Form **990**

** PUBLIC INSPECTION COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ΑΙ	For the	e 2023 calendar year, or tax year beginning and e	ending							
B	Check if applicabl	e: C Name of organization		D Employer identifie	cation number					
X	Addre	AIM Youth Mental Health								
X	Name	THE THE ATM FOR MENMAL HEALMH THO		47-39920	60					
	Initial return		Room/suite	E Telephone number						
	Final return/	P.O. Boy 1291	io oni, ounio	(831)372						
	termin			G Gross receipts \$	1,407,912.					
	Ameno return									
	Amended returnCarmel, CA 93921H(a) Is this a group return for subordinates?Applica- tionF Name and address of principal officer: Susan StilwellH(a) Is this a group return for subordinates?									
	pendir	same as C above		H(b) Are all subordinates in						
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	()	list. See instructions					
	Websit		021	H(c) Group exemption						
		organization: X Corporation Trust Association Other	L Year (State of legal domicile: CA					
Pa	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities: $\underbrace{\operatorname{Our}~\mathbf{v}}$	ision	is simple:	we aim for					
Ce		a world of mentally healthy youth.								
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.					
ver	3			3	6					
ŝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6					
ა ა	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			10					
itie	6	Total number of volunteers (estimate if necessary)			250					
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.						
Ă	b		0.							
		Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		864,000.	1,303,036.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.					
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,079.	4,376.					
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,717.	-67,891.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	892,796.	1,239,521.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		100,000.	130,000.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		480,785.	625,127.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Del	. ь	Total fundraising expenses (Part IX, column (D), line 25) 119, 41	3.							
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		305,030.	448,675.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		885,815.	1,203,802.					
	19	Revenue less expenses. Subtract line 18 from line 12		6,981.	35,719.					
OL	c		Beç	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		729,846.	664,478.					
Net Assets or	21	Total liabilities (Part X, line 26)		184,494.	83,407.					
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		545,352.	581,071.					
Pa	art II	Signature Block								
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer l	has any knowledge.						
Sig	n	Signature of officer		Date						
		Gugan Stilwell Founder and Board Chair								

Here Susan Stilwell, Founder and Board Chail										
	Type or print name a	and title								
	Print/Type preparer's	s name	Preparer's signature		Date	Check		PTIN		
Paid	Autumn Ros	ssi	Autumn Ross	i	11/13	/24 ["] self-e	mployed	P014046	02	
Preparer	Firm's name C1	liftonLarsonAlle	n LLP			Firm's EIN	41-	0746749		
Use Only	Firm's address 11	188 Padre Drive,	Ste 101							
	Sa	alinas, CA 93901				Phone no.	(831) 759-63	300	
May the IF	lay the IRS discuss this return with the preparer shown above? See instructions									
LHA For	A For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

_	n 990 (2023) AIM Youth Mental Health rt III Statement of Program Service Accomplishments	47-3992060 Page
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: See Schedule O regarding Organization's mis:	sion.
2	Did the organization undertake any significant program services during the year which	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts	s, any program services?
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three larg Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gram	
	revenue, if any, for each program service reported.	120.000
4a	AIM is dedicated to solving the youth mental young people with the tools and support the healthy lives. To achieve this goal, AIM for	l health crisis by equipping y need to lead mentally unds scientific research and
	operates programs focused on awareness, educ	cation and youth
	empowerment.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)	
4d	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e		
4e	(Expenses \$ including grants of \$	Form 990 (202

Form 990 (2023) AIM Youth Mental Health 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		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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,	44.0	х	
b	Part VI	11a		
b		11b		х
с	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		X
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		X
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		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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? If "Yes,"			v
00	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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2023.05000 AIM YOUTH MENTAL HEALTH

			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	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
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			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		- 21
21	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	07		х
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		Δ
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.		x
~	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
	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	X	<u> </u>
332004	12-21-23	Form	990	(2023)
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2023.05000 AIM YOUTH MENTAL HEALTH A8334201

Form	990 (2023) AIM Youth Mental Health	47-39	92060	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				0
				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	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		Х
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pave	or? 7a		х
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
Ū	to file Form 8282?	•			х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		76		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•		Sy the	8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	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			
с	Enter the amount of reserves on hand	13c			
		<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Form 99	0 (2023)
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AIM Youth Mental Health

47-3992060 Page 6

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

Sec	tion A. Governing Body and Management				1		
		1			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	6	-			
	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.						
-	Enter the number of voting members included on line 1a, above, who are independent	·	6	-			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						
	officer, director, trustee, or key employee?			2	X		
3	Did the organization delegate control over management duties customarily performed by or under th					37	
				3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-					
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			<u> </u>		v	
•	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v		
-	The governing body?			8a	X X		
b	Each committee with authority to act on behalf of the governing body?			8b	~		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				х		
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	Λ	<u> </u>	
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Yes	No	
100	Did the organization have local chapters, branches, or affiliates?			10a	Tes	No X	
						- 23	
D	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?						
112	and branches to ensure their operations are consistent with the organization's exempt purposes?						
b							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X X		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			12.0			
Ū	on Schedule O how this was done	,		12c	х		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
а	The organization's CEO, Executive Director, or top management official			15a	Х		
	Other officers or key employees of the organization			15b	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 arranger	ment w	vith a				
	taxable entity during the year?			16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	ı's				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990)-T (section 501(c)(3)	s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	n on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, and	d finan	cial		
	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 bo	oks an	d records				
	Bev Peltzer - (831)566-2464						
	PO Box 4294, Carmel , CA 93921						
332006	12-21-23			Forn	1 990	(2023)	
	б						

2023.05000 AIM YOUTH MENTAL HEALTH A8334201

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 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, box 6 of 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		not cl	heck		than o		Reportable	Reportable	Estimated
	hours per week	box offi	box, unless person is both an officer and a director/trustee)			s both r/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	Institutional trustee		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	utional		Key employee	st con	5	1033-NEC)		organizations
	line)	Individ	Institu	Officer	Key er	Highest compensated employee	Former			ergan inzarierie
(1) Lorraine Butterworth	40.00									
Executive Director		Х		Х				110,822.	0.	0.
(2) JUDITH SMYTHE	40.00									
EXECUTIVE DIRECTOR		Х		Х				91,468.	0.	0.
(3) Susan Stilwell	4.00									
Chief Executive Officer				Х				0.	0.	0.
(4) Dean Maynard	2.00									
Secretary Officer		Х		Х				0.	0.	0.
(5) Jessica Canning	2.00									
Chief Financial Officer		Х		Х				0.	0.	0.
(6) Lou Pambianco	1.00									
Board Director		Х						0.	0.	0.
(7) Paul Roshka	1.00									
Board Director		Х						0.	0.	0.
(8) Stephanie Hulsey	1.00									•
Board Director	1 0 0	Χ				<u> </u>		0.	0.	0.
(9) Patti Lusk	1.00								0	0
Board Director		Χ				-		0.	0.	0.
		-				\vdash	-			
	1				1		L	1	I	Form 990 (2022)

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332007 12-21-23

Form 990 (2023)

	990 (2023) AIM Youth									47-39	9206	50	Page 8
Par	Section A. Onicers, Directors, Trust		oloye	ees,			ghes	t C		s (continued)			
	(A) Name and title	(B) Average hours per week	box, offic	not c unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related		(F Estim amou oth	ated nt of er
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	iC/	from from organi: and re organiz	the zation lated
1b	Subtotal								202,290.		0.		0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.202,290.		0.		0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•		1
3	Did the organization list any former officer,	<i>,</i>	,	,		,	,	0		5		¥€ 3	s No X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization		4	X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services		5	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor											n from	
	the organization. Report compensation for t	•	•						the organization's tax y				
(A) (B) Description of services C								Con	(C) npensa	tion			
								_					
								_					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nitec	t to t	thos C		ted	above) who received mo	ore than			
	,									·	Fc	orm 99) (2023)

		(2023) AIM Yout	h Men	tal Heal	th		47-3992	060 Page 9
Pa	rt VII	Statement of Revenue						
		Check if Schedule O contains a	response o	or note to any lin		(=)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b]			
s, G	с	Fundraising events	1c	356,650.				
Gift: lar /	d	Related organizations	1d		-			
imi]	е	5 ()	1e		4			
itior er S	f	All other contributions, gifts, grants, and		046 206				
oth		similar amounts not included above \dots		<u>946,386.</u> 241,500.	-			
ont	g	Noncash contributions included in lines 1a-1f			1,303,036.			
<u>0</u> a	n	Total. Add lines 1a-1f	Business Code	<u>, , , , , , , , , , , , , , , , , , , </u>				
•	2 a			Dusiness Coue				
vice	b							
Ser	c							
am eve	d							
Program Service Revenue	е							
Pr	f	All other program service revenue						
	g							
	3	Investment income (including divider			4 200			4 200
					4,376.			4,376.
	4	Income from investment of tax-exem						
	5	Royalties) Real	(ii) Personal				
	6 3) Hour		-			
		Less: rental expenses 6b			1			
	c							
	d	Net rental income or (loss)						
			ecurities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
venue		and sales expenses 7b			-			
		Gain or (loss) 7c						
r Re		Net gain or (loss)						
Other Re	8 a	Gross income from fundraising events (n including \$ 356,650.						
0		contributions reported on line 1c). Se						
		Part IV, line 18		100,500.				
	b	Less: direct expenses		168,391.	1			
		Net income or (loss) from fundraising			-67,891.			-67,891.
	9 a	Gross income from gaming activities	. See					
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gaming ac						
	10 a	Gross sales of inventory, less returns						
	ہ	and allowances Less: cost of goods sold			-			
		Net income or (loss) from sales of inv						
	U		y	Business Code				
snc	11 a							
cellaneo evenue	b							
sella eve	с							
Miscellaneous Revenue		All other revenue						
-	е	Total. Add lines 11a-11d			1 000 501			
	12	Total revenue. See instructions			1,239,521.	0.	0.	-63,515.
33200	9 12-21	-23						Form 990 (2023)

332009 12-21-23

Form	990	(2023)
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AIM Youth Mental Health Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	130,000.	130,000.		
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,				
	trustees, and key employees				
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	557,804.	440,931.	49,645.	67,228
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	67,323.	51,560.	7,350.	8,413
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	29,488.	24,770.	2,359.	2,359
d	Lobbying				
	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.)	71,765.	59,344.	1,548.	10,873
2	Advertising and promotion	37,212.	30,577.	1,789.	4,846
3	Office expenses	23,347.	17,177.	288.	5,882
4	Information technology	4,884.	4,102.	391.	391
15	Royalties				
6	Occupancy	31,782.	26,826.	2,478.	2,478
7	Travel	44,533.	30,815.		13,718
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	680.		680.	
3	Insurance	7,709.	6,010.	264.	1,435
4	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	PROGRAM SUPPORT SERVICE	126,784.	124,476.	1,154.	1,154
b	FUNDRAISING EVENTS COST	61,785.	58,800.	2,985.	_,_•
c	DUES AND SUBSCRIPTIONS	6,719.	5,765.	477.	477
d	REPAIRS AND MAINTENANCE	1,166.	980.	93.	93
	All other expenses	821.	689.	66.	66
25	Total functional expenses. Add lines 1 through 24e	1,203,802.	1,012,822.	71,567.	119,413
<u>.5</u> 6	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)

332010 12-21-23

educational campaign and fundraising solicitation.

10 2023.05000 AIM YOUTH MENTAL HEALTH A8334201

Form 990 (2023)

16301113 131839 A833420

Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 3,398. basis. Complete Part VI of Schedule D _____ 10a

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

Cash - non-interest-bearing

Savings and temporary cash investments

Investments - publicly traded securities

Investments - other securities. See Part IV, line 11

Investments - program-related. See Part IV, line 11

Intangible assets

Other assets. See Part IV, line 11

b Less: accumulated depreciation 10b

Total assets. Add lines 1 through 15 (must equal line 33)

AIM Youth Mental Health

1,190.

(A) Beginning of year

376,623.

250,978.

2,888.

99,357.

729,846.

1

2

3

4

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6

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10c

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12

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14

15

16

0.

	17	Accounts payable and accrued expenses	85,488.	17	40,558.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	99,006.	25	42,849.
	26	Total liabilities. Add lines 17 through 25	184,494.	26	83,407.
		Organizations that follow FASB ASC 958, check here			
Sec		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	545,352.	27	581,071.
Ba	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		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 equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	545,352.	32	581,071.
_	33	Total liabilities and net assets/fund balances	729,846.	33	664,478.
					Form 990 (2023

(B) End of year

458,354.

143,972.

12,188.

2,208.

47,756.

664,478

1

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11

12

13 14

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16

Assets

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 2.33, 802. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 2.03, 802. 2 Total expenses (must equal Part IX, column (A), line 25) 3 3.5, 7119. 4 Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 545, 352. 5 Net unrealized gains (losses) on investments 6 6 7 6 Donated services and use of facilities 7 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 8 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)) 9 0. Part XII Financial Statements and Reporting 1 1 2 3 Check if Schedule O contains a response or note to any line in this Part XII 1 2 2 X 1 Accounting method used to prepare the Form 990: Cash X Account and the regainzati		990 (2023) AIM Youth Mental Health	47-39	992060	Pag	_{ge} 12		
1 Total evenue (must equal Part VIII, column (A), line 12) 1 1, 239, 521. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 203, 802. 3 Revenue less expenses. Subtract line 2 from line 1 3 35, 719. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 545, 352. 5 Net unrealized gain (losses) on investments 6 6 7 7 7 7 8 9 0. 9 0. 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)) 581, 071. Part XII Financial Statements and Reporting 7 7 Column (B) Check if Schedule O contains a response or note to any line in this Part XII 7 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 11 H * Cose, the organization changed its method of accounting from a prior year or checked *Other,* explain on Schedule O. 2a X 7 2a	Pa	rt XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 203, 802. 3 Revenue less expenses. Subtract line 2 from line 1 3 35, 7119. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5445, 352. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 7 7 8 Prior period adjustments 8 9 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)) 10 581, 071. 10 Seares or note to any line in this Part XII 7 7 0 0. 0 0. 581, 071. Check if Schedule O contains a response or note to any line in this Part XII 7 7 Check if Schedule 0 contains a response or note to any line in this Part XII 7 2a X Consolidated basis Both consolidated naccountart? 7 2a X 7 <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part XI						
2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 203, 802. 3 Revenue less expenses. Subtract line 2 from line 1 3 35, 7119. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5445, 352. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 7 7 8 Prior period adjustments 8 9 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)) 10 581, 071. 10 Seares or note to any line in this Part XII 7 7 0 0. 0 0. 581, 071. Check if Schedule O contains a response or note to any line in this Part XII 7 7 Check if Schedule 0 contains a response or note to any line in this Part XII 7 2a X Consolidated basis Both consolidated naccountart? 7 2a X 7 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
3 Revenue less expenses. Subtract line 2 from line 1 3 35, 719. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 545, 352. 5 Bonated services and use of facilities 6 7 7 8 6 7 8 Prior period adjustments 8 9 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)) 10 581, 071. Version (B) 10 581, 071. Check if Schedule O contains a response or note to any line in this Part XII Version (Change in the assets or fund balances (explain on Schedule O) 9 0. 10 581, 071. Version (B) Version (Change in the assets or fund balances (explain on Schedule O) Check if Schedule O contains a response or note to any line in this Part XII Version (Change in the assets or fund balances to prepare the Form 990: Cash X Accrual Other	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 545,352. 5 Net unrealized gains (losses) on investments 5 6 0 7 7 8 7 8 9 0. 9 0. 9 10 Net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 581, 071. Part XII Financial statements compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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: 2a X X 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: 2b X If "Yes,' check a box below to indicate whethe	2	Total expenses (must equal Part IX, column (A), line 25)						
5 Net unrealized gains (losses) on investments 6 6 7 8 9 9 0.1 Net assets or fund balances (explain on Schedule O) 9 0.1 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 11 Accounting method used to prepare the Form 990: 12 13 14 15 15 16 17 17 18 19 10 10 10 10 11 11 12 12 13 14 14 15 15 15 16 17 17 18 19 10 11 12 14 15 15 15 16 17 17 18 19 11 11 11 12 13 14 15 15 15 16 17 17 18 19 19 10 11 11 12 13	3	Revenue less expenses. Subtract line 2 from line 1						
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other 9 Other <td>4</td> <td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td> <td>4</td> <td>545</td> <td>5,3!</td> <td>52.</td>	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	545	5,3!	52.		
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accounting from a prior year or checked "Other," explain on Schedule O. 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: X Separate basis Consolidated basis, or both: Separate basis Consolidated basis B Both consolidated and separate basis, consolidated basis B B Were the organization's financial statements audited by an independent accountant? 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 Consolidated basis B Were the organization is financial statements and selection of an independent accountant? If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	5	Net unrealized gains (losses) on investments	5					
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)) 10 581,071. Part XII Financial Statements and Reporting 10 581,071. Check if Schedule O contains a response or note to any line in this Part XII 10 581,071. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If 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 Both consolidated and separate basis 2b X b Were the organization's financial statements and ided by an independent accountant? 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X consolidate	6	Donated services and use of facilities	6					
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)) 10 581,071. Part XIII Financial Statements and Reporting 581,071. Check if Schedule O contains a response or note to any line in this Part XII Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 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: 2a X 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: 2b X 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: 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidate	7	Investment expenses	7					
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 581,071. Part XII Financial Statements and Reporting	8	Prior period adjustments	8					
column (B) 10 581,071. Part XII Financial Statements and Reporting Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Vestical Statements of the organization of the organization's financial statements compiled or reviewed by an independent accountant? Yes No 1 Account ing method used to prepare the Form 990: Cash X Accrual Other Image: Vestical Statements or the organization's financial statements compiled or reviewed by an independent accountant? Image: Vestical Statements and Separate basis Ves No 2a X Image: Vestical Statements and Separate basis Consolidated basis, or both: Image: Vestical Statements and Selection of an independent accountant? 2b X 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: Image: Vestical Statements and selection of an independent accountant? 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection proc	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check if Schedule O. 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X Image: 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: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled on reviewed on a separate basis Description of the consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an a	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
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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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
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X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2 X Separate basis Consolidated basis Both consolidated and separate basis 2 X c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2 X 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 4		separate basis, consolidated basis, or both:						
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: Image: Consolidated basis Image:		X Separate basis Consolidated basis Both consolidated and separate basis						
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 4b	b	Were the organization's financial statements audited by an independent accountant?		2b		X		
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>		
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a		X		
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2023)

SCHEDULE A	١
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(Form 990)

<u>Total</u>

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.

OMB No. 1545-0047
2023
Open to Public

							Open to Public Inspection			
Nan	ne of t	the organizati	·						Employer	identification number
				Youth Menta						7-3992060
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	a private found	lation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b) (1	I)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	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 the benefit of a college or university owned or operated by a governmental unit described in								
		section 170	(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, sta	ate, or local go	vernment or governm	nental unit described in a	section 17	70(b)(1)(A)	(v).		
7	X	An organizat	ion that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its supp					
					t to certain exceptions; a					
					(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
				mplete Part III.)						
11					vely to test for public sat					_
12					ively for the benefit of, to					
					d in section 509(a)(1) o					Check the box on
	_	7			f supporting organizatior					
а				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the aired	tors or truste	es of the sl	ipporting
h		-		complete Part IV, Se		ion with it	oupporte	d organizatio	n(a) by bay	ina
b				-	l or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that co	IIII OI OI IIIAIIA	ge the supp	Joned
		-		t complete Part IV,	g organization operated	in connoc	ion with	and functions	lly intograte	d with
С			-). You must complete F				ily integrate	a with,
d		7			orting organization oper				ted organiz	ration(s)
Ū			-		ation generally must sati				U U	
			-		nplete Part IV, Sections	-		-		
е		- ·	,	,	written determination from	,			II. Type III	
-		_	0		nally integrated supportir			.)pe., .)pe	, . , p =	
f	Ente		of supported of							
g				n about the supporte						
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed	(v) Amount o		(vi) Amount of other
		organization	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)

Schedule A (Form 990) 2023

AIM Youth Mental Health

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	731,915.	458,234.	541,299.	864,000.	1072083.	3667531.
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	F 24 04 F	450 004	F 4 4 0 0 0	0.6.40.0.0	100000	2668524
	Total. Add lines 1 through 3	731,915.	458,234.	541,299.	864,000.	1072083.	3667531.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						559,514.
	Public support. Subtract line 5 from line 4.						3108017.
		(-) 0010	(1-) 0000	(-) 0001	(.1) 0000	(-) 0000	(f) T = t = 1
	ndar year (or fiscal year beginning in)	(a) 2019 731,915.	(b) 2020 458,234.	(c) 2021 541,299.	(d) 2022 864,000.	(e) 2023 1072083.	(f) Total 3667531.
	Amounts from line 4	751,515.	430,234.	JH1,2JJ.	001,000.	1072003.	5007551.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	249.	95.	48.	1,079.	4,376.	5,847.
0	and income from similar sources Net income from unrelated business	247.	55.		1,075		5,047.
9							
	activities, whether or not the					288,759.	288,759.
10	business is regularly carried on Other income. Do not include gain					200,755.	200,155.
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	9,537.		482.			10 019.
44	Total support. Add lines 7 through 10	5,557.		1021			<u>10,019.</u> 3972156.
	Gross receipts from related activities,	etc. (see instructio	(and			12	55721500
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax v	vear as a section 5		
	organization, check this box and sto						
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2023 (I			column (f))		14	78.25 %
	Public support percentage from 2022					15	99.61 %
	33 1/3% support test - 2023. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c				
	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	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A	(Form	990) 2023
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AIM Youth Mental Health

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.)

300	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	I	1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second, third	fourth, or fifth tax	vear as a section 5	i01(c)(3) orgai	nization.
	check this box and stop here			-			·
	ction C. Computation of Public					<u> </u>	
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022 ction D. Computation of Invest					16	%
	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the					·	
	more than 33 1/3%, check this box a						
b							3%, and
	b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20							
	23 12-21-23		· · · · ·				dule A (Form 990) 2023
			15				. ,

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^{2023.05000} AIM YOUTH MENTAL HEALTH A8334201

47-3992060 Page 4

1

2

3a

3b

Yes No

Part IV Supporting Organizations

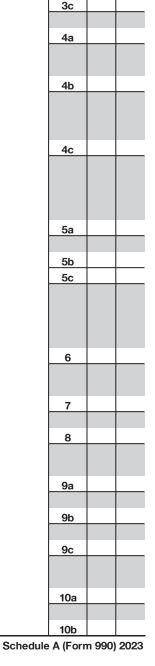
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

Schedule A (Form 990) 2023

- 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")? // "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 disgualified 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.)

16



2023.05000 AIM YOUTH MENTAL HEALTH A8334201

lule A (Fo	rm 990)	2023	AIM	Youth	Mental	Health
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Sche

1

Pa	t 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> Did the organization operate for the benefit of any supported organization other than the supported	_1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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 the supported organization(s).

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 th	at the organization used t	o satisfy the Integral Part	Test during the year	(see instructions).

- 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 instr	ruction <u>s).</u>
---	--	---------------------------------------------------	-------------------------------------------------------------------------------	--------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

 Schedule A (Form 990) 2023

332025 12-21-23

Sche	edule A (Form 990) 2023 AIM Youth Mental Health	L		47-3992060 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgai		
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			
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		
-				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
•	(provide details in Part VI). See instructions.	le organization le responente		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)	10	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	S	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2022				

AIM Youth Mental Health

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 AI	IM Youth Menta	l Health	47-3992060 Page 8
Part VI	Supplemental Informat Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines	b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 2 and 3; Part IV, Section E,	ons required by Part II, line 10; Part II, 9c, 11a, 11b, and 11c; Part IV, Section lines 1c, 2a, 2b, 3a, and 3b; Part V, lir 5, and 6. Also complete this part for a	n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
332028 12-21-2	23		20	Schedule A (Form 990) 2023

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323451 12-26-23

Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

Employer identification number

47-3992060

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

AIM Youth Mental Health

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

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



OMB No. 1545-0047

(Form 990)

Department of the Treasury

Schedule B

Name of the organization

Name of organization

47-3992060

AIM Youth Mental Health

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 Х Person Payroll 301,690. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Х Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person Payroll 47,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 6 Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page **2**

323452 12-26-23

2023.05000 AIM YOUTH MENTAL HEALTH A8334201

22

Name of organization

47-3992060

AIM Youth Mental Health

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page **2**

323452 12-26-23

2023.05000 AIM YOUTH MENTAL HEALTH A8334201

16301113 131839 A833420

Name of organization

Employer identification number

47-3992060

AIM Youth Mental Health

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

artii	Noncash Property (see instructions). Use duplicate copies of Part ii if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a)		\$			
(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		
		_			

24

Page 3

Name of o	organization		Employer identification number
AIM Yo	outh Mental Health		47-3992060
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line en haritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	Use duplicate copies of Part III if additional s	pace is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transformede norme oddenee en	(e) Transfer of gi	
	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi nd ZIP + 4	gift Relationship of transferor to transferee

25

Schedule B (Form 990) (2023)

2023.05000 AIM YOUTH MENTAL HEALTH A8334201

	HEDULE D 1 990)	Complete if the orga	al Financial Statements nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No.	<u>1545-0</u> 23	<u>047</u>
	nent of the Treasury Revenue Service	A	vitach to Form 990. 0 for instructions and the latest information.		Open t Inspec		olic
	e of the organizati				identificati 7 – 3992	on nu	
Par	t I Organiza		d Funds or Other Similar Funds or Ac				
		n answered "Yes" on Form 990, Part IV, lin			bompiete ii	une -	
	-		(a) Donor advised funds (I	b) Funds and	d other acco	unts	
1	Total number at er	nd of year					
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value a	t end of year					
5	-		writing that the assets held in donor advised fund			_	_
			exclusive legal control?		Yes		No
6	•		dvisors in writing that grant funds can be used or				
			r donor advisor, or for any other purpose conferri	0		_	٦
Par	impermissible priv	ate benefit?	ganization answered "Yes" on Form 990, Part IV,	lino 7	Yes		No
				line 7.			
1		servation easements held by the organization of land for public use (for example, recrea		rically impor	tant land ar	22	
		of natural habitat	Preservation of a certif			a	
		n of open space			Judotaro		
2		• •	fied conservation contribution in the form of a con	servation ea	sement on	the las	st
	day of the tax year				at the End of		
а	Total number of co	onservation easements		2a			
b	Total acreage rest	ricted by conservation easements		2b			
с	Number of conser	vation easements on a certified historic stru	ucture included on line 2a	2c			
d	Number of conser	vation easements included on line 2c acqu	ired after July 25, 2006, and not				
	on a historic struc	ture listed in the National Register	[2d			
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	ation during	the tax		
	year						
4		where property subject to conservation eas					
5		tion have a written policy regarding the per			Yes		No
6	,	forcement of the conservation easements it	t holds? handling of violations, and enforcing conservatior			L	
0	Stall and voluntee	a nours devoted to monitoring, inspecting,		reasements	during the	year	
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	ements duri	ng the year		
•							
8			e satisfy the requirements of section 170(h)(4)(B)(i)		Yes		No
9			on easements in its revenue and expense stateme				
		•	note to the organization's financial statements tha		:he		
	organization's acc	ounting for conservation easements.					
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other Si	milar Ass	ets.		
	Complete i	f the organization answered "Yes" on Form	1990, Part IV, line 8.				
1a	-		8, not to report in its revenue statement and bala		orks		
			olic exhibition, education, or research in furtherand	ce of public			
_	· •		ncial statements that describes these items.				
b	-		8, to report in its revenue statement and balance				
			exhibition, education, or research in furtherance	of public sei	rvice,		
		ing amounts relating to these items.		¢			
2			asures, or other similar assets for financial gain, p				
2	•	unts required to be reported under FASB A					
а	-			\$			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

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26 2023.05000 AIM YOUTH MENTAL HEALTH

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Par	t III Organizations Maintaining C	ollections of Ar	rt, Hist	orical Tre	easures, or	Other S	Similar A	ssets	(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	make sign	ificant use	e of its			
	collection items (check all that apply).										
а	Public exhibition	(d 🗌	Loan or exc	hange progra	ım					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	n's exempt	t purpose	in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							art IV. li			
	reported an amount on Form 990, Pa			- 5				,	,		
1a	Is the organization an agent, trustee, custodi		diary for	contribution	s or other as	sets not inc	cluded				
iu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XII							∟			
U		and complete the lo	nowing	lable.					Amount		
-	Decision belonce						1		7 arrio arric		
	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e				
f	Ending balance										1
	Did the organization include an amount on F					-	<i></i>	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if										
Fai			1		1		Three year	ro book	(a) Four	vooro	book
		(a) Current year	i (d)	Prior year	(c) Two year	S DACK (O) Three year	IS DACK	(e) Four	years	DACK
1 a	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	rent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	- uld equal 100%.									
3a	Are there endowment funds not in the posse	-	ation tha	at are held ar	nd administer	ed for the					
	organization by:	0								Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								0.0		
Par	t VI Land, Buildings, and Equipm		witherit								
	Complete if the organization answere		0. Part IV	V. line 11a. S	See Form 990.	. Part X. lin	e 10.				
	Description of property	(a) Cost or o		Í.	or other	,	umulated		(d) Book	volu	
	Description of property	basis (investi		. ,	(other)	. ,	eciation			value	5
4.	Land			54313		acpre					
	Land										
	Buildings										
	Leasehold improvements				3 300		1,190		2	2	10
	Equipment				3,398.		т,тэс	/•		, 20	08.
-	Other							_			0
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. line 1</u>	<u>0c, column</u>	<u>(B))</u>					-	08.
							Sc	hedule	D (Form	990)	2023

(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (E	3))		
Part VIII Investments - Program Relate			
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: 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, line 13, col. (E	3))		
Part IX Other Assets			
Complete if the organization answered		11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1) RIGHT-OF-USE ASSET - O	PERATING LEASE		47,756.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line	15, col. (B))		47,756.
Part X Other Liabilities			
Complete if the organization answered	"Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CURRENT PORTION OF LEAS	SE LIABILITY		
(3) – ST			22,909.
(4) LEASE LIABILTY, NET OF	CURRENT		
(5) PORTION – LT			19,940.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line .	25, col. (B))		42,849.
2. Liability for uncertain tax positions. In Part XIII, p	rovide the text of the footnote to	the organization's financial statements that	reports the
organization's liability for uncertain tax positions	under FASB ASC 740. Check h	ere if the text of the footnote has been provid	ed in Part XIII 🛛 🔣
· · · · ·			le D (Form 990) 2023
332053 09-28-23			
	28		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

AIM Youth Mental Health Schedule D (Form 990) 2023

Part VII Investments - Other Securities

(1) Financial derivatives

(a) Description of security or category (including name of security)

47-3992060 Page 3

(c) Method of valuation: Cost or end-of-year market value

D (Form 990) 2023

Sche	dule D (Form 990) 2023 AIM Youth Mental Health		47-3992060 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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		
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>)</u>	
Pal	rt XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Or	gani	zation	is	a non	profit d	corpoi	ratio	n tha	t is	exempt	from	fede	eral
income	e tax	under	Sec	ction	501(c)(3	3) of	the	Inter	nal	Revenue	code	and	from
state	franc	chise	tax	under	Revenue	e and	Taxa	tion	Code	Sectior	n 237()1(d)).

The Financial Accounting Standards Board (FASB) issued guidance that

clarifies the accounting for uncertainty in income taxes recognized in a

company's financial statements. Using that guidance tax positions

initially need to be recognized in the financial statements when it is

more likely than not the positions will be sustained upon examination by

29

the tax authorities.

332054 09-28-23

Part XIII Supplemental Information (continued) As of December 31, 2023, the Organization has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements.
that qualify for either recognition or disclosure in the financial
statements.

Schedule D (Form 990) 2023

332055 09-28-23

16301113 131839 A833420

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19 ,	or if the	2023
Department of the Treasury		Attach to Form 990 c						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information	ı		Inspection
Name of the organization		th Mental Health					Employer ide $47 - 3992$	entification number
Part I Fundrais		Complete if the organization answe	red "Y	es" or	Form 990 Part IV li	ne 17		
	complete this part							
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Ye	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o 1	Amount paid r retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

AIM Youth Mental Health

47-3992060 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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GALA	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	457,150	•		457,150
	2 Less: Contributions	356,650	•		356,650
	3 Gross income (line 1 minus)	line 2) 100,500	•		100,500
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	21,858	•		21,858
	7 Food and beverages	46,008	•		46,008
	8 Entertainment	44,419.	•		44,419
	9 Other direct expenses				96,106
1					208,391
	\$15,000 on Form 990-E	Z, line 6a.			
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 Gross revenue			(c) Other gaming	
	Gross revenue Cash prizes			(c) Other gaming	
				(c) Other gaming	
	2 Cash prizes			(c) Other gaming	
	2 Cash prizes3 Noncash prizes			(c) Other gaming	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 		bingo/progressive bingo		col. (a) through col. (
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	Yes%	bingo/progressive bingo	☐ Yes% ☐ No	col. (a) through col. (
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Additional content of the second seco	Yes%	bingo/progressive bingo	☐ Yes %	col. (a) through col. (
E	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Ad 8 Net gaming income summar Enter the state(s) in which the or is the organization licensed to compare the state of the organization licensed to compare the	☐ Yes% ☐ No dd lines 2 through 5 in column (d)	bingo/progressive bingo	Yes% □Yes%	col. (a) through col. (
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Act 8 Net gaming income summar Enter the state(s) in which the or Is the organization licensed to construct on the state of the organization licensed to construct on the state of the organization licensed to construct on the state of the organization licensed to construct on the state of the organization licensed to construct on the state of the organization licensed to construct on the state of the organization licensed to construct on the state of the organization licensed to construct on the state of the organization licensed to construct on the state of the organization licensed to construct on the state of the organization licensed to construct on the state of the organization licensed to construct on the state of the organization licensed to construct on the organization license on the organization licens	dd lines 2 through 5 in column (d)	bingo/progressive bingo	<pre>%</pre>	Yes N

332082 09-13-23

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	AIM Youth Me	ental H	Health	47-3992060 Page 3
				Yes No
			nber of a partnership or other entity formed	
				Yes No
13 Indicate the percentage of gamin				
			ion's gaming/special events books and record	
		0	5 5 1	
Name				
Address				
15a Does the organization have a co	ontract with a third party fro	m whom th	e organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gains				iount
of gaming revenue retained by th c If "Yes," enter name and addres			_	
	o or the third purty.			
Name				
Address				
16 Coming manager information:				
16 Gaming manager information:				
Name				
Gaming manager compensation	\$	_		
Description of services provided	I			
Director/officer	Employee	L Inc	dependent contractor	
47 Mandatan distributionar				
17 Mandatory distributions: a ls the organization required under	er state law to make charit:	able distribu	itions from the gaming proceeds to	
retain the state gaming license?				Yes No
b Enter the amount of distributions			outed to other exempt organizations or spent	
organization's own exempt activ		\$		
			required by Part I, line 2b, columns (iii) and (v) nal information. See instructions.	; and Part III, lines 9, 9b, 10b,
130, 130, 10, and 170, a	as applicable. Also provide			
332083 09-13-23			33	Schedule G (Form 990) 2023
			55	

Partiv	Supplemental Information	(continued)	
			Schedule G (Form 990)

332084 04-01-23

SCHEDULE I		G	ants and Oth	er Assistan	ce to Organ	izations.		L	OMB No. 1	1545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States			20	23
Department of the Treasury		Compl	ete il the organization	Attach to Forn		rt iv, inte z i or zz.			Open to	
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.			Inspe	
Name of the organizat	ion			•				Employer id	entificatio	on number
	AIM Youth	Mental H	ealth					4	17-39	92060
Part I General I	nformation on Grants a	nd Assistance								
1 Does the organiz	zation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection			
	award the grants or assis								Yes Yes	No No
	IV the organization's pro									
	d Other Assistance to I hat received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, to	r any	
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance		rpose of g assistanc	
					assistance	other)				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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
linical Science Fellowship Research Grant	1	50,000.	0.		
linical Science Fellowship Research Grant	1	50,000.	0.		
quity and Implementation Research grant	1	10,000.	0.		
quity and Implementation Research Grant	1	10,000.	0.		
quity and Implementation Research Grant	1	10,000.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
art I, Line 2:					
ypically, invoices are submitted	by the in	dividual's	s instituti	on recording	
he breakdown of how the funds wer					
				-	
lso, one of our directors or boar	a members	reach out	and speak	directly	
ith the recipient to receive an u	pdate on	progress a	ind any res	ults of note	
hat could warrant further researc	h or impl	ementation	1.		

Part III, Column (b):

As determined by AIM's Scientific Advisory Board, each applicant's

Schedule I (Form 990) AIM Yo Part IV Supplemental Information	outh Mental Health	47-3992060 Page
	ed based on their focus on y	youth mental health
as it applies to children	n, teens, or young adults up	o to 26 years of
age. Emphasis is given t	to new therapies, diagnostic	c tools, early
interventions, and/or new	v technologies. The Equity	and Implementation
Grants also must demonstr	rate approaches to expanding	g access to
evidence-based treatments	s for children and teens in	underserved
populations.		
		Schedule I (Form 99
332291 04-01-23	37	Schedule I (PUHI 35

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

. Inspection

23

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

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

Name of the organization

Employer	identification number
4	7-3992060

ΖU **Open to Public**

r

AIM Youth Mental Health	AIM	Youth	Mental	Health
-------------------------	-----	-------	--------	--------

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g) Method of noncash contri		•	s
1	Art - Works of art							
2	Art - Historical treasures					,		
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
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 -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	Х	35	241,500.	SELLING PR	ICE		
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ch 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	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				_
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 09-11-23	Schedule M (Form 990) 2023
	39

16301113 131839 A833420

SCHEDULE	0
(Form 990)	



47-3992060

Form 990, Part III, Line 1, Description of Organization Mission:

AIM is bridging the gap between research and access to care for youth

struggling with their mental health by finding, funding and

AIM Youth Mental Health

implementing evidence-based treatments, empowering youth to discover

their own mental health solutions, and training caring adults to create

safe communities where children can grow and thrive.

Form 990, Part III, Line 4a, Program Service Accomplishments:

AIM Ideas Lab Program provides high school students with guidance and support in identifying their own mental health solutions by learning about scientific survey design and creating their own peer-to-peer mental health survey. Students then analyze the results and gain unique insights into emerging youth mental health challenges, develop recommendations, and propose solutions. The AIM Ideas Lab students present their research to educators, parents, researchers, and policy makers in the community. In 2023, AIM Ideas Lab Program engaged more than 1,600 high school students to share their experiences, perspectives, and solutions.

Youth / Teen Mental Health First Aid Program, which is essentially a CPR class for mental health, provides education on how to identify, understand and respond to signs of mental health and substance use challenges among the youth in need in their community. In 2023, the YMHFA Program trained approximately 1000 participants to recognize and respond to these challenges including offering appropriate support For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 AD

16301113 131839 A833420

Schedule O (Form 990) 2023	Page 2
Name of the organization AIM Youth Mental Health	Employer identification number 47-3992060

strategies and assessing for risk of self-harm or suicide.

AIM for Awareness Design Challenge invites students from 6th to 12th grade to use creative expression as a means to open dialogues about mental health, encouraging other youth to speak up, seek help, and spread messages of hope. This challenge raises awareness among youth and the wider community, breaking down barriers and reducing stigma around mental health issues through the unique perspectives of youth participants. With entries from around the world, AIM combines creativity and advocacy, calling on young advocates to bust stigma and build connections through art.

Through these programs, AIM brings together educators, parents, and caring professionals to support young people in achieving lifelong mental wellness.

AIM's Scientific Advisory Board (SAB) is comprised of a diverse and distinguished group of doctors in the pediatric mental health community, representing major research institutions throughout the world. The SAB guides our strategic investments in youth mental health research, strategizing the most effective ways to fund research to help youth today.

The 2023 AIM Youth Mental Health Symposium brought together top experts to address critical questions and explore innovative solutions to the escalating youth mental health crisis.

<u>0</u>	ver	the	cour	se	of	two	days,	with	more	than	800	attende	es, we	discuss	ed
33	32212 11-	14-23												Schedule O (Fo	orm 990) 2023
									4	1					
1630	1113	131	839	A83	342	0			2023	.0500	0 AII	M YOUTH	MENTAL	HEALTH	A8334201

Schedule O (Form 990) 2023	Page 2					
Name of the organization AIM Youth Mental Health	Employer identification number $47 - 3992060$					
topics such as school safety and youth mental health, cutting-edge						
research on teen anxiety, family-based therapy for eating disorders,						
suicide prevention, and the effects of sleep deprivation on youth						
mental well-being.						

Form 990, Part VI, Section A, line 2:

AIM's Executive Committee is comprised of Susan Stilwell, Dean Maynard, and Jessica Canning, all of whom are officers on the AIM Board. The Executive Committee meets regularly with the Executive Director to remain aware of important issues and emerging concerns, provide advice and guidance, and ensure alignment with the Board's expectations.

Form 990, Part VI, Section B, line 11b:

The Board treasurer will review the 990 prior to filing and a copy is

provided to all board members.

Form 990, Part VI, Section B, Line 12c:

Board Directors and the Executive Director complete and sign a form

annually to note potential conflicts of interest.

Form 990, Part VI, Section B, Line 15:

On the anniversary of the Executive Director's hire date in early July, the

Executive Committee of the Board reviews her compensation and compares it

to external data. At the anniversary of the hire date of key employees, the

Executive Director reviews the individual's compensation and compares it to

42

external data.

The process described here was last completed in 2023.

332212 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization AIM Youth Mental Health	Employer identification number $47 - 3992060$
	1, 3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents and financi	al statements
available to the public upon request.	
³³²²¹² 11-14-23 43	Schedule O (Form 990) 2023