**Return of Organization Exempt From Income Tax** 

Open to Public Inspection

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.

A F	or the	2016 calendar year, or tax year beginning JUL 1, 2016 and ending		JN 30, 2017			
B c	heck (f	C Name of organization	$\overline{}$	D Employer identific	cation number		
_ a	pplicable 7Addres	1					
	Jchang⊲ ⊺Name	YOUTH OUTREACH PROPERTIES, INC.		36-31	770127		
$\vdash$	_chang ∣initial		(20042	36-3779427			
$\vdash$	return Final	Number and street (or P.O. box if mail is not delivered to street address)  Room/  2411 WEST CONGRESS PARKWAY	/suite	E Telephone number	777-7112		
_	Jretum/ termin ated			G Gross receipts \$	245,169.		
	Amend		ı	H(a) Is this a group re			
	Applic	F Name and address of principal officer ROBERT BENUALTIN		for subordinates			
	pendir	SAME AS C ABOVE	$\sim$	H(b) Are all subordinates in	cluded? Yes No		
		empt status: 501(c)(3) X 501(c) ( 2 )  (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)		
		e: WWW.YOS.ORG		H(c) Group exemption			
			<u>. Year o</u>	f formation: 1984  N	State of legal domicile: IL		
Га	rt I	Summary	DDOE	ATTON TO OF	RGANIZED		
e	1	Briefly describe the organization's mission or most significant activities: THIS CONDEXCLUSIVELY FOR THE PURPOSE OF HOLDING TITLE	RPOI	PROPERTY (	COLLECTING		
Activities & Governance		Check this box If the organization discontinued its operations or disposed of					
veri		Number of voting members of the governing body (Part VI, line 1a)	more t	3	3		
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)		4	3		
S		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0		
Sitie	6	Total number of volunteers (estimate if necessary)		6	0		
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.		
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
e e	_		-	Prior Year	Current Year		
		Contributions and grants (Part VIII, line 1h)	$\vdash$	0. 237,903.	245,014.		
Revenue		Program service revenue (Part VIII, line 2g)		174.	155.		
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		238,077.	245,169.		
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	242,159.	200,000.		
	14	Benefits paid to or for members (Part IX, column (A) (line 4)		0.	0.		
G	45	Salaries, other compensation, employee benefits (Part IX, column Addings 5: 10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1/e)		0.	0.		
ğ	ь	Total fundraising expenses (Part IX, column (D), line 28 MAR 202018 6	. [	18 18	<i>y</i> <b>%</b>		
Ω	٠,,	Other expenses (Part IX, column (A), lines 11a-11d, 117-24e)	<u> </u>	112,818.	109,947.		
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A) tine 25)		354,977.	309,947.		
	19_	Revenue less expenses Subtract line 18 from line 12	+-	<116,900.>	<64,778.>		
Net Assets or	~	Total coasts (Dart V. Inc. 16)	Beg	inning of Current Year 1,440,861.	End of Year 1,339,823.		
ASS Rala	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	$\vdash$	523,587.	487,327.		
let /	22	Net assets or fund balances Subtract line 21 from line 20		917,274.	852,496.		
Pa	rt II	Signature Block	_	321/2120			
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	nts, and to the best of my	knowledge and belief, it is		
		t, and complete: Declaration of preparer (other than officer) is based on all information of which pro					
		Atte					
Sig	n	Signature of officer + B & C 1		Date	1.0		
Her	е	Robert R. SENJAM.D		3/14	//8		
		Type or print name and title		Date Check F	PTIN		
Paid	ı	Print/Type preparer's name   Preparer's signature   JEFF SCHROEDER   JEFF SCHROEDER		2/28/18 Check L	1		
	arer	JEFF SCHROEDER  Firm's name SASSETTI LLC	<u>JU</u>		36-2239746		
	Only	Firm's address 6611 NORTH AVENUE		Firm's EIN	30 2233140		
	J,	OAK PARK, IL 60302		Phone no. (7	08) 386-1433		
May	 / the II	RS discuss this return with the preparer shown above? (see instructions)		(	X Yes No		

		H PROPERTIES, INC.	36-3779427 Page 2
Par	t III Statement of Program Service Acc	-	
	Check if Schedule O contains a response or r	ote to any line in this Part III	
1	Briefly describe the organization's mission: THTS CORPORATION IS ORGANT	ZED EXCLUSIVELY FOR THE PURPO	SE OF HOLDING
		ING RENTAL INCOME THEREFROM A	
		PENSES, TO YOUTH OUTREACH SER	
	THE BIVITAL INTOINT, BEED BY	I HADD, 10 100111 OUTRIEN DEL	Tread, Inc.
2	Did the organization undertake any significant progr	am services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule (		, —
3	Did the organization cease conducting, or make sign	nificant changes in how it conducts, any program services	s? Yes 🗓 Yo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomp	olishments for each of its three largest program services,	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are rec	uired to report the amount of grants and allocations to ot	hers, the total expenses, and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$309,94	. 7 • including grants of \$ 200,000 • ) (Re	
		E PURPOSE OF HOLDING TITLE TO	
		IOUS FACILITIES THROUGHOUT CH	
	CONTRIBUTING THE EARNINGS	TO YOUTH OUTREACH SERVICES, I	.NC •
	<del></del>		
		<u> </u>	
4b	(Code) (Expenses \$	including grants of \$) (Re	evenue \$)
		<del></del>	
 4c	//-	\ /-	
4C	(Code) (Expenses \$	including grants of \$ ) (Re	evenue \$ )
	<del></del>		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including gra		)
4e	Total program service expenses	309,947.	
			Form <b>990</b> (2016)

Form 990 (	2010)	100111	OOTHERCH	TIOLDIC
Part IV	'Checklist of	Required S	chedules	

	•	$\longrightarrow$	res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
	If "Yes," complete Schedule A	1		$\frac{x}{x}$
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_ ]		X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	اما		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	اما		X
_	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		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		_	<del></del>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
^	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
10	If "Yes," complete Schedule D, Part IV			
	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, VIII, IX, or X	11		. ·
•	as applicable	65	. #	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<b>.</b>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a	i	<del>  ^-</del>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	<del></del>	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  '-a</del>		<del>                                     </del>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	]	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G. Part III	19_		X
		Form	990	(2016)

Form 990 (2016) YOUTH OUTREACH PROPERTIES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			$\vdash$
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		$\vdash$
	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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?   ## "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<del></del> -
	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		х
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<del></del>
_	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	23	-	<del></del> -
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<del></del>
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	<del>"</del>		<u></u> -
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		┍╧
	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			<del></del> -
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del>                                     </del>
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		$\vdash$
	If "Yes," complete Schedule R, Part V, line 2	26		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<del> </del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		1
	Note. All Form 990 filers are required to complete Schedule O	38	X	
	The state of the s			(2016)
				(, 0)

	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		•	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country	*		
E.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		ş	X
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
Ou	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 contributions or gifts	- Oa		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	* ×	,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			2.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8 8	111	,
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		-
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		. 8:
10	Section 501(c)(7) organizations. Enter			1
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for publication of club facilities.			77000
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			*
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		•	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	i		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		7	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	å ·	Ž.	
	organization is licensed to issue qualified health plans	3 \$		1
С	Enter the amount of reserves on hand	Ź	34	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	بييا	<u> </u>
		Form	990	(2016)

YOUTH OUTREACH PROPERTIES. INC. 36-3779427 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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. 3 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes Nο X 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. ×. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization 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 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **>IL** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website \_\_\_\_ Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records YOTL RAMIREZ - 773-777-7112

60612

CHICAGO

2411 WEST CONGRESS PARKWAY,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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 organiza (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than o	one	Reportable	Reportable	Estimated
	hours per	box	unle: ceran	ss per id a d	rson : irecto	s both	an tee)	compensation	compensation	amount of
	week	$\vdash$				T		from	from related	other
	(list any hours for	iect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	0.0	eg Eg		l	satec		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	ruste	Frus		e e	瞳		(** 2 1000 101100)		and related
	below	lag	tiona		e e	st co	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.ga <u></u>
(1) ROBERT BENJAMIN	3.00									
PRESIDENT		X		Х				0.	0.	0
(2) CRAIG PIERSON	3.00									
BOARD MEMBER		X						0.	0.	0
(3) LEE RUSCH	3.00									
SECRETARY		X		X	L			0.	0.	0
(4) RICK VELASQUEZ	3.00									
EXECUTIVE DIRECTOR	40.00			X				0.	123,446.	0
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Form 990 (2016)

Par	t VIII							
	_	Check if Schedule O contain  •	ns a response o	r note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
9 9	1 a	Federated campaigns	1a					ì
ant	b		1b					
Ωğ	С	Fundraising events	1c				j	
IT B	d	Related organizations	1d					
P, B	е	Government grants (contribution	ns) <b>1e</b>					
Šiš	f	All other contributions, gifts, grants,	, and					
the state	•	similar amounts not included above	1f					
들염	g	Noncash contributions included in lines 1a-	-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a 1f						
				Business Code	045 014	245 014		
g	2 a	RENTAL INCOME		531110	245,014.	245,014.		
Program Service Revenue	b							
S a	С							
동교	d							
5	е							
۱ ۵		All other program service reven	ue .		245,014.	** · **	" <b>"</b>	
-		Total. Add lines 2a-2f Investment income (including d	widends intere		2_20 / 32 51			<u> </u>
	3	other similar amounts)	ividerius, iritere	St, and	155.			155.
	4	Income from investment of tax-	exempt bond o	roceeds				
	5	Royalties	CACINIPI DONG	<b>&gt;</b>				
	•	rioyanos	(ı) Real	(iı) Personal		2 2 4		
	6 a	Gross rents						
	b							
	c	: Rental income or (loss)				, 1, 10 11	**	
İ	c	Net rental income or (loss)		<u> </u>		be, e e	***	
	7 a	Gross amount from sales of	(i) Securities	(ii) Oth <u>er</u>		<b>*</b>		
		assets other than inventory						
	Ł	Less cost or other basis						
		and sales expenses						
	(	Gain or (loss) .		<del></del>	<u> </u>	**************************************		
		d Net gain or (loss) .			#	* * *		
ē	8 8	Gross income from fundraising		1				D 1 / 4
en	İ	including \$						
Other Revenue	ļ	contributions reported on line						
ē	١.	Part IV, line 18 b Less: direct expenses	• •	<u> </u>				<b>*</b>
₹		c Net income or (loss) from fund				***		
	ı	a Gross income from gaming ac			12 / 1	4 40 40	1 1 1	
	"	Part IV, line 19		a				W 3 / 1 4
	1 .	b Less: direct expenses	•	0		V 1		* * * * *
		c Net income or (loss) from gam	ing activities	<b></b>				
		a Gross sales of inventory, less			1 1/2 1/2			
		and allowances		a				
	1	b Less: cost of goods sold		b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	***
		c Net income or (loss) from sale	s of inventory		- No. 100		4 2	
		Miscellaneous Revenu	е	Business Code	e *		1	<u> </u>
	11	a			<del> </del>		<del> </del>	
		b		.	ļ <u> </u>	<del> </del>	<del> </del>	<del> </del>
		c		.	<b> </b>	<del> </del>	<del> </del>	+
		d All other revenue		<u> </u>	<del> </del>		*	N 33 9 WY 1
		e Total. Add lines 11a-11d			245,169	******		155.
	12	Total revenue. See instructions.	<u></u>	<u></u>	443,109	•   44J, UI4	· <u> </u>	5 <b>990</b> (0016

## Form 990 (2016) YOUTH OUTREACH PROPERTIES, INC. Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX									
	o not include amounts reported on lines 6b,  (A)  (B)  (C)  (D)  Fundraising									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	200,000.	200,000.							
2	Grants and other assistance to domestic									
	ındıvıduals. See Part IV, line 22									
3	Grants and other assistance to foreign				^					
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salanes and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits .									
10	Payroll taxes .									
11	Fees for services (non-employees):									
а	Management									
b	Legal									
C	Accounting									
d	Lobbying			200 × 4 2004						
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	F F00	F F00							
	column (A) amount, list line 11g expenses on Sch O.)	5,509.	5,509.							
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties	3,714.	3,714.		_					
16	Occupancy	3,/14.	3,714.							
17										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	· · · · · · · · · · · · · · · · · · ·									
20	Conferences, conventions, and meetings Interest	24,653.	24,653.							
21	Payments to affiliates	21,033.	24,000							
22	Depreciation, depletion, and amortization	76,011.	76,011.							
23	Insurance		, , , , , , , ,							
24	Other expenses, Itemize expenses not covered		, · ·	se We all the	# 4.# #					
	above. (List miscellaneous expenses in line 24e. If line		<u> </u>	22						
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		•							
а	POSTAGE	35.	35.		1					
b	BANK CHARGES	25.	25.							
С										
d										
е	All other expenses									
25_	Total functional expenses. Add lines 1 through 24e	309,947.	309,947.	0.	0.					
26	Joint costs. Complete this line only if the organization				<u></u>					
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

1,339,823. Form **990** (2016)

852,496.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

917,274.

440,861

32

33

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 X, column (A), line 25) 3 Total expenses (must equal Part X, column (A), line 25) 2 Total expenses (must equal Part X, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 3 < 64, 778. >  8 Revenue less expensess. Subtract line 2 from line 1 3 < 64, 778. >  8 Possible services and use of facilities 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior penod 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 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 8 Form 990 (2016)  8 Separate basis expenses 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 Other 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 Both consolidated and separate basis. consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both:  Freve, 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 average and the selection of an independent accountant? If the organization changed either its oversight process or selection process during the average and the selection of an independent accountant? I		990 (2016) YOUTH OUTREACH PROPERTIES, INC.	36-3779	427	Page 12
1 Total revenue (must equal Part XIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 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 Prior peniod 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) 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 X Accrual Other If the organization changed its method of accounting from a pnor 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. Consolidated basis Both consolidated and separate basis consolidated basis or both:  Separate basis X Consolidated basis Both consolidated and separate basis consolidated basis and independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis A both to indicate whether the financial statements for the year were audited on a separate basis, or both:  Separate basis X Consolidated basi	Pai	t XI Reconciliation of Net Assets			
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 C64,778.>  Revenue less expenses. Subtract line 2 from line 1 Net unrealized gains (losses) on investments  Donated services and use of facilities  Donated services and use of facilities  Prior penod adjustments  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  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  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 Both consolidated and separate basis consolidated basis Sconsolidated basis Sconsolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Sconsolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Sconsolidated basis Both consolidated and separate basis  If "Yes," the organization changed either its oversight process or selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  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," did the organization under		Check if Schedule O contains a response or note to any line in this Part XI			
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7 Investment expenses 8 Prior period 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)) 10 Sez, 496.  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990. Cash X Accrual Other 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 Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis coincolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis fi "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	5	Net unrealized gains (losses) on investments	5		
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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.	7	Investment expenses	7		
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.	8	Prior period adjustments .	8		
Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O check if Yes No  Cash X Accrual Other  Check if Schedule O checked 'Other," explain in Schedule O  Check if the organization schedule O checked 'Other," explain in Schedule O  Check if the organization schedule on a separate basis  Check if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  Check if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  Check if the organization changed either its oversight p	9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
Check if Schedule O contains a response or note to any line in this Part XIII    Check if Schedule O contains a response or note to any line in this Part XIII    Accounting method used to prepare the Form 990.	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	ľ		
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 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?  2a X  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis X Consolidated basis Both consolidated and separate basis  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?  2b X  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 In the organization audits  3c In the organization why in Schedule O and describe any steps taken to undergo such audits  3c In the organization audits or audits  3c In the organization audits or audits  3c In the organization audits or audits  3c In the organization audits or audits  3c In the organization audits or audits  3c In the organization audits or audits  3c In the organization audits or audits			10	<u>852</u>	<u>,496.</u>
Accounting method used to prepare the Form 990.	Pai	T XIII 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		<del></del>	
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?  2a X  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis X Consolidated basis Both consolidated and separate basis  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, explain why in Schedule O and describe any steps taken to undergo such audits  3b					
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  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  cif "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?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b	1	Accounting method used to prepare the Form 990.		* 2	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis X Consolidated basis Both consolidated and separate basis  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		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u> </u>	
separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis 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	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
Separate basis		•	on a	13	7 1.51
b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis X Consolidated basis Both consolidated and separate basis  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?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits					
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  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?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b				<u> </u>	<del>.</del>
consolidated basis, or both:  Separate basis X Consolidated basis Both consolidated and separate basis  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?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	·		2b	<del>^</del>
Separate basis X Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  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		·	basis,		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  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					
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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?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b	С		audit,	- 1	<u> </u>
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			4.4.0	2C	<del>*   *  </del>
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	20				
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	Ja		gie Audit	20	X
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<b>.</b>		ad sudit	- Sa	
	D		eu auuit	26	}
		or addits, explain with in ochedule of and describe any steps taken to undergo such addits			990 (2016)

## **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

## **Supplemental Financial Statements**

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.urs.gov/form990">www.urs.gov/form990</a>.

TNO

16 Open to Public

OMB No 1545-0047

Inspection

Name of the organization

YOUTH OUTBRACH PROPERTIES

Employer identification number 36-3779427

Par	Part I Organizations Maintaining Donor Advised Funds or	Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
		nor advised funds	(b) Funds and other accounts
1	1 Total number at end of year		
2			
3			
4			
5		assets held in donor advised	funds
_	are the organization's property, subject to the organization's exclusive legal		Yes No
6			<del></del>
_	for charitable purposes and not for the benefit of the donor or donor advisor	• •	-
	Impermissible private benefit?	, , , , , ,	Yes No
Par	Part II 🔝 Conservation Easements. Complete if the organization answ	vered "Yes" on Form 990, Pa	
1	_		
	Preservation of land for public use (e.g., recreation or education)		cally important land area
	Protection of natural habitat	Preservation of a certific	• •
	Preservation of open space		
2	2 Complete lines 2a through 2d if the organization held a qualified conservation	on contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	a Total number of conservation easements		2a
b	b Total acreage restricted by conservation easements	_	2b
С	c Number of conservation easements on a certified historic structure included	l ın (a)	2c
d	d Number of conservation easements included in (c) acquired after 8/17/06, a	nd not on a historic structure	
	listed in the National Register		2d
3	3 Number of conservation easements modified, transferred, released, extingu	ished, or terminated by the oi	ganization during the tax
	year ▶	•	•
4	4 Number of states where property subject to conservation easement is located	ed <b>&gt;</b>	
5	5 Does the organization have a written policy regarding the periodic monitoring	ig, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	6 Staff and volunteer hours devoted to monitoring, inspecting, handling of vio	lations, and enforcing conser	vation easements during the year
	<b>&gt;</b>		
7	7 Amount of expenses incurred in monitoring, inspecting, handling of violation	ns, and enforcing conservatio	n easements during the year
	<b>▶</b> \$		
8	8 Does each conservation easement reported on line 2(d) above satisfy the re	quirements of section 170(h)(	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	9 In Part XIII, describe how the organization reports conservation easements	in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial	statements that describes the	e organization's accounting for
	conservation easements	<del> </del>	
Pai	Part III Organizations Maintaining Collections of Art, Histor	=	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 8	
1a	1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to	report in its revenue statemei	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, educate	tion, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these item	S.	
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to repo	ort in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or res	search in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	2 If the organization received or held works of art, historical treasures, or other	er sımılar assets for financıal g	aın, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) r	elating to these items	
а	a Revenue included on Form 990, Part VIII, line 1		. \$
b	b Assets included in Form 990, Part X		<b>&gt;</b> \$

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 YOUTH O	UTREACH PR	OPERT	CIES,	INC.		36	<u>-37</u>	79427	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	r Similar As	ssets	(continue	ed)
3	Using the organization's acquisition, accession (check all that apply):	on, and other record	ls, check	any of the f	following that	are a si	gnificant use o	of its co	ollection ite	ems
а	Public exhibition		i 🗀	Loan or exc	hange progra	ıms				
b	Scholarly research			Other	- 5   5					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exer	npt purpose ir	n Part I	XIII.	
5	Dunng the year, did the organization solicit o	•		-	_					
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	Yes" on	Form 990, Pa	art IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	is the organization an agent, trustee, custodi	an or other intermed	slary for o	contributions	s or other ass	ets not	ncluded			
	on Form 990, Part X?			-					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year	••					1d			
е	Distributions during the year						1e			
f	Ending balance						_1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	astodial accor	unt liabil	ıty? .	. 🗀	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V 🖹 Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	rm 990, Part					
	I	(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back	(d) Three years	s back	(e) Four ye	ars back
1a	Beginning of year balance	ļ <u> </u>	<u> </u>		ļ					
b	Contributions	ļ <del>_</del>			<del></del>					
C	Net investment earnings, gains, and losses	<u></u>	<u> </u>		<del> </del>				<u> </u>	
d	Grants or scholarships .	<b> </b>	ļ		<b></b> _					
е	Other expenditures for facilities									
	and programs		<del>                                     </del>		<del> </del>				<b></b>	
f	Administrative expenses		<u> </u>		<del> </del>				<del> </del>	
g	End of year balance	L	ــــــــــــــــــــــــــــــــــــــ		<u> </u>				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	)) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporanly restricted endowment	%								
0-	The percentages on lines 2a, 2b, and 2c sho	•	-4 41	A b . l .d				_		
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are neid ai	na aaminister	ea for tr	ie organizatio	n	Γ	es No
	by									<u>'es No</u>
	(ii) unrelated organizations (ii) related organizations					•	•		3a(i)	
<b>h</b>	If "Yes" on line 3a(ii), are the related organizations	ations listed as roati	rad on S	chadula D2		-			3a(ii) 3b	
4	Describe in Part XIII the intended uses of the	•				•			<u> </u>	
	t VI Land, Buildings, and Equipm		WITICITE I	arias.						
<b></b>	Complete if the organization answere		0. Part IV	/. line 11a. S	See Form 990	. Part X.	line 10			
	Description of property	(a) Cost or			t or other		ccumulated		(d) Book	value
	Beest, priorition of property	basis (invest			(other)		preciation	- [	(4) 200	
1a	Land	<del>-   - · · · · · · · · · · · · · · · · · </del>			6,541.		* //	7	106	,541.
b	Buildings	<del></del>			0,068.	1.	163,840		1,076	
c	Leasehold improvements			<u> </u>	1,200.		1,200			0.
ď	Equipment			1	2,286.		12,286			0.
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colur	nn (B), line 1	(Oc.)			<b>&gt;</b>	1,182	,769.

To	tal. (Column (b) must equal Form 990. Part X, col. (B) line 25.)	****	400	. #
<u></u> 2.	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	f the footnote has been	ı provided in Part	XIII
		Sc	hedule D (Form	990) 2016

(3) Other

(B) (C) (D) (E) (F) (G) (H)

(1) (2)(3) (4)(5) (6)(7)(8) (9)

Part IX

(1) (2)(3) (4)(5) (6)(7)(8)

(1) (2)(3)(4) (5) (6)(7) (8) (9)

Schedule D (Form 990) 2016 YOUTH OUTREACH PROPERTIE		36-37	/942/_Page 4
Part XI Reconciliation of Revenue per Audited Financial State		per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	<del></del>	
1 Total revenue, gains, and other support per audited financial statements		1	245,169.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities	<u>2</u> b		
c Recoveries of prior year grants	. 2c		
d Other (Describe in Part XIII )	. 2d		
e Add lines 2a through 2d		2e	0 <u>.</u>
3 Subtract line 2e from line 1		3	245,169.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	<del></del>	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5	245,169.
Part XII   Reconciliation of Expenses per Audited Financial Sta	ements With Expens	es per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line			
Total expenses and losses per audited financial statements	, 12a.	1	309,947.
•			30373170
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	ا م ا		
a Donated services and use of facilities	2a	- <del> </del> • `	
<b>b</b> Prior year adjustments	<u>2b</u>		
c Other losses	2c		
d Other (Describe in Part XIII )	2d	-	•
e Add lines 2a through 2d	•	. <u>2e</u>	0.
3 Subtract line 2e from line 1	•	3	309,947.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	1 %	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b .	•	4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)	5	309,947.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		rt V, line 4; Part X, lir	ie 2, Part XI,
		-	
· · · · · · · · · · · · · · · · · · ·			
	·	<del></del>	
		-	

# SCHEDULE (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.

2016 Open to Public Inspection

OMB No 1545-0047

► Attach to Form 990.

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Name	Name of the organization YOUTH OUTREACH		PROPERTIES, INC	<b>.</b>		i I		Employer identification number 36-3779427
Part I 🛎	General Inform	nd Assistance						
-	Does the organization maintain records to substantiate the amount of the	o substantiate the	amount of the grants of	or assistance, the g	rantees' eligibility	or the grants or assis	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	İ
٥	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use	tance?	oring the use of grant fi	of grant funds in the United States	States			X Yes No
ΙĘΙ	II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Corrections that received more than \$5,000. Part II can be dualicated if additional space is needed	Somestic Organiz	zations and Domestic	Governments, Co	omplete if the orga	nization answered "Y	<b>Domestic Governments</b> . Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any of if additional space is needed.	IV, line 21, for any
-	1 (a) Name and address of organization or government	(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
YOUTH OU 2411 W. CHICAGO,	YOUTH OUTREACH SERVICES, INC. 2411 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-3297629 501(C)(3)	501(C)(3)	200,000	0.0			PROGRAM SERVICES
,								
1	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	janizations listed in the	line 1 table				<b>A</b> 4
e ₹	Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part'IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (Form 990) (2016) YOUTH OUTREACH PROPERTIES, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant 18 (b) Number of recipients (a) Type of grant or assistance 632102 11-01-16

Page 2

36-3779427

Schedule I (Form 990) (2016)

"Part III

### **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.

Note: The property of the provided any additional information.

Of the property of the provided and the instructions is at the provided and the instructions is at the provided and the instructions is at the provided and the provided and the instructions is at the provided and the pro

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

16 Open to Public Inspection

Name of the organization

YOUTH OUTREACH PROPERTIES, INC.

Employer identification number 36-3779427

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RENTAL INCOME THEREFROM AND CONTRIBUTING THE ENTIRE AMOUNT LESS
EXPENSES TO YOUTH OUTREACH SERVICES, INC.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY OUR EXTERNAL ADVISORS WITH DATA PROVIDED BY OUR
ORGANIZATION. A DRAFT OF THE FORM 990 IS PROVIDED TO MANAGEMENT FOR REVIEW
AND COMMENT. THE BOARD OF DIRECTORS IS PROVIDED WITH AN APPROVED COPY OF
THE FORM 990 BEFORE IT IS FILED.
THE TOTAL 350 BELONE IT IS THEID.
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.
FORM 990, PART XII, LINE 2C
THERE WAS NO CHANGE IN THE OVERSIGHT OF THE AUDIT FROM THE PRIOR YEAR.

Employer identification number 36-3779427Open to Public Inspection OMB No 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ▶ Attach to Form 990. INC. YOUTH OUTREACH PROPERTIES, Name of the organization SCHEDULE R (Form 990) Part I

9	Direct controlling	on the second								lated tax-exempt
(e)	End-of-year assets				_	1 1			۷	e it had one or more re
9	Total income								!	rt IV, line 34 becaus
(၁)	Legal domicile (state or	ioreign country)								wered "Yes" on Form 990, Par
(q)	Primary activity			,						ons. Complete if the organization ans
(a)	Name, address, and EIN (if applicable)	\$100 ppp ppp pp								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.

(a)	(a)	(0)	(p)	(e)	()	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling	Section 512(b)(13)	(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	No
YOUTH OUTREACH SERVICES, INC 36-3297629					i		
2411 W. CONGRESS PARKWAY	PROVIDE HOME AND SHELTER	_				_	
CHICAGO, IL 60612	то уолтн	ILLINOIS	501(C)(3)	7	N/A		×
	<u> </u>						
	· · ·						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2016	Form 990)	2016

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Schedule R (Form 990) 2016 YOUTH OUTREACH PROPERTIES, INC.

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

Percentage ownership 3 General or managing partner? Yes Code V-UB! amount in box 20 of Schedule K-1 (Form 1065)  $\equiv$ Oisproportionate Yes No allocatrons? Ξ Share of end-of-year assets **6** Share of total income ε Predominant income (related, unrelated, excluded from fax under sections 512-514) <u>e</u> (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> 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 organizations treated as a comporation or trust dummation to the complete organizations.

ı			ı	,			ı	1					1		
	<u> </u>	b)(13)	ZA.	Š											_
	<u> </u>	512(	ē	Yes		ı									
	3	Percentage 512(b)(13)													
		Share of													
		Share of total							!						
	(e)	Type of entity	or frust)												
	( <del>Q</del> )	Direct controlling	dimity												
	<u></u>	Legal domicile	foreign	country)						_		_			
ing the tax year.	(q)	Primary activity													
organizations treated as a corporation or trust during the tax year.	(a)	Name, address, and EIN	or related organization												

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Schedule R (Form 990) 2016

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Voc
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?	┺
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>.</b>			1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				¥ X
g Sale of assets to related organization(s)				Y X
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1 ×
k Lease of facilities, equipment, or other assets from related organization(s)				1k
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			Λ X
m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			1m X
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			In X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				T <sub>D</sub>
q Reimbursement paid by related organization(s) for expenses				1g X
				1
r Other transfer of cash or property to related organization(s)				#
, <u>,</u>				1 1s   X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete th	is line, including covered r	elationships and transaction thresholds.	
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	penjon
(1) YOUTH OUTREACH SERVICES	ນ	200,000.	CASH VALUE	
(2) YOUTH OUTREACH SERVICES	þ	245,014.	FAIR MARKET VALUE	
(4)				
(5)				
(9)				7, 70
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

tage ship	1				ļ		2016
Code V-UBI General or Percentage amount in box 20 managing ownership of Form 1065) Yes No							Schedule R (Form 990) 2016
(j) General or managing partner?							(Forn
0X 20 € 55)	-	·		 <del></del>			dule R
(i) ode V-L unt in b chedule orm 100							Sche
of Signature			 	 		 	
Disproportionale allocations?							l
(g) Share of end-of-year assets							
(f) Share of total income							
Ae all partners sec 501(c)(3) orgs ?				 			
(d) Predominant income related, unrelated, excluded from tax undersections 512-514)			ı				
(c) Legal domicile (state or foreign country)							
(b) Primary activity				}			
(a) Name, address, and EIN of entity							

Schedule F	R (Form 990) 2016	YOUTH	OUTREACH	PROPERTIES,	INC.	36-3779427	Page 5
Part Vil	R (Form 990) 2016  Supplemental Info	rmation.					
	Provide additional infon	mation for resp	onses to question	s on Schedule R. See i	nstructions.		
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