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. Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A 1</u>	or the	e 2015 calendar year, or tax year beginning JUL 1, 2015 and	ending	JUN 30, 2016	
В	Check if upplicabl	C Name of organization		D Employer identific	cation number
	Addre	YOUTH OUTREACH SERVICES, INC			
	Name chang	Doing business as		36-3	297629
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	te E Telephone number	•
	Final	2/11 WEST CONCERS DARKWAY		773-	777-7112
	termin ated			G Gross raceipts \$	5,624,922.
	Amen			H(a) Is this a group re	turn
	Applic			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
1	Гах-ех	empt status X 501(c)(3) 501(c) ()	or 5		list (see instructions)
		te: WWW.YOS.ORG		H(c) Group exemption	•
		organization; X Corporation Trust Association Other ▶	L Ye		State of legal domicile: IL
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities YOUT	H OUT	REACH SERVICE	ES, INC.
õ	'	PROMOTES THE STRENGTHS AND ABILITIES OF Y			
Governance	2	Check this box I if the organization discontinued its operations or dispos			
Veri	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
	1 .	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	148
Activities &	ľ	Total number of volunteers (estimate if necessary)		6	75
ξ	i .	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ą		Net unrelated business taxable income from Form 990-T, line 34ECEIVED	7	7 <u>a</u> 7b	0.
	~	Net difference business taxable income from Form 9901, intersection		Prior Year	Current Year
	%	Contributions and grants (Part VIII, line 1h)	SS⊩	4,196,105.	2,665,565.
ě	ရှိ	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) FEB 2 1 2017	RS-0S	3,623,796.	2,938,506.
Revenue	强	Investment income (Part VIII, column (A), lines 3, 4, and 70)	182 h	621.	670.
æ	쓽		-	59,939.	20,181.
	NAR 103020	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,880,461.	5,624,922.
		Total revenue - add lines 8 through 11 (must equal Part-VIII-tolumn (A): line 12)	-+	1,239,992.	795,802.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	 -	0.	755,002.
	34 72	Benefits paid to or for members (Part IX, column (A), line 4)	<u>_</u>	4,398,407.	3,320,481.
Šes	35	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.
Expenses	(Joan	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 115,1	73 F		
X	120	• • • • • • • • • • • • • • • • • • • •	/3•	2,231,880.	1,769,055.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ŀ	7,870,279.	5,885,338.
	j.	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	10,182.	<260,416.>
		Revenue less expenses Subtract line 18 from line 12			
SO		T. () () (D. () () () ()	H	Beginning of Current Year 3,689,707.	End of Year 3 012 959
Assets or	20	Total assets (Part X, line 16)	F	1,034,706.	3,012,859. 618,274.
Net A	21	Total flabilities (Part X, fine 26)	-	2,655,001.	2,394,585.
	22 ort 11	Net assets or fund balances Subtract line 21 from line 20 Signature Block		2,033,001.	2,334,303.
		+ 		manta and to the best of my	Irroulades and halist it is
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich prepar		2017
		Signature of officer (2)		<u> </u>	2017
Sig			1 1/2		
Her	е	Type or print name and title	CIGIL	`	
_				Date Check	PTIN
ь.		Print/Type preparer's name Preparer's signature	へ FF	L	
Paid		JEFF SCHROEDER	- FE		
	arer	Firm's name SASSETTI LLC		Firm's EIN ▶	36-2239746
use	Only	Firm's address 6611 NORTH AVENUE		6 / 7.	no\ 206 1422
		OAK PARK, IL 60302		Phone no. (7	08) 386-1433
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No Form 990 (2015)
5320	12-1 01 ص	·		231m (1031m T3773 m	
	S	EE SCHEDULE O FOR ORGANIZATION MISSION ST	ATEME	ENT CONTINUAT	101/34 1
					01

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	•		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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		<u>X</u>
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_		<u>X</u>
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_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	[٠,,
	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	l		
	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>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
1	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	<u> </u>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		X	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
a	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	110		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
'	the organization's separate of consolidated infancial 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
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 		 -
Za	Schedule D, Parts XI and XII	12a	Х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	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
6	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
7	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	17		X
8	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
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"		_	
	complete Schedule G. Part III	19		X
		Form	990	(2015)

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

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Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			┸┸
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
b	Enter the humber of 7 offis W-20 included in line 1a. Enter -0 in not applicable	}		}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
_	(gambling) winnings to prize winners?	1c		<u> </u>
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 148			
		-	X	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		_
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>		$\frac{1}{x}$
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	_3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		├ <u>^</u>
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 Accounts (FBAR)	┝ <u>-</u> ⊣		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		x
	any contributions that were not tax deductible as chantable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	er		
-,	were not tax deductible?	6b		$\vdash \lnot \lnot$
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 services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	''		
L	to file Form 8282?	7c		х
ч	If "Yes," indicate the number of Forms 8282 filed during the year	\ <u>``</u>		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		,	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			i
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	[]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	لـــــا		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L,
	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	j l		
С	Enter the amount of reserves on hand	L		
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		<u> </u>
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1. 4.	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	_	~	a No	res	spons	e
		Jee III	Stractions.				X
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A, Governing Body and Management						IA
<u> </u>	tion A, doverning body and management				Т	Yes	No
15	Enter the number of voting members of the governing body at the end of the tax year	1a	:	4	寸		
	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 in Schedule O.			i	Į		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		L4	- [
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				Ì		
_	officer, director, trustee, or key employee?		,		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
•	of officers, directors, or trustees, or key employees to a management company or other person?			1 :	3		_ x_
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?		,		X
5	Did the organization become aware during the year of a significant diversion of the organization's assi				5		Х
6	Did the organization have members or stockholders?				3		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?			7	a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockhol	ders, or				
	persons other than the governing body?			7	b 📗		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following:				
а	The governing body?			8	a	X	
b	Each committee with authority to act on behalf of the governing body?			8	b	_X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	the:		J		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				•		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue.	Code.)				
					-	Yes	No
	Did the organization have local chapters, branches, or affiliates?			10)a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	affiliates,	۱.,			
44	and branches to ensure their operations are consistent with the organization's exempt purposes?	bofor	a filipa tha farm?)b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Delot	e illing the form?	- ├-	1a		
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990			12	-	X	<u> </u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	licte?		2b	X	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			<u> </u>	+		
·	In Schedule O how this was done	es, u	scribe	12	2c	Х	
13	Did the organization have a written whistleblower policy?				3	X	
14	Did the organization have a written document retention and destruction policy?			_	4	X	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent		1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•				
а	The organization's CEO, Executive Director, or top management official			15	āa	Х	
b	Other officers or key employees of the organization			15	b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				\Box		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	th a				
	taxable entity during the year?			16	ia 📗		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation		Ī		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's	L			
	exempt status with respect to such arrangements?			16	b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶IL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s only) avaıla	ble		
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain		•				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest policy, a	nd fina	incia	al	
	statements available to the public during the tax year		_				
20	State the name, address, and telephone number of the person who possesses the organization's boo RICK VELASQUEZ - (773) 777-7112	ks and	records >		_		
	2411 W. CONGRESS PARKWAY, CHICAGO, IL 60612						
532006	12-18-15			F	orm	990	(2015)

Part VIII 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

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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Nours per week Week	(A)	(B)	(C)						(D)	(E)	(F)
Officer and artector/Pusted Officer and artector Office	Name and Title	-		(do not check more than o			than c		l '	•	l .
(i) SANDRA BLAKEMORE Companizations needed organizations (W2/1099-MISC) (W2/1099-MI		1							•	•	1
Comparizations Comp			ğ	Г					1		Į
(1) SANDRA BLAKEMORE 2.00			direc				20				1
(1) SANDRA BLAKEMORE 2.00		related	tee or	ustee			ensati		(W-2/1099-MISC)		organization
(1) SANDRA BLAKEMORE 2.00		↓ =	al trus	nal Ir		loyee	сошр е				1
(1) SANDRA BLAKEMORE 2.00		i	dividua	strtutio	ticer	у етр	ghest	rmer			organizations
RESIDENT	(1) SANDRA BLAKEMORE		<u> </u>	Ĕ	, jo	- <u>s</u> -	로등	F0			
(2) MICHELLE MENCONI	• • • • • • • • • • • • • • • • • • • •	2.00	x	i					0.	0.	0.
VICE-PRESIDENT		2.00	 			_		_			
(3) KARL STARK SECRETARY X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	VICE-PRESIDENT		X						0.	0.	0.
X	(3) KARL STARK	2.00									
(4) RUSSELL MONCO	SECRETARY		X						0.	0.	0.
S	(4) RUSSELL MONCO	2.00									
Director X	TREASURER		X						0.	0.	0.
1.00 X	(5) AMANDA COX	1.00					'				
DIRECTOR	DIRECTOR		X				L		0.	0.	0.
1.00 X	(6) CRAIG FOSTER	1.00									
DIRECTOR	DIRECTOR		X			_	_		0.	0.	0.
S BOB KELLY		1.00			'				_		_
DIRECTOR	DIRECTOR		X		Щ		_		0.	0.	0.
1.00		1.00									
Director X			X.	<u> </u>			-		0.	0.	0.
1.00 PHYLLIS KOPRIVA 1.00		1.00	ļ								
DIRECTOR X			X	_					0.	0.	0.
Company Comp		1.00	۱								
DIRECTOR X			X	<u> </u>					0.	0.	0.
1.00		1.00	١								
DIRECTOR X		1 00	X	_			-		0.		
1.00		1.00	 							,	_
DIRECTOR X		1 00	<u> </u>				-		0.	<u> </u>	
1.00		1.00	₩						0	0	0
DIRECTOR		1 00	₽		-		-		<u> </u>	<u> </u>	
1.00		1.00	x						0.	n .	n.
DIRECTOR		1.00	 ^		\vdash		\vdash	_			
(16) JILL STEVENSON	DIRECTOR	1.00	x						0.	ا.ه	0.
DIRECTOR X 0. 0. 0. (17) SILVIA TALVERA 1.00	(16) JILL STEVENSON	1.00	 		\Box		\vdash				
(17) SILVIA TALVERA 1.00	DIRECTOR	-	x						0.	0.	0.
	(17) SILVIA TALVERA	1.00									
	DIRECTOR		X						0.	0.	0.

Par	rt VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	. (A) (B) (C) (D) (E)												(F)	
	Name and title	(do	Position (do not check more than one					Reportable	Reportable	. '	Es	tımate	d	
	•	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation			nount (of
		week	_	Cerai		T	17003	100,	from	from related	1		other	
		(list any hours for	Individual trustee or director						the	organization (W-2/1099-MIS			pensat om the	
		related	o a	ee			Sated		organization (W-2/1099-MISC)	(44-2/1099-14113	30)		anızatı	
		organizations	ruste	Itrus	l	, g	튵	l	(** 27 1033 141100)		ı	_	d relate	
		below	dead	institutional trustee	<u> </u>	Key employee	stco	 55	!				inizatio	
		line)	ludiv	Instit	Officer	Key e	Highest compensated employee	Form						
(18)	RICK VELASQUEZ	40.00												
EXEC	UTIVE DIRECTOR	3.00	L	<u>. </u>	Х				126,481.		0.			0.
(19)	JOYCE R. PERRY	1.00]		ļ]						
DIRE	CTOR			L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.		0.			<u>0.</u>
						1								
	· ·	<u> </u>		<u> </u>		 	<u> </u>		<u> </u>	<u></u>				
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		<u> </u>	}		ļ	ļ		ļ			j			
41.	0.1.1.1.1	<u> </u>	Щ.	L	l	L	Ļ	╚	126,481.		0.			0.
	Sub-total	U Castian A							0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	ii, Section A							126,481.		0.			0.
2	Total number of individuals (including but r	or limited to th	080	lieto	d ab	2010) wh	O re		000 of reportable				
2	compensation from the organization	iot illilited to th	USE	11310	u at	JOV6	, wii	016	scerved more than \$100,	ooo or reportable	,			1
_	compensation from the organization		_		_			_					Yes	No
3	Did the organization list any former officer	director or tri	iste	e ke	v en	nnlo	vee	or l	highest compensated er	nplovee on	1			
Ū	line 1a? If "Yes," complete Schedule J for s			٥,٠	,		,,,,,,	•				3		X
4	For any individual listed on line 1a, is the si		e cc	mne	ensa	tion	and	oth	ner compensation from t	ne organization	- 1			
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or									lual for services				
•	rendered to the organization? If "Yes," con	•				•						5		\mathbf{x}
Sec	tion B. Independent Contractors	MACIO COLICADA					<u> </u>							
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization Report compensation for	=												
	(A)								(B)			(C	;)	
	Name and business	address							Description of s	ervices	С	omper	nsation	1
NET	RIX LLC							ŀ	IT NETWORK &	SUPPORT				
2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015 SERVICES										16:	1,43	32.		
CHE	STNUT HEALTH SYSTEMS,	ATTN: A	CC	OU.	NT.	S,		-	PROGRAM EVALI	JATION &				
100	1003 MARTIN LUTHER KING DR., BLOOMINGTON, TRAINING										118	3, <u>9</u> 1	4.	
								İ						
	T-t-l	-1 -1 - 1 - 1										-		_
2	Total number of independent contractors (i	=	ot lin	nited	to 1	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 📂				2						_		

Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O conf	tains a <u>re</u> sponse	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats	1 a	Federated campaigns	1a	13,089.	i			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b			}		1
S, G	С	Fundraising events	1c					
a Sift	d	Related organizations	1d		_	}		1
S, E		Government grants (contribut	• ——	322,393.	_			
ti S	f	All other contributions, gifts, gran						
賣類		similar amounts not included abo	ve 1f	330,083.		[
Eg	-	Noncash contributions included in lines	1a-1f \$		0.665.565			
<u>त्</u> र्	h	Total. Add lines 1a-1f			2,665,565.			
		DDOGDAN GEDUTGE	DESCRIPTION	Business Code		2 020 506		
<u>8</u>	2 a			900099	2,938,506.	2,938,506.		
e S	b				-	 		
S m	C					 		
gra Be	d					 		
Program Service Revenue	e f		20110	 -	 	 		
_	ď		silue		2,938,506.			
	3	Investment income (including	dividends intere					
ł	Ū	other similar amounts)	arridorido, interio	>00, una	670.			670.
ŀ	4	income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	, ,	•				
		·	(ı) Real	(II) Personal				1
İ	6 a	Gross rents						
j	b	Less rental expenses]		J
i	C	Rental income or (loss)					·	
	d	Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Secunties	(II) Other				
		assets other than inventory			_			
	b	Less cost or other basis		ĺ				
		and sales expenses						
i		Gain or (loss)		<u> </u>				
		Net gain or (loss)			 	 		
흵	8 a	Gross income from fundraisin		1		1		1
je j		including \$contributions reported on line						
å		Part IV, line 18		.}		1		1
Other Revenue	h	Less direct expenses	a b		1	1		t .
ਠੋ		Net income or (loss) from fund	_		1			
		Gross income from gaming ac	=					
ł	•	Part IV, line 19	а			1		1
	b	Less direct expenses	b		1			
1		Net income or (loss) from gam	_	>				
		Gross sales of inventory, less	-					
j		and allowances	а)]		
	b	Less cost of goods sold	b					
		Net income or (loss) from sale	s of inventory					
[Miscellaneous Revenu	e	Business Code				
	11 a	MISCELLANEOUS I	NCOME	900099	20,181.			20,181.
- 1	b							
	С							ļ
ĺ	d	All other revenue		<u>L</u>				
	е	Total. Add lines 11a 11d		•	20,181.			00 054
	12	Total revenue. See instructions			ь.624.922.	2.938.506.	0.	20.851.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-	se or note to any line in t			(D)
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
a	and domestic governments. See Part IV, line 21	303,116.	303,116.		
2 (Grants and other assistance to domestic	100 606	400 606		
	ndividuals See Part IV, line 22	492,686.	492,686.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	106 401		126 401	
	rustees, and key employees	126,481.		126,481.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2,605,554.	2,300,417.	243,024.	62,113
	Other salaries and wages	2,003,334.	2,300,417.	243,024.	02,113
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions) Other employee benefits	588,446.	491,496.	84,363.	12,587
	Payroll taxes	300,440.	401,400.	04,303.	12,301
	Fees for services (non-employees)				
	Management				
	Legal		 -		
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	696,744.	237,283.	450,579.	8,882
	Advertising and promotion	9,789.	4,399.	3,668.	1,722
	Office expenses	189,761.	159,226.	25,489.	5,046
14 li	nformation technology				
15 F	Royalties				
16 (Occupancy	494,390.	423,765.	61,066.	9,559
17]	[ravel [207,894.	155,173.	51,777.	944
18 F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
19 (Conferences, conventions, and meetings				
20 li	nterest				
21 F	Payments to affiliates				
22 [Depreciation, depletion, and amortization	15,737.		15,737.	
2 3 li	nsurance	58,353.	48,992.	8,228.	1,133
a 2	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	EQUIPMENT EXPENSE	87,494.	45,479.	37,422.	4,593
	OTHER ASSISTANCE	5,852.		299.	5,553
_	SPECIAL EVENT	3,041.			3,041
d =					
_	All other expenses				
	otal functional expenses. Add lines 1 through 24e	5,885,338.	4,662,032.	1,108,133.	115,173
	oint costs Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
6					

Part X	<u>`</u>	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
		<u> </u>			Beginning of year		End of year
1	l	Cash - non-interest-bearing		_	2,066,019.	1	1,275,867
2	?	Savings and temporary cash investments		Ļ		2	
3	3	Pledges and grants receivable, net				3	
4	ļ	Accounts receivable, net		Ļ	1,495,127.	4	1,629,628
5	•	Loans and other receivables from current and fo	rmer o	fficers, directors,			
		trustees, key employees, and highest compensa	ted em	ployees Complete			
- {		Part II of Schedule L				5	
6	;	Loans and other receivables from other disqualit	ied pei	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	on 501	(c)(9) voluntary			
2		employees' beneficiary organizations (see instr)	Compl	ete Part II of Sch L		6	
Special 7	,	Notes and loans receivable, net				7	
8	3	Inventories for sale or use				_8_	
9)	Prepaid expenses and deferred charges			12,395.	9	6,70
10)a	Land, buildings, and equipment, cost or other					
ļ		basis Complete Part VI of Schedule D	10a	839,380.			
	b	Less accumulated depreciation	10b	783,594.	71,523.	10c	55,78
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities See Part IV, line 1	1			12	
13	3	Investments program-related See Part IV, line			13		
14	,	Intangible assets			14		
15	5	Other assets See Part IV, line 11		44,643.	15	44,87	
16	_	Total assets. Add lines 1 through 15 (must equal	al line S	34)	3,689,707.	16	3,012,85
17	•	Accounts payable and accrued expenses		938,036.	17	521,24	
18	}	Grants payable		_18			
19)	Deferred revenue				_19	
20)	Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability Complete I	art IV	of Schedule D		21	
22	?	Loans and other payables to current and former	officer	s, directors, trustees,			
		key employees, highest compensated employee	s, and	disqualified persons	·		
22		Complete Part II of Schedule L				22	
i 23	3	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
24	ļ	Unsecured notes and loans payable to unrelated	i third j	parties		24	
25	•	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D		_	96,670.	25	97,02
26		Total liabilities. Add lines 17 through 25			1,034,706.	26	618,27
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			1
₹		complete lines 27 through 29, and lines 33 an	d 34.				
27	,	Unrestricted net assets		_	2,530,531.	27	2,391,22
28	}	Temporarily restricted net assets			124,470.	_28	3,36
29		Permanently restricted net assets		_		_29	
		Organizations that do not follow SFAS 117 (A	SC 958	s), check here 🕨 🔲			
		and complete lines 30 through 34.					
30)	Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building, or eq	uipmei	nt fund	<u></u>	31	
27 28 29 30 31 32	2	Retained earnings, endowment, accumulated in	come,	or other funds	<u></u>	32	
33		Total net assets or fund balances			2,655,001.	33	2,394,58
34		Total liabilities and net assets/fund balances			3,689,707.	34	3,012,859

	1 990 (2015) YOUTH OUTREACH SERVICES, INC	<u> 36-3</u>	297629	Pag	₁₉ 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			F 604		
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	5,624	, 9	<u> 22.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	_2	5,885		
3	Revenue less expenses Subtract line 2 from line 1	_3	<u><260,</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,655	,00	<u>)1.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	_6			
7	Investment expenses	7			
8	Prior period adjustments	_8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	_10	2,394	, 58	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990		_	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ()			
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		1 1	}	
	Separate basis 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				
	Separate basis X Consolidated basis Both consolidated and separate basis		[[ĺ	- [
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	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 in Scher	dule O		Ī	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	x	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

<u>2015</u>

OMB No 1545-0047

Open to Public Inspection

Name of the organization

YOUTH OUTREACH SERVICES INC

Employer identification number

		H OUTREACH		NC			36-3297629
Part I	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part.) Se	e instructions.	
The organ	zation is not a private found						
1	A church, convention of ch	•	•			4VAVil	
2 🗀						, //~// ₁ /-	
\equiv	A school described in sect		•				
3	A hospital or a cooperative					•	
4 📖	A medical research organiz	ation operated in coi	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Ente	r the hospital's name,
	city, and state.						
5 📖	An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental unit descrit	oed in
	section 170(b)(1)(A)(iv). (0	Complete Part II)					
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7 X	An organization that norma	illy receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
	section 170(b)(1)(A)(vi). (C		.	J			
. 🗔	A community trust describe	,	(4)(A)(vi) (Complete Par	+ II \			
8		, ,		•			
9 🔛	An organization that norma		•			•	•
	activities related to its exen	•	•			• •	<u> </u>
	income and unrelated busing		(less section 511 tax) fro	m busines	sses acqui	red by the organization	after June 30, 1975
	See section 509(a)(2). (Co.	mplete Part III)					
10	An organization organized	and operated exclusi	vely to test for public sa	fety See	section 50)9(a)(4).	
11 🔲	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functioi	ns of, or to carry out the	e purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2)	See section 509(a)(3).	Check the box in
	lines 11a through 11d that						
а 🗀	Type I. A supporting orga		· · · · · · · ·		•	-	v aivina
	the supported organization	•	·		_		
	organization You must o			i inajointy c	71 1110 01100	note of tradicate of the t	Japporting
	,	•					
b	Type II. A supporting org	·				•	•
	control or management o			ame perso	ns that co	ntrol or manage the sup	эропеа
	organization(s) You mus	•					
c	Type III functionally inte	grated. A supporting	g organization operated	ın connect	tion with, a	and functionally integrat	ted with,
	its supported organization	n(s) (see instructions)	You must complete I	Part IV, Se	ctions A,	D, and E.	
d 🗀	Type III non-functionally	integrated. A supp	orting organization oper	ated in coi	nnection w	vith its supported organ	ıızatıon(s)
	that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	ibution rec	urement and an attent	tiveness
	requirement (see instructi	ions) You must con	nolete Part IV. Sections	A and D.	and Part	v.	
e [Check this box if the orga	•	•	•			
•	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
# Ento	r the number of supported of		nany integrated supporting	ng Organiz	allon		
	• • • • • • • • • • • • • • • • • • • •	•	-1 (-)				
	ide the following information Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(IV) is the o	rnanization	(v) Amount of monetany	(vi) Amount of
١,	organization	(11) E114	(described on lines 1-9	listed i	n your	support (see	other support (see
	o. gameanom	}	above (see instructions))	governing o		instructions)	instructions)
				Yes	No	in total detailer toy	inotractione)
					·		
	ı			}			
							
							
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				ĺ			
Total		i i				l	

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support			_	_		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	8139996.	8668076.	8522191.	7819901.	5604071.	38754235.
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			<u> </u>			
4	Total. Add lines 1 through 3	8139996.	8668076.	8522191.	7819901.	5604071.	38754235.
5	The portion of total contributions						
	by each person (other than a						•
	governmental unit or publicly		!			1	ł
	supported organization) included						
	on line 1 that exceeds 2% of the				!		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						38754235.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	8139996.	8668076.	8522191.	7819901.	5604071.	38754235.
8	Gross income from interest,						
	dividends, payments received on	•			'		
	securities loans, rents, royalties						
	and income from similar sources	925.	1,338.	785.	621.	670.	4,339.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	37,889.	1,502.	19,796.	59,939.	20,181.	139,307.
11	Total support. Add lines 7 through 10						38897881.
12		etc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	•	• •	d, fourth, or fifth ta	x year as a section		
	organization, check this box and stop						ightharpoonup
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))	-	14	99.63 %
15	Public support percentage from 2014	Schedule A, Part I	I, line 14			15	99.66 %
16a	33 1/3% support test - 2015. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright X$
b	33 1/3% support test - 2014. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			ightharpoons
17a	10% -facts-and-circumstances test	- 2015. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances" t	test The organizat	ion qualifies as a p	oublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	_			-	7a, and line 15 is	10% or
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organization		-				<u> </u>
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2015 YOUTH OUTREACH SERVICES, INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	below, please com	plete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and	(5)	(5) 25 12	(0) 2010	10/2014	10,20.0	1,7,0,0,0
membership fees received (Do not				İ		
include any "unusual grants ")		1				1
2 Gross receipts from admissions, merchandise sold or services performed, 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-						<u> </u>
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	,					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support			-			
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	L	ļ		l
14 First five years. If the Form 990 is for	or the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	on 501(c)(3) organiza	ation,
check this box and stop here	lia Cumant De	roontogs			=	>
Section C. Computation of Pub					T:27	
15 Public support percentage for 2015		•	olumn (f))		15	<u>%</u>
16 Public support percentage from 201					16	%
Section D. Computation of Inve			- 40 - 1 - 2		T.=	
17 Investment income percentage for 2	•	•	ie 13, column (f))		17	
18 Investment income percentage from				45	18	<u>%</u>
19a 33 1/3% support tests - 2015. If th						/ is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2014. If th				_		▶
line 18 is not more than 33 1/3%, chi	-					ightharpoons
20 Private foundation. If the organizati						▶□

6450___1

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Or	ganizations
------------------------------	-------------

- 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in 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 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
ļ		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
6		<u> </u>
7		
8		
9a		
9b		
9с		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2015

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

Distributable Amount, Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Breakdown of line 7

c Excess from 2013d Excess from 2014e Excess from 2015

and 4c

8

a b Excess distributions carryover to 2016. Add lines 3)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.us.gov/torm990.

Open to Public

Inspection

Name of the organization

Employer identification number

_	YOUTH OUTREACH SER		30-3297629					
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, Iin	· · · · · · · · · · · · · · · · · · ·						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring					
	impermissible private benefit?		Yes No					
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7					
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)						
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area					
	Protection of natural habitat	Preservation of a cer	tified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year		Held at the End of the Tax Year					
а	Total number of conservation easements	2a						
b	Total acreage restricted by conservation easements	2b						
С	Number of conservation easements on a certified historic str	2c						
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure							
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ea	sement is located >						
5	Does the organization have a written policy regarding the pe	modic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements i	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing con	servation easements during the year					
	>							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year					
	▶ \$							
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for					
	conservation easements							
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.					
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,					
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that descri	ibes these items						
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts					
	relating to these items							
	(i) Revenue included on Form 990, Part VIII, line 1		> \$					
	(ii) Assets included in Form 990, Part X		► \$ ► \$					
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia						
	the following amounts required to be reported under SFAS 1							
а	Revenue included on Form 990, Part VIII, line 1		> \$					
	Assets included in Form 990, Part X		> \$					

Schedule D (Form 990) 2015

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

Sche	dule D	(Form 990) 2015 YOUTH O	UTREACH SEI	RVICES, I	1C			36- <u>3</u> 2	97629	Page 2
Pai	ता।	Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other				
3	Using	the organization's acquisition, accession	on, and other record	s, check any of the	following that	are a sig	ınıficant u	ise of its c	ollection	tems
	(checl	k all that apply)								
а		Public exhibition	d	I ☐ Loan or e>	change progra	ıms				
þ		Scholarly research	е	Other						
С		Preservation for future generations								
4	Provid	de a description of the organization's co	llections and explair	n how they further	the organizatio	n's exem	npt purpo	se ın Part	XIII	
5	During	g the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or othe	r sımılar :	assets			
		sold to raise funds rather than to be ma							Yes	No
Par	t IV	Escrow and Custodial Arrang		ete if the organizat	ion answered "	Yes" on	Form 990), Part IV, I	ine 9, or	
		reported an amount on Form 990, Par	t X, line 21							
1a	Is the	organization an agent, trustee, custodia	an or other intermed	ary for contributio	ns or other ass	ets not ir	ncluded			
	on Fo	rm 990, Part X?							Yes	No
b	If "Yes	s," explain the arrangement in Part XIII a	and complete the fol	lowing table						
									Amount	
c	Begin	ning balance					1c			
d	Addıtı	ons during the year					1d			
е	Distrib	outions during the year					1e			
f	Endin	g balance					1f_			
2a	Did th	e organization include an amount on Fo	orm 990, Part X, line	21, for escrow or	custodial accol	unt liabilit	ty?		Yes	No No
		," explain the arrangement in Part XIII								
Par	rt V	Endowment Funds. Complete it	f the organization an		Form 990, Part					
			(a) Current year	(b) Prior year	(c) Two year			ears back		years back
1a	Begin	ning of year balance	505,189.	505,189	505	,189.	5	05,189.		505,189.
b	Contri	butions		 						
С	Net in	vestment earnings, gains, and losses								
ď	Grant	s or scholarships								
е	Other	expenditures for facilities								
	and p	rograms				-				
f	Admir	nistrative expenses								
g	End o	f year balance	505,189.	505,189	505	,189.	5	05,189.		505,189.
2	Provid	le the estimated percentage of the curr	•	e (line 1g, column ((a)) held as					
а	Board	designated or quasi-endowment	100.00	_%						
þ	Perma	anent endowment	%							
c	Temp	orarily restricted endowment 🕨	%							
	The p	ercentages on lines 2a, 2b, and 2c shou	uld equal 100%							
За	Are th	ere endowment funds not in the posses	ssion of the organiza	tion that are held	and administer	ed for the	e organiza	ation	_	
	by									Yes No
	(i) ur	nrelated organizations							3a(i)	<u>X</u>
		lated organizations							3a(iı)	X
b		s" on line 3a(ii), are the related organiza			?				_3b_	
4		be in Part XIII the intended uses of the		wment funds						
Par	τ VI	Land, Buildings, and Equipm								
		Complete if the organization answered	 					— т—		
		Description of property	(a) Cost or o	, , ,	st or other		cumulate	ed	(d) Book	value
			basis (investri	nent) Dasi	s (other)	aep	reciation			
	Land									
	Buildir	<u> </u>			14 466		C1 0	- , -		602
		hold improvements			14,466.		61,8			,603.
	Equipi	ment	ļ 		48,796.	5	76 1		3	,183.
	Other	and Alexandra de la companya de la c	- 		76,118.		76,1	-6.1		786.
ı otal	- Add li	nes 1a through 1e. (Column (d) must ex	nual Form 000 Dart	Y column (R) line	7()()				ננ	,,,,,,,,

532053 09-21-15

532054 09-21-15

6450 1

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

≗ [] Schedule 1 (Form 990) (2015) Employer identification number 36-3297629 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) CASH O. CASH 6 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 262,218, 40,898 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 20-2380358 501(C)(3) 36-2838207 501(C)(3) SERVICES, Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN YOUTH OUTREACH criteria used to award the grants or assistance? 1 (a) Name and address of organization NEW LIFE CENTERS OF CHICAGOLAND or government YOUTH SERVICE PROJECT 3942 W. NORTH AVENUE Name of the organization 4101 W. 51ST STREET CHICAGO, IL 60647 CHICAGO, IL 60632 Part Part

532101 10-28-15

36-3297629 Schedule I (Form 990) (2015)

Page 2

(Form 990) (2015) YOUTH OUTREACH SERVICES, INC 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 Part III

(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 non-cash assistance
HOUSING, FOOD, TRANSPORTATION, AND CLOTHING	2000	492,686.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	luired in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:		į	;		
THE GRANTEE MUST FOLLOW UP WITH THE ORGANIZATION WITH A REPORT THAT DETAILS	E ORGANIZ	ATION WITH	I A REPORT	THAT DETAILS	
THE USE OF GRANT FUNDS AWARDED					

Schedule I (Form 990) (2015)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization

YOUTH OUTREACH SERVICES, INC

Employer identification number 36-3297629

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDING COMMUNITY-BASED SERVICES THAT EMPOWER AND ENRICH EACH TO FACE
LIFE'S CHALLENGES WITH CONFIDENCE, COMPETENCY, AND DIGNITY.
FORM 990, PART VI, SECTION B, LINE 11:
THE 990 WAS DISTRIBUTED AND REVIEWED BY THE BOARD BEFORE BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST STATEMENTS
ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS SHALL ANNUALLY REVIEW IN WRITING, THE PERFORMANCE OF
THE EXECUTIVE DIRECTOR AGAINST PERFORMANCE CRITERIA THAT ARE LINKED TO THE
CORPORATION'S LONG-TERM PLAN. THE EXECUTIVE DIRECTOR SHALL PARTICIPATE IN
THE EVALUATION PROCESS AND REVIEWS, SIGNS AND RESPONDS TO THE EVALUATION
BEFORE IT IS ENTERED INTO HIS OR HER RECORD. THE BOARD OF DIRECTORS SHALL
ALSO REVIEW THE FAIRNESS OF THE EXECUTIVE DIRECTOR'S COMPENSATION AND
BENEFITS IN RELATIONSHIP TO INDUSTRY PRACTICES AND FEDERAL REQUIREMENTS.
FORM 990, PART VI, SECTION C, LINE 18:
ALL FORMS ARE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENT AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Open to Public Inspection 2015

OMB No 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 36-3297629 Direct controlling entity Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **e** Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) INC Primary activity YOUTH OUTREACH SERVICES, Name, address, and EIN (if applicable) of disregarded entity Name of the organization

	(g) Section 512(bX13) controlled entity?	Yes No		_	×	 				
	(f) Direct controlling entity			YOUTH OUTREACH	SERVICES, INC.					_
	(e) Public charity status (if section	501(c)(3))								
	(d) Exempt Code section				501(C)(2)					
	(c) Legal domicile (state or foreign country)	· ·			ILLINOIS					
	(b) Primary activity		HOLDING TITLE AND MANAGE	тне ркоректу гок хоитн	OUTREACH SERVICES, INC.					
Organizations during the tax year.	(a) Name, address, and EIN of related organization		YOUTH OUTREACH PROPERTIES - 36-3779427	2411 W. CONGRESS PARKWAY	CHICAGO, IL 60612					

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

532161 09-08-15 LHA

Schedule R (Form 990) 2015

36-3297629

Page 2

Schedule R (Form 990) 2015 YOUTH OUTREACH SERVICES, INC

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

Percentage ównership Schedule R (Form 990) 2015 Yes (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 managing partner? Percentage ownership Yes eneral or 9 Ξ Code V-UBI amount in box 20 of Schedule -Share of end-of-year assets \equiv 6 Osproportionate Yes No allocations? Ξ Share of total Income Share of end-of-year assets <u>(g</u> Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ e Legal domicile (state or foreign country) <u>ပ</u> Direct controlling entity ਉ Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 532162 09-08-15 Part IV

!

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed	n Parts II·IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		•		Ta X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				1e X
				+
 Uividends from related organization(s) 				∀
g Sale of assets to related organization(s)				Tg X
h Purchase of assets from related organization(s)				÷
 Exchange of assets with related organization(s) 				1; X
j Lease of facilities, equipment, or other assets to related organization(s)				1; X
k Lease of facilities, equipment, or other assets from related organization(s)				×
	nization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			th X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X
o Sharing of paid employees with related organization(s)				10 X
 Beimbursement paid to related organization(s) for expenses 				ot X
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete thi	s line, including covered i	elationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) YOUTH OUTREACH PROPERTIES INC.	υ	242,159.	COST	
(2) YOUTH OUTREACH PROPERTIES INC.	Ж	237,903.	COST	
(3)				
(4)				
(5)				
(9)			;	
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

18	Percentage ownership					
9	General or managing partner?	₽	 -			
9	UBI box 20 lle K-1 065)					
3	Oisproportionate allocations?					
(5)	of ear s					
£	Share of total					
[9]	Are all partners sec 501(c)(3) orgs?	3				
1	Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(c)	nıcıle oreign y)					
(a)	Primary activity					
(a) (b) (c) (d)	Name, address, and EIN of entity					

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Schedule R (Form 990) 2015 Part VII Supplemental In	nformation	
Provide additional inf	formation for responses to questions on Schedule R (see instructions)	
Provide additional in	offilation for responses to questions on scriedule in (see instructions)	
•		
		
	1	
		
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