Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

C Name of organization Approach of the part of the pa				endar year, or tax year beginning OCT 3	, 2022	, and ending	DEC 31	, 2022
Number and strate (or Po.D. bot if mail is not delivered to street address)	В	Check i applica	if ble:	C Name of organization			D Employer	identification number
Number and street (or P.D. Dox (if mail is not delivered to street address)		Add	ress change					
Train alwarry			-					
Controllated Cont	Σ	Initia	al return			Room/suite		
Apertuation patient FREMONT CA 94539 Number Num							510.	516.0035
Recounting Method: X Cash		Ame	ended return	F Group Exe	emption			
Website: WWW. YOUNGSTEAMER - ORG							Number	
Tax-exempt status (check only one)	G	Accou					H Check	X if the organization is
Form of organization: X Corporation Trust Association Other							not requir	ed to attach Schedule B
Lead lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file form 990 instead of Form 990. **Examples of Changes in Net Assets or Fund Balances** Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to any question in this Part I A contributions greated schedule of intention in the part I is a constant in the part I investment income Check if the organization used and assessments Check if the organization used of sesses of the retain inventory (subtract line 5b from line 5a) Check if the organization used of sesses of inventory (subtract line 5b from line 5a) Check if the organization used assets organization used on line 10 (attach Schedule G) Check if the organization used of line in Schedule G) Check if the organization used of line in Schedule G) Cores profit or (loss) from sale of sessets organization used organization used organi	<u>J</u>	Гах-ех	xempt statu		4947(a)(1) or 527	(Form 990)).
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part)			-					
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part)					ore, or if tota	al assets (Part I	١,	
Check if the organization used Schedule O to respond to any question in this Part I			n (B)) are \$	5500,000 or more, file Form 990 instead of Form 990-EZ	·		\$	8,871.
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 3 3 4 Investment income 4 4 5 5 5 5 5 5 5 5	Pa	art I				,		
Page 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Membership dues and assessments 4 Membership dues and assessments 4 Membership dues and assessments 5 Gross amount from sale of assets other than inventory 5 Less; cost or other basis and sales expenses 5 Deb 5 Deb 6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5 Description of the desired of the sale of assets of assets other than inventory (subtract line 5b from line 5a) 5 Description of the desired of a Gain or discription of the desired of a Gain or discription of the desired of the sum of such gross income from fundraising events; (not including \$ Of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Description of the desired expenses from gening and fundraising events (add lines 6a and 6b and subtract line 6c) Description of the desired expenses from gening and fundraising events (add lines 6a and 6b and subtract line 6c) Description of the description								
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000 57	ž			•				
	LHA		NAME AND ADDRESS OF TAXABLE PARTY.				1 41	

Pa	Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res	pond to any ques			,		
			(A) Beginning of		-	(B) E	end of year
22	Cash, savings, and investments			0.	22		8,700.
23	Land and buildings				23		
24	Other assets (describe in Schedule 0)				24		0 700
25	Total assets			0.	25		8,700.
26	Total liabilities (describe in Schedule O)		u	0.	26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21	nto /asa tha inatu	vetiene for Dort	0.	27		8,700.
Ра	Statement of Program Service Accomplishme Check if the organization used Schedule O to res			_	$\overline{\mathbf{x}}$	(Required	xpenses for section
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE (tion in this r art	111	21	501(c)(3)	and 501(c)(4) ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program		enses. In a clear and conci	SA.		others.)	ons, optional for
	her, describe the services provided, the number of persons benefited, and other relevant inform		sinses. In a clear and contor	30			
28	DONATION						
	(Grants \$ 25.) If this amount includes foreign	grants, check here		<u>. </u>		28a	25.
29					_		
					_		
	(Grants \$) If this amount includes foreign	grants, check here			_	29a	
30							
					-		
				Г			
	(Grants \$) If this amount includes foreign					30a	
	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign			-		04-	
		arante chack hara				31a	
						NAME OF TAXABLE PARTY.	25
32	Total program service expenses (add lines 28a through 31a)					32	25 .
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each	one even if not compensa	ated - see		32	
32	Total program service expenses (add lines 28a through 31a)	mployees (list each	one even if not compense tion in this Part	ited - see	e the in	32 structions fo	r Part IV)
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	mployees (list each pond to any ques (b) Average hours	tion in this Part (c) Reportable compensation (F	IV	d) Hea	astructions fo	
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each	tion in this Part (c) Reportable compensation (Fig. 409-MEC) (v-2/1099-MEC) 1099-NEC)	ated - see	d) Hea contril employlans, a	alth benefits, butions to yee benefit and deferred	(e) Estimated
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Pa OR:	Total program service expenses (add lines 28a through 31a) Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title NA KRETCHMER	mployees (list each pond to any ques (b) Average hours per week devoted t position	tion in this Part (c) Reportable compensation (Fig. 409-MEC) (v-2/1099-MEC) 1099-NEC)	ated - see	d) Hea contril employlans, a	astructions fo	(e) Estimated amount of other compensation
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Forn	990-EZ (2022) YOUNG STEAMERS 92-0613	1373	F	Page 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4955 0 .			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit		- 1	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organizationO .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			37
25 40	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed CA The organization's books are in care of THE ORGANIZATION Telephone no. 510.51	6 0	025	
42 a	The original state of the state	453		
		1433	9	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	X
	If "Yes," enter the name of the foreign country	420		21
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	37 5, 31		
^	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
Ü	If "Yes," enter the name of the foreign country	120		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
	and office the amount of an observed of additional and any office and your			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-EZ (2022)

								Yes	No
46	Did the o	organization engage, directly or indirectly, in politica	al campaign activities on behalf of	or in opposition	n to candidates for pu	blic office?			
	If "Yes," o	complete Schedule C, Part I					46		X
Pa		Section 501(c)(3) Organizations Or							
		All section 501(c)(3) organizations must answ	-						
		Check if the organization used Schedule O to	o respond to any question in	this Part VI .				Yes	No
47	Did the o	organization engage in lobbying activities or have a s	section 501(h) election in effect of	luring the tay w	aar?			103	140
47		complete Sch. C, Part II					47		Х
48	Is the ord	ganization a school as described in section 170(b)(1	1)(A)(ii)? If "Yes." complete Sche	dule E			48		X
		rganization make any transfers to an exempt non-cl					49a		Х
		was the related organization a section 527 organizat					49b		
50	Complete	e this table for the organization's five highest compe	ensated employees (other than o	ficers, director	s, trustees, and key en	nployees) who e	ach rec	eived n	nore
	than \$10	0,000 of compensation from the organization. If the	ere is none, enter "None."						
		(a) Name and title of each employee		rage hours	(C) Reportable compensation (Forms	(d) Health benefit contributions to	0.000) Estimount of	
		NONE		devoted to sition	W-2/1099-MISC/ 1099-NEC)	employee benefit plans, and deferre	1	mpensa	
		NONE			1000 1120)	compensation	+		
					-		+-		
	T								
f 51		nber of other employees paid over \$100,000 e this table for the organization's five highest compe	ensated independent contractors		ved more than \$100.0	00 of compensa	tion fro	m the	
J 1		tion. If there is none, enter "None." NONE	onoatoa maoponaoni oona aotoro	WITO GUOTI TOGGT	700 man \$ 100,0	00 01 00111501100			
		Name and business address of each independent co	ontractor	(b	Type of service	(c)	Compe	nsation	1
d		nber of other independent contractors each receivin	-						
52		rganization complete Schedule A? Note: All section	n 501(c)(3) organizations must at	tach a		Г	V		٦
		d Schedule A					X Ye		No
		s of perjury, I declare that I have examined this retu nd complete./Declaration of preparer (other than off					ge and	Dellel,	11.15
true,	correct, a	nd complete, Declaration of preparer (other than on	incer) is based on an information	or willelf prepa	rei ilas ally kilowieuge	6-18-2	3		
Sig	n	Signature of office				Date			
Hei		ORNA KRETCHMER, CHIEF	EXECUTIVE OFF	CER					
		Type or print name and title							
		Print/Type preparer's name Pre	eparer's signature	Date	Check] if PTIN			
Pai	d			0.4.4.5	self- employ		450	700	
	parer	MICHAEL P. SENADENOS	DE1100 100017177	04/18		P00			
	Only		DENOS ACCOUNTAI	NCY COR		84-41 510.79			
		Firm's address 39420 LIBERTY FREMONT, CA 9			Phone no.	510.79	± • 4	±0/	
1/20	the IDC 4:	scuss this return with the preparer shown above? S				Г	X Ye	s	No
iviay	THE INS OF	scuss this return with the preparer shown above?	טפט ווואנו שטנוטווא			Contract of the last of the la	STREET, STREET	90-F7	and plant and the same

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

92-0611373 YOUNG STEAMERS Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		12/22	10/	(4)	(0) 2022	(i) rotar
	membership fees received. (Do not						
	include any "unusual grants.")					8,871.	8,871.
2	Tax revenues levied for the organ-					70.20	
	ization's benefit and either paid to						
	or expended on its behalf			-			
3	The value of services or facilities						
0	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3					8,871.	8,871.
	The portion of total contributions					0,0/1.	0,071.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						0 0 0 0 0 0
	Public support. Subtract line 5 from line 4.						8,871.
				1 1 1 1 1 1 1 1	T	T T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4			 	 	8,871.	8,871.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				A SALSE ALSO		8,871.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor						
Sec	tion C. Computation of Publi	c Support Per	centage			,	
	Public support percentage for 2022 (I					14 1	.00.00 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did not	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization	1			X
b	33 1/3% support test - 2021. If the o	organization did not	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	ifies as a publicly s	upported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	_			-	17a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. The	e organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization						
							Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	orow, prodeo comp	71010 1 011 111				
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						-
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6				-		
108	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					-	
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
11	activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) [First 5 years. If the Form 990 is for the	o organization's fi	ret second third	fourth or fifth tax i	year as a section f	1 501(c)(3) organizatio	n
14	check this box and stop here	e organization s iii	st, second, tilia,	iourin, or intir tax y	year as a section s	or (c)(o) organizatio	Π,
Se	ction C. Computation of Public	c Support Per	centage				
	Public support percentage for 2022 (li			column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2022. If the					33 1/3%, and line 17	is not
	more than 33 1/3%, check this box an						
ŀ	33 1/3% support tests - 2021. If the						nd
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

	Yes	No
1		
2		
3a		
	5555	
3b		
3c		
	1000	
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
	14	
9a		
9b		
9c		
		9 (
10a		
10b		

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			70.5
	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			113
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
000	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	When a restable of the consequent of a Propher of the charge of the theory of the charge of the char		Yes	No
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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	J. / III / J. Po III Gupper III ig G. gain Eatherine		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NO
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	Yes	No
2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	140
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3a		
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.	3b		

			(A) Prior Year	(B) Current Year (optional)
_	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
	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		
	Minimum Asset Amount (add line 7 to line 6)	8		
ectio	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	Entertain the second second	
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		

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)							
Secti	ection D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exe	1								
2	Amounts paid to perform activity that directly furthers exemp									
	organizations, in excess of income from activity		2							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3							
4	Amounts paid to acquire exempt-use assets		4							
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5							
6	Other distributions (describe in Part VI). See instructions.		6							
7	Total annual distributions. Add lines 1 through 6.		7							
8	Distributions to attentive supported organizations to which the	ne organization is responsive								
	(provide details in Part VI). See instructions.		8							
9	Distributable amount for 2022 from Section C, line 6		g							
10	Line 8 amount divided by line 9 amount		10							
		(i)	(ii)	(iii)						
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022						
1	Distributable amount for 2022 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2022 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2022									
a	From 2017									
b	From 2018									
С	From 2019									
d	From 2020									
е	From 2021									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2022 distributable amount									
i	Carryover from 2017 not applied (see instructions)									
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2022 from Section D,									
	line 7: \$									
а	Applied to underdistributions of prior years									
b	Applied to 2022 distributable amount									
С	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2022, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2022. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2023. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
а	Excess from 2018									
b	Excess from 2019									
С	Excess from 2020									
d	Excess from 2021									
е	Excess from 2022									

Schedule A (Form 990) 2022

YOUNG STEAMERS

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number YOUNG STEAMERS 92-0611373 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: ADVERTISING 40. OFFICE 106. DONATION 25. TOTAL TO FORM 990-EZ, LINE 16 171. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - BRING FREE STEAM EDUCATION TO AT RISK, UNDERSERVED CHILDREN FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.