		
а	Students' rights or privile	eges?	?									X
a b	Students' rights or privile Admissions policies?	eges?	?							. 5b		X
a b c	Students' rights or privile Admissions policies? Employment of faculty o	eges? r adn	ninistrative	staff?	· · · · · · · · · · · · · · · · · · ·					<u>5b</u>		X X
a b c d	Students' rights or privile Admissions policies? Employment of faculty o Scholarships or other fin	eges? r adn ancia	ninistrative al assistanc	staff?						5b 5c 		X X X
a b c d e	Students' rights or privile Admissions policies? Employment of faculty o Scholarships or other fin Educational policies?	eges? r adn ancia	ninistrative al assistanc	staff?								X X X X
a b c d e f	Students' rights or privile Admissions policies? Employment of faculty o Scholarships or other fin Educational policies? Use of facilities?	eges? r adn ancia	ninistrative	staff? 								X X X X X
a b d e f g	Students' rights or privile Admissions policies? Employment of faculty o Scholarships or other fin Educational policies? Use of facilities? Athletic programs?	eges? r adn ancia	ninistrative al assistanc	staff?								X X X X X X X
a b d f g	Students' rights or privile Admissions policies? Employment of faculty of Scholarships or other fin Educational policies? Use of facilities? Athletic programs? Other extracurricular act	eges? r adm ancia	ninistrative al assistanc	staff?								X X X X X
a b d f g	Students' rights or privile Admissions policies? Employment of faculty o Scholarships or other fin Educational policies? Use of facilities? Athletic programs?	eges? r adm ancia	ninistrative al assistanc	staff?								X X X X X X X
a b c d e f g h	Students' rights or privile Admissions policies? Employment of faculty o Scholarships or other fin Educational policies? Use of facilities? Other extracurricular act If you answered "Yes" to	r adn ancia ivities	ninistrative al assistanc s? of the abov	staff? e? ve, please ex	plain. If you	need more spa	ce, use F	Part II.				X X X X X X X
a b d f g h	Students' rights or privile Admissions policies? Employment of faculty of Scholarships or other fin Educational policies? Use of facilities? Other extracurricular act If you answered "Yes" to Does the organization re	r adn ancia ivities any	ninistrative al assistance s? of the above any finance	staff?	plain. If you	need more spa	ce, use F	Part II.		5b 5c 5d 5e 5f 5g 5h 6a	x	X X X X X X
a b d f g h	Students' rights or privile Admissions policies? Employment of faculty o Scholarships or other fin Educational policies? Use of facilities? Other extracurricular act If you answered "Yes" to Does the organization re Has the organization's ri	eges? r adn ancia ivities o any ceive ght to	ninistrative al assistance s? of the above e any finance o such aid of	staff? e? ve, please ex cial aid or ass ever been rev	plain. If you	need more space	ce, use F	Part II.		5b 5c 5d 5e 5f 5g 5h 6a		X X X X X X X
a b c d e f g h 6a b	Students' rights or privile Admissions policies? Employment of faculty o Scholarships or other fin Educational policies? Use of facilities? Other extracurricular act If you answered "Yes" to Does the organization re Has the organization's ri If you answered "Yes" o	eges? r adn ancia ivities o any ceive ght to n eith	e any finance o such aid o er line 6a c	staff? 	plain. If you sistance fror voked or sus	need more spar	ce, use F	Part II.		5b 5c 5d 5e 5f 5g 5h 6a	x	X X X X X X
a b c d f g h 6a	Students' rights or privile Admissions policies? Employment of faculty o Scholarships or other fin Educational policies? Use of facilities? Other extracurricular act If you answered "Yes" to Does the organization re Has the organization's ri	eges? r adn ancia ivities o any ceive ght to n eith ertify	aninistrative al assistance of the above any finance o such aid of her line 6a c that it has of	staff? 	plain. If you sistance fror voked or sus olain on Par h the applic	need more space n a governmenta spended?	ce, use F	Part II. y?		5b 5c 5d 5e 5f 5g 5h 6a		X X X X X X

132061 10-18-21

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

FOR THE MEADOWLAND CHARTER DISTRICT (THE DISTRICT), ROY MAAS' YOUTH

ALTERNATIVES INC. RECEIVES ITS GOVERNMENT FUNDING FROM THE TEXAS EDUCATION

AGENCY FOR AVERAGE DAILY ATTENDANCE.

Schedule E (Form 990) 2021

132062 10-18-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047						
(Form 990)	Complete if the	or if the	2021						
Department of the Treasury		organization entered more than \$1 Attach to Form 990 			-			Open to Public	
Internal Revenue Service		o to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.		Inspection	
Name of the organization	ROY MAA	S' YOUTH ALTERNATI	VES	, II	NC.		Employer ide	entification number 638	
		Complete if the organization answ	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not	
	complete this part	t. sed funds through any of the followir	na activ	vities. (Check all that apply.				
a 📃 Mail solicitat		e 📃 Solicita	ation of	non-g	overnment grants nment grants				
— — · · · ·	email solicitations								
d In-person so		g 🛄 Specia	li iuriara	asing	events				
		or oral agreement with any individua				tees,			
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			÷	he fur	draiser is to b		
compensated at le				agreei				0	
			(iii) fundi	Did		(v)	Amount paid	(vi) Amount paid	
(i) Name and addres or entity (func		(ii) Activity		aiser ustody trol of utions?	(iv) Gross receipts from activity	to (or retained by fundraiser listed in col. (i)		to (or retained by) organization	
-			Yes	No					
		n is registered or licensed to solicit	contrib		or has been notified	it is a	evernet from re	aistration	
or licensing.					or has been notified				
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form	990 or	990-F	Ζ.		Schedul	e G (Form 990) 2021	
		,							

132081 10-21-21

ROY MAAS' YOUTH ALTERNATIVES, INC.

74-1914638 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro		EZ, III IES T AITU OD. LIST E		s greater than \$5,000.
			(a) Event #1 SPECIAL EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
-			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	651,325.			651,325.
	2	Less: Contributions	465,555.			465,555.
	3	Gross income (line 1 minus line 2)	185,770.			185,770.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				130,946.
	10	, , , , , , , , , , , , , , , , , , , ,			►	130,946.
Pa	11 rt	Net income summary. Subtract line 10 from line Gaming. Complete if the organization a	ne 3, column (d)			54,824.
1 0		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
Revenue		+ · · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
		<u> </u>				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	└── Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	It "	No," explain:				
10 a	We	ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax v	ear?	Yes No
		Yes," explain:				
	_					
13208	32 10	J-21-21			Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021	ROY MAAS'	YOUTH AL	TERNATIVES,	INC.	74-1914638 Page 3
11 Does the organization conduct ga					
12 Is the organization a grantor, ben	eficiary or trustee of	a trust, or a memb	er of a partnership or	r other entity formed	
to administer charitable gaming?					Yes No
13 Indicate the percentage of gamina The organization's facility					
b An outside facility					
14 Enter the name and address of th					
Name 🕨					
Address 🕨					
15a Does the organization have a con	tract with a third par	ty from whom the	organization receives	s gaming revenue?	Yes No
b If "Yes," enter the amount of gam of gaming revenue retained by th				and the arr	nount
c If "Yes," enter name and address			-		
Name 🕨					
Address 🕨					
16 Gaming manager information:					
Gaming manager compensation					
Description of services provided	▶				
Director/officer	Employee	Inde	ependent contractor		
47 Manualatan diatributianan					
17 Mandatory distributions:a Is the organization required unde	r state law to make o	haritable distribut	ons from the gaming	proceeds to	
retain the state gaming license?					Yes No
b Enter the amount of distributions					in the
organization's own exempt activit					
Part IV Supplemental Infor 15b, 15c, 16, and 17b, as); and Part III, lines 9, 9b, 10b,
		y			
132083 10-21-21					Schedule G (Form 990) 2021
		3	7 05000 Dox		

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2021.05080 ROY MAAS' YOUTH ALTERNATI ROYMAAS1

edule G (Form 990)	ROY MAAS ' tal Information (continued	YOUTH ALTERNATIVES	, INC.	74-1914638 Pag
art IV Supplement	tal Information (continued	9		
				Schedule G (Form

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AS1

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individua	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Compl	ete il the organization	Attach to For		rt iv, ine 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization ROY MAAS '	YOUTH AL'	TERNATIVES,	INC.				Employer identification number $74 - 1914638$
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi <u>Describe in Part IV the organization's pro-</u> 	stance?	oring the use of grant	funds in the United	l States.	-		
Part II Grants and Other Assistance to recipient that received more than					anization answered "א	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ROY MAAS' YOUTH ALTERNATIVES FOUNDATION - 3103 WEST AVE - SAN ANTONIO, TX 78213	68-0554438	501(C)(3)	0.	558,448.	NBV	LAND, BUILDINGS, IMPROVEMENTS	TRANSFER TO SUPPORTING ORGANIZATION
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	s listed in the line 1	I table					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

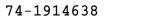
132102 10-26-21

ROY MAAS' YOUTH ALTERNATIVES, INC. Schedule I (Form 990) 2021

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.



Page 2

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open To Public Inspection Mame of the organization ROY MAAS' YOUTH ALTERNATIVES, INC. Employer identification number 74-1914638 	SCHEDULE L		Tra	insactior	ns V	Vith	Inte	erested	P	ersons			ON	/IB No. ⁻	1545-00)47
Additional means about the instructions and the latest information.	(Form 990)	Complete	if the o	28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.									0			
ROY MAAS ' YOUTH ALTERNATIVES, INC. 74-1914638 Part II Excess Benefit Transactions (section 501(c)(3), section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b. (d) Corrected? 1 (a) Name of disqualified person (b) Pleationship between disqualified person and organization (c) Description of transaction (d) Corrected? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 S S 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization reported an amount of tax, if any, on line 2, above, reimbursed by the organization (e) Orginal for a section 4958. No Yes No Part III Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, or 22. (f) Balance due (g) In (h) Approved (g) Written degater or disqualified person in form or disqualified person in form 990, Part IV, line 26; or if the organization interested person (b) Relationship (c) Purpose (d) tart or disquare or log	Department of the Treasury Internal Revenue Service															
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? 2 (b) Relationship between disqualified persons during the year under section 4958 > > > 3 Enter the amount of tax, incurred by the organization managers or disqualified persons during the year under section 4958 > \$ > 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization > \$ > > 3 Enter the amount of rom Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part X, line 5, 6 or 22. (e) Orginal principal amount (f) Balance due due due due due due due due due du	Name of the organization	on									Em	ployer	ident	ificati	on nu	ımber
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 5		ROY MA	AAS'	УОИТН А	LTE	RNA'	FIVE	S, INC.			74	-19	146	38		
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Ves No 1 (a) Name of disqualified person (b) Relationship between disqualified persons and organization (c) Description of transaction (d) Corrected? Ves No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 S S S 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S S S S Part III Locans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship of organization (c) Original organization (f) Approved (f) Written Organization (g) In default? (h) Approved (g) Written Organization (g) In default? No Yes	Part I Excess	Benefit Tran	sacti	ons (section 5	01(c)(3), sect	ion 50 ⁻	I (c)(4), and se	ctior	n 501(c)(29) orga	nizatic	ons on	ly).			
(a) Name of disqualified person Person and organization (c) Description of transaction Yes No Image: Complete if the organization answered Image: Complete if the organization Image: Complete if the organization answered Image: C	Complete	if the organization	on ansv	vered "Yes" on l	Form 9	90, Pa	art IV, li	ne 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
Person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 5 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization > \$ Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of of loan (c) Original from the organization form 990. Part IV, line 26; or if the organization answered "Yes" on Form (c) Original from the organization (f) Balance due (g) In (h) Approved (g) Written dagreement? (g) Name of interested person (h) Approved (g) Written dagreement? (a) Name of interested person (b) Relationship (c) Purpose of answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested Persons. (c) Amount of assistance (d) Type of assistance A complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationshi	1 (a) Name of discus	lified person	(b) F				ified	(4	-) D	escription of tran	sactio	n		(d)	Corre	ected?
section 4958 \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose (d) Loans to interested person (a) Name of interested person (b) Relationship (c) Purpose (c) Purpose (d) Loan to or from 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose (c) Purpose (d) Loan to or from 990, Part X, line 5, 6, or 22. (a) Name of interested person (c) Purpose (d) Loan to or from 990, Part X, line 5, 6, or 22. (d) Loan to or from 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose (d) Loan to or from 990, Part X, line 5, 6, or 22. (c) Annue of interested person (c) Annue of interested person (c) Annue of interested person and			_	person and or	rganiza	ation			, 0		340110			<u> </u>	es	No
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3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization §	2 Enter the amount	of tax incurred b	y the o	rganization man	agers	or disc	ualifie	d persons dur	ing t	the year under				-		
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization §	section 4958			• •				·		-		▶ \$				
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship of loan (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? (j) Written default? (h) Approved by board or committee? (j) Written default? (j)																
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance					10	110111					103		103		103	
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HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) 202	LHA For Paperwork F	Reduction Act N	lotice.	see the Instruc	tions f	or For	m 990	or 990-EZ.				Sche	dule L	. (Forr	n 990)) 2021

Schedule L (Form 990) 2021 ROY M Part IV Business Transactions Invo	IAAS' YO			TIV	YES, INC.	74-1914	638	Page 2
Complete if the organization answere	-			8a, 28	3b, or 28c.			
(a) Name of interested person		nship between and the organ			(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					10.000		Yes	No
KATHERINE STROUP		MEMBER		BR		COMPENSATIO		X
GRISELDA REYNA	FAMILY	MEMBER	OF	MA	44,923.	COMPENSATIO		X
Part V Supplemental Information.								<u> </u>
Provide additional information for res	sponses to ques	stions on Sche	dule L	(see i	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACI	TIONS IN	IVOL	VIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: KATHE	DINE CTE	ROUP						
(B) RELATIONSHIP BETWEEN	INTEREST	TED PERS	SON	AND	ORGANIZATI	ON:		
FAMILY MEMBER OF BRUCE ST	ROUP, BO	DARD MEM	IBER					
(C) AMOUNT OF TRANSACTION	\$ 40,00	00.						
(D) DESCRIPTION OF TRANSA	CTION: C	COMPENSA	TIO	ΝP	AYMENTS			
(E) SHARING OF ORGANIZATI	ON REVEN	NOE2: =	NO					
		13						
(A) NAME OF PERSON: GRISE								
(B) RELATIONSHIP BETWEEN	INTEREST	TED PERS	SON	AND	ORGANIZATI	ON:		
FAMILY MEMBER OF MARIANA	VAZQUEZ,	, CFO						
(C) AMOUNT OF TRANSACTION	\$ 44,92	23.						
(D) DESCRIPTION OF TRANSA	CTION: C	COMPENSA	TIO	N P	AYMENTS			
(E) SHARING OF ORGANIZATI	ON REVEN	NUES? =	NO					

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

1

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

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

Name of the organization

VOUTE AT MEDNAMINES INC

ZUZ

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		UTH AL	TERNATIVE	S, INC.		/4-	-1914	020	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported Form 990, Part VIII, lin	on	Method of noncash contr			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		506,0	10.TI	HRIFT STO	DRE V	ALU	ε
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	1	57,9	09.FZ	AIR MARKE	ET VA	LUE	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ()								
27	Other ► ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	ement)				
	-		-					Yes	No
30a	During the year, did the organization receive by	y contributic	on any property rep	orted in Part I, lines 1	through 2	28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't required to	be used	for			
	exempt purposes for the entire holding period?			-			30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard co	ntributior	is?	31	Х	
	Does the organization hire or use third parties								
	contributions?						32a		x
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	for which column (a) i	s checke	d,			
	describe in Part II			()					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

132141 11-17-21

Schedu	ule M (Form 9										S, IN				4-1914		Page 2
Part			ntal Ir	nform	nation.	• Provid	e the inf	ormation	n requir	ed by F	Part I, lines	s 30b, 3	2b, and 3	3, and	whether the on of both. A	organizat	ion
	this pa	irting in irt for a	ny addi	tional i	n (b), the informat	e numbe tion.	er of con	tribution	is, the r	numper	of items i	eceiveo	, or a con	ndinatio	on of doth. A	Also comp	lete
SCHE	EDULE M	, P <i>i</i>	ART	I, (COLU	MN (I	B):										
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223

AS1

SCHEDULE O

Department of the Treasury

Name of the organization

Internal Revenue Service

(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.

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

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

74-1914638

ROY MAAS' YOUTH ALTERNATIVES, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RELATIONSHIPS IN A SAFE, HEALING ENVIRONMENT, GIVING CHILDREN AND

FAMILIES THE TOOLS TO END THE CYCLE OF ABUSE.

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

ROY MAAS' YOUTH ALTERNATIVES, INC.

3103 WEST AVENUE

SAN ANTONIO, TX 78213

EMPLOYER IDENTIFICATION NUMBER: 74-1914638

FOR THE YEAR ENDING JUNE 30, 2022

INC. IS MAKING THE DE MINIMIS SAFE HARBOR ROY MAAS' YOUTH ALTERNATIVES, ELECTION UNDER REG. SEC. 1.263(A)-1(F).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DROP IN CENTER IS A "DROP IN CENTER" OPENED 24-HOURS FOR YOUNG PEOPLE

UP TO AGE 24 YEARS OF AGE IN CRISIS TO HOMELESSNESS, RUNAWAY, OR UNSAFE

LIVING CONDITIONS WHERE THEY CAN RECEIVE AN ARRAY OF SERVICES TO

INCLUDE A SAFE PLACE, A MEAL, CHANGE OF CLOTHES, CRISIS INTERVENTION,

AND IMMEDIATE THERAPEUTIC SUPPORT. TOTAL YOUTH SERVED WAS 236.

INCLUDING 104 YOUTH WHO WERE IDENTIFIED AS CLEAR CONCERN OR CONFIRMED

45

SURVIVORS OF COMMERCIAL SEXUAL EXPLOITATION. TOTAL DAYS OF CARE

PROVIDED WAS 600.

22320507 130509 ROYMAASINC

Schedule O (Form 990) 2021

2021.05080 ROY MAAS' YOUTH ALTERNATI ROYMAAS1

Schedule O (Form 990) 2021 Page									
Name of the organization							Employer identification number		
	ROY	MAAS'	YOUTH	ALTERNATIVES,	INC.		74-1914638		

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD REVIEWS THE FORM 990 AT THEIR MEETING BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REVIEWS THE POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS, ON ANNUAL BASIS, REVIEWS CEO AND TOP MANAGEMENT

COMPENSATION AND BENEFITS IN RELATION TO INDUSTRY PRACTICES AND FEDERAL

REQUIREMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR OVERSIGHT OF

THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND THE

SELECTION OF AN INDEPENDENT AUDITOR HAVE NOT CHANGED FROM THE PRIOR

YEAR.

132212 11-11-21

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2021 **Open to Public** Inspection

Employer identification number 74-1914638

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990)

ROY MAAS' YOUTH ALTERNATIVES, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13 controlled entity?	
ROY MAAS' YOUTH ALTERNATIVE FOUNDATION -	SUPPORTING ORGANIZATION			501(c)(3))	ROY MAAS' YOUTH	Yes	No
	FOR ROY MAAS' YOUTH				ALTERNATIVES,		
TX 78213	ALTERNATIVES, INC.	TEXAS	501(C)(3)	TYPE I	INC.	x	
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 ROY MAAS' YOUTH ALTERNATIVES, INC.

74-1914638 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		· ,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	-										
	-										
	-										
	-										
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state or foreign		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									\square

Schedule R (Form 990) 2021 ROY MAAS' YOUTH ALTERNATIVES, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	<u>1f</u>		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	<u>1h</u>		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			-
k Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)			_
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>	x	
q Reimbursement paid by related organization(s) for expenses			-
r Other transfer of cash or property to related organization(s)	<u>1r</u>	x	
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ROY MAAS' YOUTH ALTERNATIVES FOUNDATION	S	150,000.	CASH
(2) ROY MAAS' YOUTH ALTERNATIVES FOUNDATION	Р	9,600.	REIMBURSEMENT
(3) ROY MAAS' YOUTH ALTERNATIVES FOUNDATION	К	4.	LEASE AGREEMENT
(4) ROY MAAS' YOUTH ALTERNATIVES FOUNDATION	R	558,448.	NBV
(5)			
<u>(</u> 6)			

Schedule R (Form 990) 2021 ROY MAAS' YOUTH ALTERNATIVES, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h Dispro tiona allocati Yes) por- ite ons? No	(j) General managir partner Yes N	(k) Percentage ownership

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Part VII Supplemental Info	ormation					

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ROY MAAS' YOUTH ALTERNATIVE FOUNDATION

EIN: 68-0554438

3103 WEST AVENUE

SAN ANTONIO, TX 78213

PRIMARY ACTIVITY: SUPPORTING ORGANIZATION FOR ROY MAAS' YOUTH

ALTERNATIVES, INC.

DIRECT CONTROLLING ENTITY: ROY MAAS' YOUTH ALTERNATIVES, INC.

Schedule R (Form 990) 2021

132165 11-17-21



7800 IH 10 West, Suite 505 San Antonio, TX 78230

PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

> PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.