Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

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Open to Public Inspection

A	Fo	r the	2017 calendar year, or tax year beginning JUL	1, 2017 and	ending	<u>JUN 30, 2018</u>	<del> </del>
В	Che	eck if	C Name of organization			D Employer identifi	cation number
	app	olicable					
		Addres change	S YOUTH OUTREACH SERVICES, I	INC			
		Name change	Doing business as			36-3	297629
Ē		Initial return	Number and street (or P.O. box if mail is not delivered	to street address)	Room/sui		
Ē		Final return/	2411 WEST CONGRESS PARKWAY			773-	777-7112
_		termin- ated				G Gross receipts \$	7,867,872.
		Amend return				H(a) Is this a group re	eturn
Ē	╗,	Application	F Name and address of principal officer: RICK V	ELASQUEZ	1.	for subordinates	? Yes X No
		pendin	SAME AS C ABOVE	$\sim$	9	H(b) Are all subordinates in	ncluded? Yes No
T	Та	x-exe		sert no.) 4947(a)(1)	or/ 5	27 If "No," attach a	list (see instructions)
			e: ► WWW.YOS.ORG		1	H(c) Group exemption	n number
			organization: X Corporation Trust Association	on Other ►	L Ye	ear of formation: 1984	M State of legal domicile: IL
	ar		Summary				
		1	Briefly describe the organization's mission or most signific	cant activities YOUT	TUO H	REACH SERVIC	ES, INC.
Societies &	2		PROMOTES THE STRENGTHS AND AE	SILITIES OF Y	HTUO	AND FAMILIES	BY
Š			Check this box   if the organization discontinued				
Š	Š		Number of voting members of the governing body (Part V			3	11
ď	3		Number of independent voting members of the governing			4	11
٥	ŏ  س		Total number of individuals employed in calendar year 20		-	5	253
	1		Total number of volunteers (estimate if necessary)	•		. 6	74
į		7 a	Total unrelated business revenue from Part VIII, column (	C), line 12	_	7a	0.
<	4		Net unrelated business taxable income from Form 990-T,			7b	0.
	T			<del></del>		Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)			2,544,587.	5,145,188.
3	2		Program service revenue (Part VIII, line 2g)			3,298,623.	2,648,293.
3	Hevenue		Investment income (Part VIII, column (A), lines 3, 4, and 7	d)	. [	544.	302.
à	Ĕ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	·		11,574.	74,089.
			Total revenue - add lines 8 through 11 (must equal Part V			5,855,328.	7,867,872.
· —	T		Grants and similar amounts paid (Part IX, column (A), line			524,607.	441,625.
3		14	Benefits paid to or for members (Part IX, column (A), line	4)		0.	0.
Š	ام		Salaries, other compensation, employee benefits (Part IX,			3,708,710.	5,238,125.
T .	Expenses		Professional fundraising fees (Part IX, column (A), line 11e			0.	0.
	D D	b	Total fundraising expenses (Part IX, column (D), line 25)	<b>▶</b> 128,6	64.		
	֡֡֜֞֜֞֡֞֜֞֡֡֡		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24	1e)		1,970,896.	2,245,874.
			Total expenses. Add lines 13-17 (must equal Part IX, colu			6,204,213.	7,925,624.
5	- 1		Revenue less expenses. Subtract line 18 from line 12			<348,885.>	<57,752.>
<b>ე</b> _	g		1	RECEIVED	71	Beginning of Current Year	End of Year
sets	Balances	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			2,647,909.	3,113,325.
Ass	d B	21	Total liabilities (Part X, line 26)	MAY 17 2019	Jose Solici	602,209.	1,125,377.
Net	4	22	Net assets or fund balances Subtract line 21 from line 20	2010		2,045,700.	1,987,948.
		t II	Signature Block	OGDEN	기도		·
			lties of perjury, I declare that I have examined this return, includi				y knowledge and belief, it is
tru	e, c	orrec	t, and complete. Declaration of preparer (other tran officer) is ba	sed on all information of w	hich prepai	rer has any knowledge.	
			1 / st/// 10 cm			l	
Si	gn		Signature of officer	X		Date	-13-19
He	ere		RICK VELASQUEZ, PRESIDENT	′)			70-11
			Type or print name and title	<u> </u>			
				rer's signature		Date Check	PTIN
Pa	id			F SCHROEDER		05/09/19 self-emplo	
Pre	epa	rer	Firm's name SASSETTI LLC			Fırm's EIN ▶	36-2239746
Us	e 0	inly	Firm's address 6611 NORTH AVENUE				
_			OAK PARK, IL 60302		<del></del> -	Phone no. (7	
Ma	ay t	the IF	S discuss this return with the preparer shown above? (se	ee instructions)		<u></u>	X Yes No
700	2004	11-28	LIZ LHA For Panerwork Reduction Act Notice, see	the senarate instruction	ons		Form <b>990</b> (2017)

	990 (2017) YOUTH OUTREACH SERVICES, INC	36-3297629	Page 2
ιPa	rt(III) Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	ADTITMTEC O	
	YOUTH OUTREACH SERVICES, INC. PROMOTES THE STRENGTHS AND YOUTH AND FAMILIES BY PROVIDING COMMUNITY-BASED SERVICES		
	AND ENRICH EACH TO FACE LIFE'S CHALLENGES WITH CONFIDENCE		
	AND DIGNITY.	E, COMPETENCE	<u> </u>
	Did the organization undertake any significant program services during the year which were not listed on the		
_	Phor Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as it	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 6,648,408. including grants of \$ 441,625. ) (Reven	ue\$2, <u>7</u> 22,3	382 <u> </u>
	THE PURPOSES OF YOUTH OUTREACH SERVICES, INC. ARE TO EST.		
	MAINTAIN AND CARRY ON PROGRAMS THAT PROVIDE SAFE AND CAR		
	AND/OR SHELTER; STEER YOUTH AWAY FROM CRIME AND RISKY BE		
	YOUTH DEVELOP THE SKILLS NEEDED TO BECOME PRODUCTIVE ADU		
	ACCEPT FOR SUCH PURPOSES ANY VOLUNTARY CONTRIBUTIONS AND		
	FUNDS AS ENTITLED TO UNDER THE LAWS OF THE STATE OF ILLI	NOIS.	
		<del>-</del>	
	<del></del>		
4b	(Code) (Expenses \$) (Revenue) (Revenue)		<u> </u>
45	(Code) (expenses a) (nevening grains of a) (nevening grains of a)	16 ¢	
	<del></del>		
4c	(Code) (Expenses \$) (Reven	ue\$	)
			<del></del>
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ Including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 6,648,408.		
		Form 9	90 (2017)

Rart V 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		- 21
	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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,			
	Part VI	11a	<u> X</u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
-4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c	$\overline{}$	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	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 liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Þ	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	445		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	···		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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? # "Yes,"			
	complete Schedule G. Part III	_19_	000	X
		Form	990 (	(2017)

Part IV | Checklist of Required Schedules (continued)

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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? If "Yes," complete Schedule I, Parts I and II	21	X	
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	ĺ
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		Х
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	L	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	<u> </u>		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			i
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			٠,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			17
•-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	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	1	7.7	
	Part V, line 1	34_	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
Þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			v
^-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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			v
^-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	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	38	X 990	(2017)
		rorm	33U (	(∠017

<u>Form</u>	990 (2017) YOUTH OUTREACH SERVICES, INC		<u> 36-3297</u>	<u>629</u>	Р	age !
Pai	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	1		3.73	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	Ō			3
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming	A. ist	1	~ " , " , " , " , " , " , " , " , " , "
	(gambling) winnings to prize winners?			1c	Х	
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	253			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s) .		30 C.	ikanasist Ikanasist	المالية ماسعة المالية ماسعة
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	t)?	4a		Х
ь	If "Yes," enter the name of the foreign country.				ZI	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR)			
5a	and the contract of the contra			5a		Х
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orgar	nization solicit			
	any contributions that were not tax deductible as chantable contributions?			6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ons or	gıfts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			聯絡	7	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a_	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ıred			
	to file Form 8282?		•	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7 <del>f</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	(K.) \9/1	> 970
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•	<b>*</b>	K.	L.
	sponsoring organization have excess business holdings at any time during the year?			8	MCC-4 //Short	1905-070-146-0
9	Sponsoring organizations maintaining donor advised funds.			. Litil		20,00
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	SKS 17	79° . Tugʻ
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	1 1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l l				
	amounts due or received from them)	11b		£2,4}	<b>郷()(</b> )	\$: .3
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	#51 C/4	2 d
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<del></del>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			582,5%	#0.53%	202799
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	2000000	Market .
	Note. See the instructions for additional information the organization must report on Schedule O					2.3
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	ا ہے ا				
	organization is licensed to issue qualified health plans	13b	<del></del>			22
С	Enter the amount of reserves on hand	13c		### 15 P	BETTER.	1990 N. P.

Form **990** (2017)

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14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No." orovide an explanation in Schedule O

Form 990 (2017) YOUTH OUTREACH SERVICES, INC 36-3297629 Page Page 1990 (2017) 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 in 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									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	1		Towns Control						
	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.	47	ari.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	1								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	X.		<b>3</b> A						
	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?	3		<u>X</u>						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
6	Did the organization have members or stockholders?	6		<u>X</u>						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	<u> </u>	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	<u> </u>	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	24								
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	. 9	<u> </u>	<u> </u>						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
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?	10b		<u> </u>						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		persen						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<del></del>							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<del> </del>							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	├						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1	١,,							
	ın Schedule O how this was done	12c		<del>                                     </del>						
13	Did the organization have a written whistleblower policy?	13	X	<del>                                     </del>						
14	Did the organization have a written document retention and destruction policy?	14	X	38820°4						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v							
а	The organization's CEO, Executive Director, or top management official	15a	X	<del> </del>						
b	Other officers or key employees of the organization	15b	A	1000.20003						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-	3 rx 3000005 <sup>2</sup>	X						
	taxable entity during the year?	16a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			2						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	200	1 (1888)							
500	exempt status with respect to such arrangements?	16b		<u> </u>						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed <b>IL</b> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	availah	le							
18	for public inspection. Indicate how you made these available. Check all that apply	, availab								
40	Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	rial							
19	statements available to the public during the tax year.	ing iiliall	J.(4)							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
20	RICK VELASQUEZ - (773) 777-7112									
	2411 W. CONGRESS PARKWAY, CHICAGO, IL 60612									
		Ear	" gan	/2017\						

<u> Page</u> **7** 

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 Section A.

- 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.

Check this box if neither the organization n		orga	nıza			npen	sate	d any current officer, director, or trustee					
(A)	(B)	(B) (C)						(D)	(E)	(F)			
Name and Title	Average	(do	not c	heck i	more	than c	ne	Reportable	Reportable	Estimated			
	hours per					s both or/trust		compensation	compensation	amount of			
	week	<u> </u>	Ī					from	from related	other			
	(list any hours for	rect	ĺ					the organization	organizations (W-2/1099-MISC)	compensation from the			
	related	9	<u>s</u>			sated		(W-2/1099-MISC)	(***22 1033-141100)	organization			
	organizations	ruste	Su		ag/	шреп		(** 2 1000 111100)		and related			
	below	dual t	utiona	_	og E	st co	<u></u>			organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key e	Highest compensated employee	Form						
(1) DON RUBIN	2.00	Π							_	_			
PRESIDENT		X	<u> </u>	X		$oxed{oxed}$		0.	0.	0.			
(2) KARL STARK	2.00	1								_			
VICE-PRESIDENT		X		X		$oxed{oxed}$		0.	0.	0.			
(3) SILVIA TALAVERA	2.00							_		_			
SECRETARY		X	<u> </u>	X	L	lacksquare		0.	0.	0.			
(4) JILL STEVENSON	2.00	┨							_	_			
TREASURER	1 2 2 2	X	<u> </u>	X		<u> </u>		0.	0.	0.			
(5) AMANDA COX	1.00	١	l										
DIRECTOR	1 00	X	<u> </u>	<u> </u>				0.	0.	0.			
(6) DOUGLAS GEIGER	1.00	۱								_			
DIRECTOR	1 00	X	├	_	-		_	0.	0.	0.			
(7) CHARLES A. KRUGEL	1.00	١.,						0.	0.	_			
DIRECTOR	1 00	X	$\vdash$		$\vdash$	H	<u> </u>	<u> </u>	U •	0.			
(8) MICHELLE MENCONI	1.00	x			ŀ			0.	0.	0.			
DIRECTOR (9) LINDA SHAPIRO	1.00	^	$\vdash$		┢		<u> </u>		0.	<u></u>			
DIRECTOR	1.00	x		ĺ		l		0.	0.	0.			
(10) JOHANNA SPELLMAN	1.00	<u> </u>	╁	$\vdash$	┢	<del> </del>	├─	•					
DIRECTOR	1.00	X						0.	0.	0.			
(11) WILL GENERAL	1.00		t	┢		<del>                                     </del>	$\vdash$		· · · · · · · · · · · · · · · · · · ·				
DIRECTOR		x					l	0.	0.	0.			
(12) RICK VELASQUEZ	40.00					Π							
EXECUTIVE DIRECTOR	3.00	]		X				143,960.	0.	0.			
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Form 990 (2017)

Name and title  Average hours per week (ist any hours for related organizations below line)  Ib Sub-total  c Total from continuation sheets to Part VII, Section A d. Total add dines to and fe)  Total rumber of individuals (including but not limited to those listed above) who received more than \$150,000? freportable compensation from the organization line 1ar, 8° yes, "complete Schedule J for such individual 5 Dd day person listed on line 1a, is the sum of reportable compensation and related and related organizations of the compensation from the organization line 1ar, 8° yes, "complete Schedule J for such individual 5 Dd day person listed on line 1a, is the sum of reportable compensation on individual for services  Postinon (do not check more than one both, when the none both, when the compensation from the organization in from the organization in from the organization in the organization and related organization in line 1ar, 8° yes, "complete Schedule J for such individual 5 Dd day person listed on line 1a, is the sum of reportable compensation or individual for services  Estimated amount of other compensation from the compensation from the organization in from the programation in the programation in the programation in the programation or individual for services  Estimated amount of other compensation from the programation or information of the programation or individual from the programation or individual for services  Estimated compensation from the compensation or information of the programation or information or information or information or information or individual for services  Estimated compensation from the programation or information or informati	<u> </u>	Section A. Officers, Directors, Trus		Di <b>Oy</b>	ees,			gries	<u>,, C</u>	· · · · · · · · · · · · · · · · · · ·			(E)	-
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rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  QUATRRO FPO SOLUTIONS, 1850 PARKWAY PLACE,  SUITE 1100, MARIETTA, GA 30067  IEW LIFE CENTERS OF CHICAGOLAND  \$101 W. 51ST STREET, CHICAGO, IL 60632  YOUTH SERVICES  143,777  IETRIX, LLC  2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015  IT SERVICES  101,712	5				-						dual for services			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  CUATRRO FPO SOLUTIONS, 1850 PARKWAY PLACE,  SUITE 1100, MARIETTA, GA 30067  IEW LIFE CENTERS OF CHICAGOLAND  2101 W. 51ST STREET, CHICAGO, IL 60632  RETRIX, LLC  2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015  TO SERVICES  101,712		• *	•				-			=	******		5 2	ζ_
the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  PUATRRO FPO SOLUTIONS, 1850 PARKWAY PLACE, BUITE 1100, MARIETTA, GA 30067  NEW LIFE CENTERS OF CHICAGOLAND  1101 W. 51ST STREET, CHICAGO, IL 60632  NETRIX, LLC  12801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015  TO Description of services  (B)  (C)  Compensation  MANAGEMENT SERVICES  214,587  YOUTH SERVICES  143,777  15TRIX, LLC	Sec	tion B. Independent Contractors												
(A) Name and business address  QUATRO FPO SOLUTIONS, 1850 PARKWAY PLACE, SUITE 1100, MARIETTA, GA 30067 NEW LIFE CENTERS OF CHICAGOLAND 4101 W. 51ST STREET, CHICAGO, IL 60632 NETRIX, LLC 2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015  (B) Description of services  (A) Description of services  (B) Description of services  (C) Compensation  (A) Description of services  (A) Description of services  (C) Compensation  (A) Description of services  (C) Compensation  (D) Description of services  (C) Compensation  (D) Description of services  (C) Compensation  (D) Description of services  (D) Descriptio	1	Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	s th	hat received more than \$	100,000 of com	pensa	tion from	
Name and business address  QUATRO FPO SOLUTIONS, 1850 PARKWAY PLACE, SUITE 1100, MARIETTA, GA 30067  NEW LIFE CENTERS OF CHICAGOLAND 4101 W. 51ST STREET, CHICAGO, IL 60632  NETRIX, LLC 2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015  Description of services  MANAGEMENT SERVICES  214,587  YOUTH SERVICES  143,777  101,712		the organization Report compensation for	the calendar ye	ear e	endir	ng w	ıth c	or wi	thir	the organization's tax y	ear			
SUITE 1100, MARIETTA, GA 30067 MANAGEMENT SERVICES 214,587 NEW LIFE CENTERS OF CHICAGOLAND 1101 W. 51ST STREET, CHICAGO, IL 60632 YOUTH SERVICES 143,777 NETRIX, LLC 12801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015 IT SERVICES 101,712			address	.=				_			ervices	c		
NEW LIFE CENTERS OF CHICAGOLAND  1101 W. 51ST STREET, CHICAGO, IL 60632 YOUTH SERVICES 143,777  NETRIX, LLC  2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015 IT SERVICES 101,712	-			WA	Y	PL.	AC	Ε,		MANACEMENT C	PRITCEC		21/ 597	,
1101 W. 51ST STREET, CHICAGO, IL 60632 YOUTH SERVICES 143,777  VETRIX, LLC  2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015 IT SERVICES 101,712									-	WANAGEMENT 5.	PVATCER	-	214,567	•
2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015 IT SERVICES 101,712	11	1 W. 51ST STREET, CHIC		6	06	32				YOUTH SERVIC	ES		143,777	
		•	IOCKBURN		ΙL	6	00	15		IT SERVICES			101.712	! _
2 Total number of independent contractors (including but not limited to those listed above) who received more than				•			<u> </u>							Ť
2 Total number of independent contractors (including but not limited to those listed above) who received more than									7	<u> </u>			· · · · · · · · · · · · · · · · · · ·	_
	2	Total number of independent contractors (i	ncluding but no	ot lir	nıted		thos	e lis	ted	above) who received mo	ore than	18 18 18 18 18 18 18 18 18 18 18 18 18 1		, Wį

Form **990** (2017)

Form 990 (2017) YOUTH OUTREACH SERVICES, INC 36-3297629 Page 12017 Statement of Revenue											
Pal	ijV	******						<del></del>			
wito		Check if Schedule O conta	ains a response o	or note to any lin		· T - /D\	(0)	(D)			
					(A) Total revenue	(B) Related or	(C) Unrelated	I Revenue excluded			
		1917	N9 5 5	Section 1	Total revenue	exempt function	business	from tax under			
- , -				100		revenue	revenue	sections 512 - 514			
2 5	1 :	a Federated campaigns	1a	12.				100			
E ta		b Membership dues	16		Emonitorium desperation	um de communicació de la compue	Control ( Age to Contagno )	note intropression and president			
ច់ឱ្		c Fundraising events	1c	16,594.							
ξĀ			1d				111				
흔펿		d Related organizations	<u> </u>	961,833.	1		2.4				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributi	·	JUL, 033.							
흥귀	1	f All other contributions, gifts, gran		166 740							
₽₩		similar amounts not included abov	ve <b>1f</b>	166,74 <u>9</u> .				TEN STREET			
풀걸	•	9 Noncash contributions included in lines:	1a-1f \$		- 145 100		40000				
<u>८</u>		h Total. Add lines 1a-1f	<u></u>	, <u> </u>	5,145,188	•		100			
- 1				Business Code				5 ( 5 ( ) ( ) ( ) ( ) ( ) ( ) ( )			
ابو	2 :	a PROGRAM SERVICE	REVENU	900099	2,648,293	.2,648,293.					
ا، ځ	1	b									
Se		c									
E a		d									
Program Service Revenue		e									
포	1	f All other program service reve	nue					-			
				<b></b>	2,648,293		7 1 2 3				
一	3	Investment income (including									
		other similar amounts)	<b></b>	<b>•</b>	302	.		302.			
	4	Income from investment of tax	veyemnt bond n	roceeds							
	5	Royalties	cxcmpt bond p				-	<del></del>			
	3	noyanies	(i) Real	(ii) Personal			A				
	_		W near	(ii) Fersonai_		200	100				
	6 8		<del></del>	<del></del>							
		b Less rental expenses			4.4	0.37					
	•	c Rental income or (loss)		L	Park		and the second second	Self as Anna American			
	•	d Net rental income or (loss)		<u> </u>	30200176674524524		Service of the servic				
	7 :	a Gross amount from sales of	(i) Secunties	(II) Other							
		assets other than inventory									
	l	<b>b</b> Less cost or other basis		ŀ				Dieve en en			
		and sales expenses			4.0		4	200			
	(	c Gain or (loss)		<u> </u>	Section 1	1,100		A STATE OF THE STA			
		d Net gain or (loss)						ANT 10-1 10 10 10 10 10 10 10 10 10 10 10 10 10			
اما	8 :	a Gross income from fundraising	g events (not			94	100				
Other Revenue		including \$16,5	94 • of		<b>A</b>						
8		contributions reported on line	1c). See					1.00			
æ		Part IV, line 18	а	0.				* 30			
홅	ı	b Less: direct expenses	b	0.				14			
δ	,	c Net income or (loss) from fund	fraising events	<b></b>	0	• 77.					
	9 :						4.0	776			
ľ		Part IV, line 19	а				435.45				
		b Less: direct expenses	b								
		11.1	_			C 31 Spearful and Spearful and All All Spearful and All All Spearful and A	Management a part of the state property	19406			
		<ul> <li>Net income or (loss) from gam</li> <li>Gross sales of inventory, less</li> </ul>			* * # .		1	4			
	10	and allowances									
ŀ			a					440			
ŀ		b Less cost of goods sold	b of inventors	L	AND THE RESERVE OF THE SECOND	nas proved a salaka amaka e i 1. Anak	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Contract Con			
Ì		c Net income or (loss) from sale		Din	Valority and the second						
ŀ		Miscellaneous Revenu		Business Code 900099		. 74,089.	124 11 11 12 13 14 14 15 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	20 X			
	11 :		MCOME	200023	74,089	14,009.		<del>                                     </del>			
	ı	ь		ļ	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>			
	•	С			<del></del>	· · · · · · · · · · · · · · · · · · ·		<del> </del> -			
		al All ather revenue		1	I	1		1			

74,089. 7,867,872.2,722,382. 0. 302.

302.

Form **990** (2017)

e Total. Add lines 11a-11d

Total revenue See instructions.

Form 990 (2017)

YOUTH OUTREAC

PartiX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			4	
	and domestic governments. See Part IV, line 21	348,959.	348,959.		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	92,666.	92,666.		
3	Grants and other assistance to foreign		1		
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				79m - 200
5	Compensation of current officers, directors,		1		
	trustees, and key employees	143,960.		143,960.	
6	Compensation not included above, to disqualified		<u> </u>		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	···			
7	Other salanes and wages	3,936,125.	3,505,513.	361,263.	69,349.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	851,547.			
10	Payroll taxes	306,493.	254,389.	39,844.	12,260.
11	Fees for services (non-employees):				
а	Management				- · · ·
b	Legal		ļ		
C	Accounting		·		
d	Lobbying		- acrossos - La consulation con la salar la salar seguina.	CAN SEE LEWIS TO A CONTROL OF THE PARTY OF T	
е	Professional fundraising services. See Part IV, line 17	·			
f	Investment management fees				
9	` '				
	column (A) amount, list line 11g expenses on Sch O.)	1,028,922.	573,473.	446,795.	8,654. 15,377.
12	Advertising and promotion	33,288.	11,875.	6,036.	15,377.
13	Office expenses	224,175.	190,141.	30,105.	3,929.
14	Information technology				
15	Royalties	500 050	466 005	56 505	
16	Occupancy	530,850.	466,807.	56,537.	7,506.
17	Travel	218,668.	190,890.	26,679.	1,099.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	10 000		10.000	
22	Depreciation, depletion, and amortization	10,866.	F0 054	10,866.	
23	Insurance	66,689.	59,374.	6,467.	848.
24	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.) <b>EQUIPMENT EXPENSE</b>	130,217.	102,774.	19,670.	7,773.
a	OTHER ASSISTANCE	2,199.	104,//4.	330.	1,869.
b	OTHER WESTSTWING	2,133.		330.	1,003.
C		<del></del>			
d	All other areas	·			
e or	All other expenses	7 025 624	E 649 409	1 1/0 550	120 664
<u>25                                    </u>	Total functional expenses. Add lines 1 through 24e	7,925,624.	6,648,408.	1,148,552.	128,664.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		l		Form 990 (2017

36-3<u>297629</u> Page 11 YOUTH OUTREACH SERVICES, INC Form 990 (2017) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 242,553. 862,532. 1 Cash · non-interest-bearing 200,901. 201,202. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 1,475,147 2,462,943 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 19,115. 40,889. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 931,530 basis Complete Part VI of Schedule D 10a 10b 804,874. 45,191. 10c 126,656. b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 39,082. 45,023. 15 15 Other assets. See Part IV, line 11 2,647,909. 3,113,325. 16 Total assets. Add lines 1 through 15 (must equal line 34) 504,535. 747,988 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 341,860. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 97,674. 35,529. Schedule D 125, 602,209 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,964,581. 1,847,833. 27 Unrestricted net assets 81,119. 140,115. 28 28 Temporanly restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31

Form 990 (2017)

1,987,948.

3,113,325.

32

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

2,045,700.

2,647,909.

32

33

34

Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part XI, column (A), line 12) 3 Total expenses (must equal Part XI, column (A), line 25) 4 Revenue less expensess. Subtract line 2 from line 1 3 \$ < 57, 752.> 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Conated services and use of facilities 7 Investment expenses 8 Prior pendo adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990 Cash Accrual Cither (if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? (if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Sep		990 (2017) YOUTH OUTREACH SERVICES, INC	36-32	97629	Page 12				
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Pror penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8))  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization is financial statements compiled or reviewed by an independent accountant? 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 consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  If "Yes," if the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3 X	Pa	t XI Reconciliation of Net Assets							
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 3 < 57, 752.>  Net unrealized gains (losses) on investments 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Pror penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XI							
Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990	2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities	2 3 4 5 6	7,925 <57,	,624. 752.>				
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))    Part XIII   Financial Statements and Reporting	-								
Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990	9 10	Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	9	1,987					
Accounting method used to prepare the Form 990	Pai	Financial Statements and Reporting							
Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII							
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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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 in Schedule O and describe any steps taken to undergo such audits  3b X	2a	1 Accounting method used to prepare the Form 990							
	3а	<ul> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>							
		or addits, explain with in schedule of and describe any steps taxen to diluteryo such addits							

### **SCHEDULE A**

(Form 990 or 990-EZ)

**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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Employer identification number** 36-3297629 YOUTH OUTREACH SERVICES. TNC

Pa	irt I	Reason for Public	Charity Status (	All organizations must co	omplete th	ıs part ) S		3237023				
The	organ	ization is not a private found						·				
1	Ŏ	A church, convention of ch	-	•	•	•	1)(A)(i).					
2	一	A school described in sect	•				-N-707	()				
3		A hospital or a cooperative		=			ii).					
4	一	A medical research organiz						the hospital's/name.				
		city, and state:		,								
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (0		,		, ,						
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).					
	X	An organization that norma					• •	oublic described in				
		section 170(b)(1)(A)(vi). (C	•	, ,,	J							
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-g										
		university.	, ,	,		, ,	,					
10		An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membership fees, an	d gross receipts from				
		activities related to its exen	*					= :				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	fter June 30, 1975				
		See section 509(a)(2). (Co	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	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 12a through 12d that	describes the type o	f supporting organizatioi	n and com	plete lines	12e, 12f, and 12g					
a		Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its supp	ported org	anization(s), typically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	pporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
Ь		Type II. A supporting org	anızatıon supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
		organization(s) You mus	t complete Part IV,	Sections A and C.								
C		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions	You must complete l	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organiz	zation(s)				
		that is not functionally int	-		-			/eness				
		requirement (see instructi	•	•	-							
е		Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or		nally integrated supporti	ng organiz	ation		<del></del>				
f		r the number of supported of	J									
g		ride the following information  Name of supported	n about the supporte	d organization(s) (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other				
	٠,	organization	(11) 2.11	(described on lines 1-10	rn your govern	ng document?	support (see instructions)	support (see instructions)				
				above (see instructions))	163	140						
		<del></del>			<b></b>	<del>                                     </del>	<u> </u>					
	<del></del>											
					]	1						
					1							
			·· —-									
					L	<u> </u>						
Tota	1											

## Schedule A (Form 990 or 990-EZ) 2017 YOUTH OUTREACH SERVICES, INC 36-3297 | Part | 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)

Section A. Public Support	,,,	<u> </u>	<u> </u>	_		<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1 Gifts, grants, contributions, and		(2) - 3	<u> </u>		197		
membership fees received (Do not	]						
include any "unusual grants ")	8522191.	7819901.	5604071.	5843210.	7793481.	35582854.	
2 Tax revenues levied for the organ-							
ization's benefit and either paid to					1		
or expended on its behalf				_			
3 The value of services or facilities							
furnished by a governmental unit to					II	ľ	
the organization without charge	L						
4 Total. Add lines 1 through 3	8522191.	7819901.	5604071.	5843210.	7793481.	35582854.	
5 The portion of total contributions							
by each person (other than a							
governmental unit or publicly							
supported organization) included		E. 10			117		
on line 1 that exceeds 2% of the	100						
amount shown on line 11,	7						
column (f)							
6 Public support. Subtract line 5 from line 4	The second second					35582854.	
Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7 Amounts from line 4	8522191.	7819901.	5604071.	5843210.	7793481.	35582854.	
8 Gross income from interest,							
dividends, payments received on					•		
securities loans, rents, royalties,						1	
and income from similar sources	785.	621.	670.	544.	302.	2,922.	
9 Net income from unrelated business							
activities, whether or not the							
business is regularly carried on			<u>.</u>				
10 Other income Do not include gain							
or loss from the sale of capital	_						
assets (Explain in Part VI.)	19,796.	59,939.	20,181.	11,574.	74,089.		
11 Total support. Add lines 7 through 10						35771355.	
12 Gross receipts from related activities,	•	•			12	28,786.	
13 First five years. If the Form 990 is for	-	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	: —	
organization, check this box and stor Section C. Computation of Publi	c Support Per	centage	<del></del>	<del></del>	<del></del>		
<del></del>			-l (6)		44	99.47 %	
14 Public support percentage for 2017 (I	, ,,	•	olumn (t))	•	15	99.47 %	
15 Public support percentage from 2016			line 12 and line 1	14 in 22 1/204 or m			
16a 33 1/3% support test - 2017. If the c			Time 13, and line	14 15 33 1/3% 01 111	ore, check this bo	× and ►X	
stop here. The organization qualifies b 33 1/3% support test - 2016. If the c		-	no 12 or 160 and	lina 15 ia 22 1/20/	or more check th		
	_			IIIIe 13 IS 33 17370	or more, check th	IIS DOX	
and stop here. The organization qual 17a 10% -facts-and-circumstances test	•	• •		12 162 or 16b a	nd line 14 is 1096	or more	
and if the organization meets the "fac							
<u> </u>			•	•	t viriow ale organ	► □	
meets the "facts-and-circumstances"	-	•		-	7a and line 15 is	10% or	
b 10% -facts-and-circumstances test	_						
_	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18 Private foundation. If the organization		_					
	J. C. I.		-,,			or 990-EZ) 2017	

732022 10-08-17

Schedule A'(Form 990 or 990 EZ) 2017 YOUTH OUTREACH SERVICES, INC Partill 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 to Section A. Public Support	below, please comp	рете Рап II.)				<del></del>	
·	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and	(a) 2013	(8) 2014	(6) 2013	(4) 2010	(6) 2017	11) 10.00	
membership fees received (Do not							
include any "unusual grants.")				İ			
2 Gross receipts from admissions,				<del> </del>			
merchandise sold or services per-					/		
formed, or facilities furnished in		1					
any activity that is related to the							
organization's tax-exempt purpose	<del> </del>						
3 Gross receipts from activities that are not an unrelated trade or bus-							
iness under section 513				/	4		
			<del></del>				
4 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf		<del></del>	<del></del>	<del>                                     </del>	<u>-</u>		
5 The value of services or facilities			,				
furnished by a governmental unit to							
the organization without charge				<u> </u>			
6 Total. Add lines 1 through 5				-			
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons				<del>                                     </del>			
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		/	<del> </del>	<del> </del>			
c Add lines 7a and 7b	· · · · · ·	The september of	**	2 3 - 3 - 3	1		
8. Public support. (Subtractine 7c from line 6.) Section B. Total Support	Auminima menoral desirence de la constantina della constantina del	Con transmin a street of the second	the same at a secretary or or	n abitation the at the see the standard	and was see relation , in the	<u> </u>	
	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
Calendar year (or fiscal year beginning in)   9 Amounts from line 6	(a) 2013	(b) 2014	(6) 2013	(a) 2010	(e) 2017	(i) Total	
10a Gross income from interest,	<del> </del>						
dividends, payments received on							
securities loans, rents, royalties,							
and income from similar sources					<del> </del>		
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses							
acquired after June 30, 1975						•	
·			<u> </u>	<del>                                     </del>	<del>                                     </del>		
<ul><li>c Add lines 10a and 10b</li><li>11 Net income from unrelated business</li></ul>	/	<del> </del>		<del> </del>	<del> </del>		
activities not included in line 10b,	A						
whether or not the business is		ŀ					
regularly carried on  12 Other income. Do not include gain		<del></del>	<u></u>	<del> </del>		<del></del>	
or loss from the sale of capital							
assets (Explain in Part VI.)			<u> </u>			<del></del>	
13 Total support. (Add lines 9, 10c, 11, and 12)		. 6			n F01/a\(2\) organiz	ation.	
14 First five years. If the Form 990 is fo	or the organization's	s tirst, secona, thii	ra, rountn, or tittn t	ax year as a sectio	n 50 r(c)(s) organiz	ation,	
check this box and stop here Section C. Computation of Publ	ic Support Par	rcentage					
					145	0/	
()						<u>%</u>	
16 Public support percentage from 2010 Section D. Computation of Inve					16	%	
			no 10 notice (0)		147		
17 Investment income percentage for 2			ne 13, column (f))		17	%	
18 Investment income percentage from				. de	18	7 to pot	
19a 33 1/3% support tests - 2017. If the						/ IS NOT ⊾ ☐──	
<i>1</i>	more/than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33/1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and  Jine 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
		-					
20/ Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 190, check t	nis box and see in:	STRUCTIONS		

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## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 12a or 12b 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
***		
2		
3a		
3b	38. c	9 7 7 A
3c	¥##	280 280
4a		
4b		
4C		
_5a	المالية وعن المالية	1.60 1.60
5c		
7		* }}
		7. W
	e levi 4 e druges	41/ <b>2</b>
10a 10b		

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Schedule A (Form 990 or 990-EZ) 2017

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Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust o	n Nov 20, 1970 (explain in P	art VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Pnor 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		
Sec	tion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see		# 19 A 19 B	<b>"你没一定的</b> "。
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	2534		
	factors (explain in detail in Part VI).	(A)		
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 1-1/2% 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 .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	Programme and the second	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	X 4 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
4	Enter greater of line 2 or line 3	4	642	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

	dule A (Form 990 or 990 EZ) 2017 YOUTH OUTREAC			6-3297629 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp		<del></del>	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	
_4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)		··	
_6	Other distributions (describe in Part VI). See instructions.			
_7_	Total annual distributions. Add lines 1 through 6			· · · · · · · · · · · · · · · · · · ·
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions	<u> </u>		
_9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u> </u>		<u> </u>
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI). See instructions			
_3_	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
<u>d</u>	From 2015			
е	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount	<b>斯</b>		
i_	Carryover from 2012 not applied (see instructions)			
_i_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7 \$	think with as	idition 4 di	
<u>a</u>	Applied to underdistributions of prior years		**************************************	A STATE OF THE STA
b	Applied to 2017 distributable amount		A CARLO	Power // Sour James In the second to the recognition of the color of the second
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions	The state of the s	ar materia , a "Statelly and " Supported on the annual section of the section of the section of the section of	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			AND THE PRODUCTION OF THE PRODUCT OF
7	Excess distributions carryover to 2018. Add lines 3			
	and 4c.		1 (A)	
_8_	Breakdown of line 7		The Court Co	
<u>a</u>	Excess from 2013	\$2.25 Example 1	200	
	Excess from 2014	A STANCE OF THE		SON ASSESSMENT OF STREET
	Excess from 2015			
	Excess from 2016			Security of the second
<u>e</u>	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

**Employer identification number** 

	YOUTH OUTREACH SERV	VICES, INC	36-3297629
Pa	till Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6.	
	-	(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 (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis-	ed funds
·	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	<del></del>
U	for charitable purposes and not for the benefit of the donor of	• •	-
	• •	donor advisor, or for any other purpose t	Yes No
Pai	impermissible private benefit?  till Conservation Easements. Complete if the org	repression answered "Ves" on Form 990.	
	<del></del>		-art iv, iiile /.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	•	2a
Ь	Total acreage restricted by conservation easements		<u>2b</u>
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic structu	re
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the pen	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	he organization's accounting for
	conservation easements		
Par	tillij Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:	·	· -
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	
_	the following amounts required to be reported under SFAS 1		g, p 1, - 2
а	Revenue included on Form 990, Part VIII, line 1	. 5 v. 15 5 5 5 5 7 Finaling to those home.	<b>▶</b> \$
	A	•	\$
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990	Schedule D (Form 990) 2017
_ " "	. o. i aportiona ricagonom not reduce, see the mest uctions	10. 1 01111 0001	20112 date D (1 01111 330) 20 17

_	dule D (Form 990) 2017 YOUTH O	UTREACH SE				r Othe	r Simila		97629	Page 2
3	Using the organization's acquisition, accessi									
	(check all that apply).		-,				<b>J</b>			
а	Public exhibition	c	Loa	n or exc	hange progr	ams				
b	Scholarly research	e								
С	Preservation for future generations			<del></del> -			-			
4	Provide a description of the organization's co	ollections and explain	n how they f	urther th	ne organizatio	on's exer	npt purp	ose in Part	XIII	
5	During the year, did the organization solicit of	r receive donations of	of art, histori	cal treas	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organizat	ion's co	llection?				Yes	No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the org	anızatıo	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
_	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for cont	ribution	s or other as:	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	•				т		
								<u> </u>	Amount	
C	Beginning balance						1c	ļ		
d	Additions during the year						1d	<del> </del>		
e	Distributions during the year						1e	<u> </u>		
f	Ending balance		•				1f	<u> </u>		<del></del>
2a	Did the organization include an amount on Fo						ıty?		」Yes	No No
_	If "Yes," explain the arrangement in Part XIII									Щ.,
Pa	t V Endowment Funds. Complete				,					
		(a) Current year	(b) Prior		(c) Two yea			years back	(e) Four yo	
1a	Beginning of year balance	505,189.	30	5,189.	30	5,189.	<del></del>	505,189.		05,189.
Ь	Contributions				<del> </del>				<del></del>	
C	Net investment earnings, gains, and losses		ļ		<del>-</del>		_		<del></del>	
đ	Grants or scholarships				<u> </u>			_	<del></del>	
е	Other expenditures for facilities									
	and programs	<del></del>							<del></del>	
1 -	Administrative expenses	505,189,	50	5,189.	50	5,189.	·	505,189.	5	05,189.
9	End of year balance			<del></del>	<u> </u>	3,103.	<del></del>	303,103.		03,103.
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	100.00	% (iirie 19, co	iuiiii (a)	ij rielu as.					
a b	Permanent endowment	%	<b>—</b> ′°							
	Temporarily restricted endowment	^ 								
·	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation that are	held ar	nd administer	red for th	e organiz	ation		
-	by:	55.511 51 1115 51 guilliza							T	es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations  (iii) related organizations  3a(iii) X									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sched	lule R?				•	3b	
4	Describe in Part XIII the intended uses of the	=			•					
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line	11a S	ee Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o basis (investing			or other (other)		ccumulat	I	(d) Book v	/alue
1a	Land									
b	Buildings									
c	Leasehold improvements			21	4,465.		176,6	88.	37	,777.
d	Equipment			64	3,631.		624,9	13.	18	718.
<u>e</u>	Other			7	3,434.		3,2	73.		,161.
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (E	). line 1	0c.1				126	,656.

Schedule D (Form 990) 2017

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017

## **SCHEDULE G**

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

Name of the organization	Go to www.irs.gov/Form990	tor the	ates	st instructions.		Employer ide	ntification number
	UTREACH SERVICES,	INC				36-3297	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais     a	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with portionals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-governusing ender the second seco	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					-		
						<del>.</del>	
Total			<b>•</b>				
<ol> <li>List all states in which the organization or licensing.</li> </ol>	n is registered or licensed to solicit o	contrib	utions	or has been notified	ıt ıs e	exempt from re	gistration
		_					
				-			
							<u> </u>

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

Schedule G (Form 990 or 990-EZ) 2017

Sch	edu I <b>rt</b>	le Ġ (Form 990 or 990 EZ) 2017 YOUTH O				-3297629 Page 2
Fe		Fundraising Events. Complete if the of fundraising event contributions and groups and groups.	-		•	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL GALA			(add col (a) through col. (c))
0			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	16,594.			16,594.
	2	Less <sup>-</sup> Contributions	16,594.		_	16,594.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_	No Is a				
S	5	Noncash prizes .				<u> </u>
Direct Expenses	6	Rent/facility costs				
Irect E	7	Food and beverages				
L	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		<b></b>	
	11	Net income summary. Subtract line 10 from li			<b>_</b>	
Pa	rt I		answered "Yes" on Form	i 990, Part IV, line 19, or i	reported more than	
_		\$15,000 on Form 990-EZ, line 6a	I	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add
en e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c))
Revenue						<del></del>
æ	_1	Gross revenue				
တ္ဆ	2	Cash prizes				
Expenses						
ă	3	Noncash prizes				<del> </del>
Direct 6	4	Rent/facility costs		-		
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2 through	ı 5 ın column (d)		<b>&gt;</b>	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)	·	<b>&gt;</b>	L
		ter the state(s) in which the organization condu		-1-1-0		
		he organization licensed to conduct gaming ac				Yes No
D	IT "	No," explain:				
10a	We	re any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	year?	Yes No
		Yes," explain:				
	_					<u>:</u>
			<u> </u>			
73208	5 08	-13-17			Schedule G (Fo	rm 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 YOUTH OUTREACH SERVICES, INC	36-3297629 Page 3
11 . Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a%
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
14 Enter the hame and address of the person who prepares the organization's gaining special events books and record	<b>3.</b>
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	<del></del>
Address	
16 Gaming manager information.	
Name	
Gaming manager compensation > \$	
December of consequent and A	
Description of services provided	<del></del>
<del></del>	
<del></del>	
Director/officer Employee Independent contractor	
Employee Employee	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and P	art III. lines 9, 9b, 10b, 15b.
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
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732083 09-13-17 Schedule	G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ)	YOUTH OUTREACH	I SERVICES,	INC	<u> 36-3297629</u>	Page 4
Schedule G (Form 990 or 990-EZ) Partily Supplemental Info	ormation (continued)		<u> </u>		
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Schedule G (Form 990 or 990-EZ)

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047	2017	Open to Public Inspection

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

Name of the organization YOUTH OUTH	OUTREACH SERV	SERVICES, INC					Employer identification number 36-3297629
	nd Assistance	l					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the g	grantees' eligibility	for the grants or assis	tance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for monito	oring the use of grant i	of grant funds in the United States	States			
Grants and Other Assistance to Domestic Organizations and Domestic Governments.	Domestic Organiz	ations and Domestic		omplete if the orga	ınızatıon answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant (f applicable) cash grant	(b) EIN	(f applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BUILD INC. 5100 w. HARRISON CHICAGO, IL 60644	23-7022085 501(C)(3)	501(C)(3)	48,959.	0.	CASH		PROGRAM SERVICES
NEW LIFE CENTERS OF CHICAGOLAND 4101 W. 51ST STREET CHICAGO, IL 60632	20-2380358	501(C)(3)	300,000	0	САЅН		YOUTH SERVICES
						:	
l	ind government orc	ganizations listed in the	e line 1 table				
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s listed in the line , see the instruction	rable ons for Form 990.					Schedule I (Form 990) (2017)

Page 2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 36-3297629 (e) Method of valuation (book, FMV, appraisal, other) THE GRANTEE MUST FOLLOW UP WITH THE ORGANIZATION WITH A REPORT THAT DETAILS , Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. 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 0 (d) Amount of non-cash assistance 0 (c) Amount of cash grant YOUTH OUTREACH SERVICES, INC (b) Number of recipients 4167 THE USE OF GRANT FUNDS AWARDED HOUSING, FOOD, TRANSPORTATION, AND CLOTHING (a) Type of grant or assistance PART I, LINE 2: Schedule i (Form 990) (2017) 732102 11-01-17 Partill

34

## **SCHEDULE O**

(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.

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

OMB No 1545-0047 Open to Public Inspection

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 11B:
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. Schedule O (Form 990 or 990-EZ) (2017)

# **SCHEDULE R** (Form 990)

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.

2017

OMB No 1545-0047

Open to Püblica

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

INC

YOUTH OUTREACH SERVICES

Name of the organization

Parti

Department of the Treasury Internal Revenue Service

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

Employer identification number 36-3297629

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
							:
				_			
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34, b	ecause it had one	or more related tax-exen	ıρt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(5) 12 12 15 15 15 15 15 15 15 15 15 15 15 15 15	13)
YOUTH OUTREACH PROPERTIES - 36-3779427 2411 W. CONGRESS PARKWAY	HOLDING TITLE AND MANAGE THE PROPERTY FOR YOUTH DITTERACH SERVICES INC	TTTTTI	501(C)(2)	(In Vinited In the Internal Inc.)	YOUTH OUTREACH SERVICES INC.	X NO	ا
							[
						:	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (	Schedule R (Form 990) 2017	15

36-3297629

Page 2

Schedule R (Form 990) 2017 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

( <del>S</del>	General or Percentage managing ownership partner?										e related
9	eneral or F anaging artner?	Yes					 				or mor
€	Code V.UBI amount in box m										because it had one
Ξ	Disproportionate allocations?	Yes No								 	t IV, line 34,
(b)	Share of end-of-year										" on Form 990, Par
E	Share of total income										on answered "Yes'
<b>(e)</b>	Predominant income (related, unrelated, excluded from tax under	sections 512-514)									nplete if the organizati
(Đ	Direct controlling entity										ration or Trust. Cor
ပ	Legal domicile (state or	country)									s a Corpo
(Q)	Primary activity										anizations Taxable a
(a)	Name, address, and EIN of related organization										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

partive identitieation of Helated Organizations Taxable as a Corporation or trust during the tax year	s as a Corporation or Trust. In the fax year		or Irust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one of more related	vered res on ror	m 990, Pan IV, line	34, because it n	ad one or mor	e relater	<u> </u>
(a)	(q)	(2)	ව	(e)	€	( <del>6</del> )	ε	(E)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	<u>हिंद्</u> ये
	_	country)		OI II Get)		doodio		Yes	No
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Schedule R (Form 990) 2017

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Page 3

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

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Note: Co
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- 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?
  - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- 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 s Other transfer of cash or property from related organization(s)

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) YOUTH OUTREACH PROPERTIES INC.	υ	150,000.COST	COST
(2) YOUTH OUTREACH PROPERTIES INC.	Ж	236,013.COST	COST
(3)			
(4)			
(5)			

Schedule R (Form 990) 2017

Page 4

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.

bisproporum Code V-UBI General or Percentage undulumate amount in box 20 managing ownership of Schedule K-1 partner? of Schedule K-1 ves No (Form 1065) ves No end-of-year Share of assets (f) Share of total Income (e)
Are all
partners sec
501(c)(3)
orgs? Yes No Predominant income par (related, 15 excluded from tax under 17 sections 512-514) ਰ (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	YOUTH	OUTREACH	SERVICES,	INC	36-3297629	Page 5
Part VII	(Form 990) 2017 Supplementa	I Information.					
	Provide additions	al information for respons	onese to guestion	e on Schedule R S	ee instructions		
<u> </u>	Frovide additiona	a mornador for respo	onses to question	S OIT OCHECULE IN. O	ee manuchons		
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