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)

Form **990** (20

| 7 | \ F | or the | 2017 calendar year, or tax year beginning J | UL 1, 2017 and | l ending | JUN 30, 2018 | |
|---------|--------------------|-----------------------------|---|----------------------------------|--------------|-------------------------------|-------------------------------|
| E | Ch ap | neck if | C Name of organization | | | D Employer identific | cation number |
| | | Addres | YOUTH OUTREACH PROPERT | TES INC. | | | |
| | | Name change | | 110, 110, | <u> </u> | 36-3 | 779427 |
| | | initial return | Number and street (or P.O. box if mail is not de | livered to street address) | Room/sui | | |
| | | Final | 2411 WEST CONGRESS PARI | | | | 777-7112 |
| | | Ireturn/ termin- ated | | | | G Gross receipts \$ | 236,153. |
| | | Amend | | g p | | H(a) Is this a group re | |
| | | Applica | | ERT BENJAMIN | | for subordinates | |
| | | pendin | 9 SAME AS C ABOVE | | 1 | H(b) Are all subordinates in | cluded? Yes No |
| - | I Ta | ax-exe | empt status 501(c)(3) X 501(c) (2) | √ (insert no.) 4947(a)(1) | or 5 | 27 If "No," attach a | list. (see instructions) |
| | | | e: ► WWW.YOS.ORG | | U | H(c) Group exemption | n number 🕨 |
| | | | | ssociation Other >\ | L Ye | ar of formation: 1984 N | A State of legal domicile; IL |
| | | rţil] | Summary | | | | |
| _ | | 1 | Briefly describe the organization's mission or most | significant activities THIS | CORP | ORATION IS OF | RGANIZED |
| | 일 | | EXCLUSIVELY FOR THE PURPOS | SE OF HOLDING T | ITLE ! | TO PROPERTY, | COLLECTING |
| ~ | Governance | 2 | Check this box 🕨 🔲 if the organization disco | ntinued its operations or dispo | sed of mo | ore than 25% of its net ass | |
| 2019 | Š | 3 | Number of voting members of the governing body | (Part VI, line 1a) | | 3 | 3 |
| ~ | | 4 | Number of independent voting members of the go | veming body (Part VI, line 1b) | | 4 | 3 |
| 1-4 | es & | 5 | Total number of individuals employed in calendar y | year 2017 (Part V, line 2a) | | 5 | 0 |
| က | Activities | 6 | Total number of volunteers (estimate if necessary) | | | 6 | 0 |
| ק | į | 7 a | Total unrelated business revenue from Part VIII, co | olumn (C), line 12 | | <u>7a</u> | 0. |
| ∋ _ | _ | <u>b</u> | Net unrelated business taxable income from Form | 990-T, line 34 | | 7b | 0. |
| | | | | | 1 | Prior Year | Current Year |
| 븻 | <u>e</u> | | Contributions and grants (Part VIII, line 1h) | | - | 0. | 0. |
| Ž | 티 | | Program service revenue (Part VIII, line 2g) | | · · - | 245,014. | 236,013. |
| ζ | Revenue | | Investment income (Part VIII, column (A), lines 3, 4 | | | 155. | 140. |
| SCANNED | - | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c | | - | 0. | |
| - | | | Total revenue - add lines 8 through 11 (must equal | | | 245,169. 200,000. | 236,153. 150,000. |
| | | | Grants and similar amounts paid (Part IX, column (| | | 200,000. | 150,000. |
| | | | Benefits paid to or for members (Part IX, column (A | | | 0. | 0. |
| | Š | | Salanes, other compensation, employee benefits (I | | | 0. | 0. |
| | Expenses | | Professional fundraising fees (Part IX, column (A), I | _ | 0. | | <u> </u> |
| | 낊 | | Total fundraising expenses (Part IX, column (D), lin | | | 109,947. | 104,515. |
| | _ | | Other expenses (Part IX, column (A), lines 11a-11d | | | 309,947. | 254,515. |
| | | | Total expenses Add lines 13-17 (must equal Part I Revenue less expenses Subtract line 18 from line | 10 | <u> </u> | <64,778.> | |
| - | | 19 | nevertue less expenses Subtract line 16 from line | RECEIVE | | Beginning of Current Year | End of Year |
| | sets or alances | 20 | Total assets (Part X, line 16) | | | 1,339,823. | 1,285,070. |
| | ङ्ग्रह्व | | Total liabilities (Part X, line 26) | MAY 1 7 201 | ्राष्ट्री | 487,327. | 450,936. |
| | 翼 | | Net assets or fund balances. Subtract line 21 from | | 9 00 | 852,496. | 834,134. |
| ſ | Pa | rtilli | Signature Block | 000= | <u>]æ</u> [| | |
| | | | Ities of perjury, I declare that I have examined this return | , including accompanying schedul | es and state | ements, and to the best of my | knowledge and belief, it is |
| | | | t, and complete. Declaration of preparer (other than office | | | | |
| - | | | VAR | | | | |
| , | Sigr | 1 | Signature of officer | , , | | Date | |
| | dere | | I Robert K. Benjan | nid Preside | 1 | 5/14/ | /19 |
| | | | Type or print name and title | 71 | | | |
| _ | | | Print/Type preparer's name | Preparer's signature | | Date Check | PTIN |
| ı | Paid | | JEFF SCHROEDER | JEFF SCHROEDER | | 05/09/19 self-employ | |
| ı | rep | arer | Firm's name ► SASSETTI LLC | | | Firm's EIN ▶ | 36-2239746 |
| (| Jse | Only | Firm's address 6611 NORTH AVENU | | | | 001 005 1105 |
| _ | | | OAK PARK, IL 603 | 02 | | Phone no. (7 | 08) 386-1433 |
| | | 46- 15 | OS discuss this return with the preparer shown abo | wo? (ean instructions) | | | X Yes No |

| Form | 990 | (2017) | |
|------|-----|--------|--|

YOUTH OUTREACH PROPERTIES, INC.

D R I 36-3779427 Page

Part V Checklist of Required Schedules

| | | | | 1 |
|-----|--|------|-----------|--------------|
| 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 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | ., |
| | public office? If "Yes," complete Schedule C, Part I | 3_ | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II . | 4 | | |
| 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 | | | ,, |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | _6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | - | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | 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 | | X |
| 0 | 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 |
| 1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 | 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 | | | l |
| | 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 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | ļ |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| l2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | l |
| | 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 | <u> X</u> | |
| 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 | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | ١ |
| | 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 | | Х |
| 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," | | | |
| | complete Schedule G. Part III | 19 | 000 | X |
| | | Form | 990 | (2017) |

Form 990 (2017) YOUTH OUTREACH PRO
Part V Checklist of Required Schedules (continued)

| | | | 163 | 140 |
|-----|---|------|--------|----------|
| 20a | 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 | | | 1 |
| _ | 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 | | X |
| þ | 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 | | |
| 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 | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | ľ | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "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 | i | | l |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | х |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 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): | 28a | | Х |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| C | 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 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| • | 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 | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | 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 | | | |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | ,, |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | v | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | N N | (001 |
| | | Form | 990 | 12017 |

| | 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 | | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | C | | | \$30, NO. |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portable o | jaming | | | 1.2.37 |
| | (gambling) winnings to prize winners? | | • | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | 200 PM |
| | filed for the calendar year ending with or within the year covered by this return | 2a | C | | | A NEW YORK |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | -" | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | |
| 3a | 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- | .0 | | _3b_ | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | ver, a | | | |
| - | financial account in a foreign country (such as a bank account, securities account, or other financial a | | | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | | 77 m 38 |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccounts (F | BAR). | 2 | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ction? | | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| - | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | e organiza | ation solicit | | | |
| | any contributions that were not tax deductible as chantable contributions? | | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | ons or gift | s | | | |
| | were not tax deductible? | _ | | 6b | | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 4. | | 常識 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provi | ded 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 | as required | t | | | |
| | 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 or | ontract? | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | | 7 f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 8899 a | as required? | 7 <u>g</u> | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion file a | Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | | | 1.00 |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | 4/ 1 20 / | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 28875) 28875) | . T. | `* ` <u>*</u> |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| þ | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | 23 35-468G | 4770,000 |
| 10 | Section 501(c)(7) organizations. Enter | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | 4 | 4 | |
| þ | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | - | | 0 S |
| 11 | Section 501(c)(12) organizations. Enter | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | il en i |
| | amounts due or received from them.) | 11b | | 2.55 | - 10 m | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | | 12a | 7 * 6-158 X | (C. 12.14) |
| þ | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | 4 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 100 | FA S | 2527 |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | 27000000000000000000000000000000000000 | THE CHARGE |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 1 1 | | 727 | | |
| | organization is licensed to issue qualified health plans | 13b | | - | | |
| | Enter the amount of reserves on hand | 13c | - | | 748 | (1998) V |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | • | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul | e O | | 14b | | <u> </u> |

36-3779427 YOUTH OUTREACH PROPERTIES, INC. Form 990 (2017) Part VIII 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 Yes 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. **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 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?_ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **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 No 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. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X 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

| exe | mpt | status | with | respect | to | such | arrang | ements | 37 |
|---------|------|--------|------|---------|----|------|--------|--------|----|
| Section | 1 C. | Disc | osu | ire | | | | | |

| | states with which a | | - 000 | | | |
|---------------|-----------------------|-------------------|---------------|------------------|------------|--|
| 17 LIST THE S | states with which a r | CODV OF THIS FORT | 1 990 IS redu | irea to be tilea | 1 - | |

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.

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, 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. ► TIFFANY ELLIS - 773-777-7112

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

| 2411 | WEST | CONGRESS | PARKWAY, | CHICAGO, | IL_ | 60612 | |
|------|------|----------|----------|----------|-----|-------|--|
| | | | | | | | |

Form 990 (2017) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| (A) | (B) | | | _ ((| () | | | (D) | (E) | (F) | |
|---------------------|-------------------|--------------------------------|-----------------------|-----------------|--------------|---------------------------------|----------------|---------------------------------|-----------------|--------------------------|--|
| Name and Title | Average | (do | | Posi | | l than c | one | Reportable | Reportable | Estimated | |
| | hours per | box | , unle | ss per | son : | s both | an | compensation | compensation | amount of | |
| | week | - | Çer au | Gau | recto | i/uusi | 100) | from | from related | other | |
| | (list any | ece | | | | | | the | organizations | compensation | |
| | hours for related | 0 G | 200 | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization | |
| | organizations | nstee | trus | | 92 | ng l | | (44-2/1099-141130) | | and related | |
| | below | ag fa | tona | | nploy | is as | L | | | organizations | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | F ormer | | | | |
| (1) ROBERT BENJAMIN | 3.00 | _ | | | | | | | | | |
| PRESIDENT | | <u> </u> | | X | | | | 0. | 0. | 0. | |
| (2) CRAIG PIERSON | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. | |
| (3) LEE RUSCH | 3.00 | | | | | | | | | | |
| SECRETARY | | X | ļ | X | | | | 0. | 0. | 0. | |
| (4) RICK VELASQUEZ | 3.00 | 1 | | | | | l | | | | |
| EXECUTIVE DIRECTOR | 40.00 | | | X | L | | L | 0. | 143,960. | 0 . | |
| | | - | 1 | | | | | | | | |
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Form **990** (2017)

| rai | (A) Name and title | (B) Average hours per week | Position (do not check more than one box, unless person is both an officer and a director/frustee) | | | | | ne an | (D) Reportable compensation from | (E) Reportable compensation from related | n | Est am | (F) imate ount o | |
|-----|---|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|--------------|-------------|---|----------------|
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | | orga and | ensa m the inizati relate nizatio | e Ion ed |
| _ | | | | | | _ | | | | | _ | | | |
| | | | | | | _ | <u> </u> | | | | | | | |
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| | | | | | | | ļ | | | | | · | | |
| | Sub-total | | | | | | <u> </u> | | 0. | 143,96 | 0. | | | 0. |
| С | Total from continuation sheets to Part V Total (add lines 1b and 1c) | II, Section A | | | | · | _ | ▶ | 0. | 143,96 | 0. | | | 0. |
| 2 | Total number of individuals (including but r compensation from the organization | not limited to th | ose | liste | d at | oove | e) wh | o re | eceived more than \$100, | 000 of reportable | | | | 0 |
| 3 | Did the organization list any former officer | , director, or tru | uste | e, ke | y er | nplo | yee, | or | highest compensated en | nployee on | F | | Yes | No |
| 4 | line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si | um of reportabl | | | | | | | | ne organization | | 3 | | X |
| 5 | and related organizations greater than \$15 Did any person listed on line 1a receive or | accrue comper | ısatı | on fi | rom | any | unre | elate | ed organization or individ | | - | 4 | | X |
| | rendered to the organization? If "Yes." control B. Independent Contractors | | | | | | | | | | | 5 | | |
| 1 | Complete this table for your five highest countries the organization. Report compensation for | | | | | | | | the organization's tax y | | ensau | | | |
| | (A) Name and business | address | N | INC | 3 | | | | (B) Description of s | ervices | Co | (C omper | | <u>n</u> |
| | | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | | |
| | | | | | • | | | | | | | - | <u> </u> | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (\$100,000 of compensation from the organ | | ot lır | nıte | d to | tho: | se lis | ted | I above) who received mo | ore than | • | | | |
| | The second of sempendation from the organi | | | | | | | | | | | Form 9 | 990 (| 2017) |

| Pa | t VI | II Statement of Reven | ue | | | | | _ |
|---|----------|--|--------------------------|--------------------|--|--|--|---|
| | | Check if Schedule O conta | ains <u>a response</u> (| or note to any lin | | (5) | (6) | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| হ ম | 1 a | Federated campaigns | 1a | | | | | |
| Grants | b | Membership dues | 1b | | | | 9.0 | |
| ۾ آھ | c | Fundraising events | 1c | | 120-2 | | | |
| 業月 | c | Related organizations | 1d | | | | | |
| s, G | e | Government grants (contribution | ons) 1e | | | | 5.2 | |
| Contributions, Gifts, Grants and Other Similar Amounts | . f | All other contributions, gifts, grant | ts, and | | | | | 4 |
| ig # | | similar amounts not included abov | /e 1f | · ·- | | | | |
| 냗읩 | —-ę | -Noncash contributions included in lines 1 | 1a-1f \$ | | | *************************************** | | |
| <u>0</u> | <u> </u> | Total. Add lines 1a-1f | | ······ | | | 30.00 | 75 023 |
| | | | | Business Code | | 226 012 | 46 | |
| <u>8</u> | 2 a | | | 531110 | 236,013. | 236,013. | | |
| e S | t | | | | | | | |
| n S | • | | | | | | | |
| gra Re | • | | | · | | | | |
| Program Service Revenue | • | All other program service reve | nue. | | | | - | |
| _ | | Total. Add lines 2a-2f | ride | | 236,013. | | | 4.00 |
| | 3 | Investment income (including | dıvıdends, ıntere | | | | | |
| | | other similar amounts) | · | • | 140. | | | 140. |
| | 4 | Income from investment of tax | k-exempt bond p | roceeds | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (iı) Personal | | | | |
| | 6 a | Gross rents | | _ | | | 3 | |
| | t | Less: rental expenses | | | | | | |
| | c | Rental income or (loss) | | L | | | | |
| | | Net rental income or (loss) | | <u> </u> | WWW. | 34.44×358373378287838 | 7.00 | . 22.4255.254 P. N. G. (2.1923) |
| | 7 a | a Gross amount from sales of | (i) Secunties | (II) Other | | | 1 | |
| | | assets other than inventory | ļ | <u> </u> | | | | |
| | t | Less. cost or other basis | | | | | | |
| | | and sales expenses | | | £3. | | | |
| | | Gain or (loss) | | | (4784) | 30:51 10:44.77ERANESSONS | 35 (1/25/1/25/1/25/1/25/1/25/1/25/1/25/1/25 | *** |
| | | d Net gain or (loss)a Gross income from fundraising | a events (not | | 3.52% | 77.5 | | 5777778 |
| g | 0.6 | including \$ | of | | 52.03 | | | |
| Š | | contributions reported on line | | | | | | |
| ~ | | Part IV, line 18 | а | | 7 | | 4 | |
| Other Revenue | t | Less, direct expenses | b | | | | | |
| ٥ | | Net income or (loss) from fund | fraising events | | | | <u>.</u> _ | |
| | 9 a | a Gross income from gaming ac | tivities. See | | | 100 | | |
| | | Part IV, line 19 | а | | | | | |
| | t | Less: direct expenses | b | | 1 1 1 1 1 1 1 | A Committee | | |
| | | Net income or (loss) from gam | | | 15-16-16-16-16-16-16-16-16-16-16-16-16-16- | 155-01-1-18 1 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | (2011))) (APPRILIONE) (C. A. A. T. T. A. | * Andrew Company |
| | 10 a | a Gross sales of inventory, less | returns | | - 17 18 | | | |
| | | and allowances | а | | | | | |
| | | Less cost of goods sold | b | L | | | | 2.000 (6.00) |
| | | Net income or (loss) from sale | | Business Carlo | 7.54.72 | | | |
| | 44 - | Miscellaneous Revenu | | Business Code | Comment of the Commen | | | A CHARLES AND A COMMON TO A |
| | 11 a | | | | - | | | |
| | | · | | , | | <u> </u> | | |
| | | d All other revenue | | | | | | |
| | 1 | e Total. Add lines 11a-11d | | • | | | 1277 | |
| | 12 | Total revenue. See instructions. | | | 236,153. | 236,013. | 0. | 140. |

| Section | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | | nplete column (A). | |
|-----------|---|----------------|---|---|--|
| | | (A) | (B) | (C) | (D) |
| | not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 150,000. | 150,000. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals 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- | | | Toppoupologous vous | فلاستن بررس سوال سقه شا |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| _ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 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): | | | | |
| | Management | | | | |
| - h | Legal | | | | |
| | Accounting | | | | |
| 4 | Lobbying | | | | |
| u | Professional fundraising services. See Part IV, line 17 | | | | <u>-</u> |
| 4 | Investment management fees | | SERVER STEELINGS SHOWN AND AND AND AND AND AND AND AND AND AN | TO THE MENTION AND THE PROPERTY OF THE PARTY. | |
| <u>'</u> | Other (If line 11g amount exceeds 10% of line 25, | | | | |
| g | column (A) amount, list line 11g expenses on Sch 0.) | 2,739. | 2,739. | | |
| 40 | Advertising and promotion | 277334 | 2,,,,,, | | |
| 12 | Office expenses | | | _ | |
| 13 | • | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | 2,250. | 2,250. | | |
| 16 | Occupancy | 2,2300 | 2,2301 | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | <u> </u> | | |
| 19 | Conferences, conventions, and meetings | 22,992. | 22,992. | | |
| 20 | Interest Payments to affiliates | 20,224 | 22,3326 | | |
| 21 | Payments to affiliates Depreciation, depletion, and amortization | 76,011. | 76,011. | | |
| 22 | Depreciation, depletion, and amortization | 10,011. | 70,011. | | |
| 23 | Other expenses. Itemize expenses not covered | | | | |
| 24 | above. (List miscellaneous expenses in line 24e. If line | | 47.54 | | |
| | 24e amount exceeds 10% of line 25, column (A) | 科 | | | |
| | amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS | 523. | 523. | 13.00 MARKET APPROXIMATE | ************************************** |
| _ | | 223. | 323. | | |
| b | | | | | |
| c | | | | | - |
| d | All other expenses | | | | |
| | All other expenses Add lines 1 through 24e | 254,515. | 254,515. | 0. | 0. |
| <u>25</u> | | 232,313 | 234,313 | · | · · |
| 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 Check here (ASC 958-720) | | | | |

| | Par | t X | Balance Sheet | | | |
|-----|---------------|-------|--|--|-----|--|
| • | , | | Check if Schedule O contains a response or note to any line in this Part X | <u> </u> | • | |
| • | , | • | | ` (A) Beginning of year | | (B) End of year |
| | | 1 | Cash - non-interest-bearing | | 1 | |
| ٔ ب | . | 2 | Savings and temporary cash investments | 157,054. | 2 | 119,310. |
| ٠. | . | 3 | Pledges and grants receivable, net | | 3 | |
| , · | | 4 - | Accounts receivable, net | | -4 | - 59,003. |
| • | | 5 | Loans and other receivables from current and former officers, directors, | | W | |
| | | | trustees, key employees, and highest compensated employees. Complete | | 3 | |
| • | . | • | Part II of Schedule L | | 5 | |
| | | 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 | | | Table - All Control - |
| • | | | employers and sponsoring organizations of section 501(c)(9) voluntary | 1 | 64 | |
| | g | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | · · · · · · |
| | Assets | 7 1 | Notes and loans receivable, net | | 7 | |
| | ¥ | 8 | Inventories for sale or use | | 8 | • |
| | 1 | 9 | Prepaid expenses and deferred charges | | 9 | |
| • | | 10a | Land, buildings, and equipment: cost or other | | | |
| | | | basis Complete Part VI of Schedule D Less. accumulated depreciation 10a 2,360,095. 10b 1,253,338. | | 201 | |
| | | b | Less. accumulated depreciation 1, 253, 338. | 1,182,769. | 10c | 1,106,757. |
| | | 11 | Investments - publicly traded securities | | 11 | • |
| | _ | 12 | Investments - other securities See Part IV, line 11 | · | 12 | • • |
| | Ť. | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | | 14 | Intangible assets | , | 14" | , , |
| | ٠ | 15 | Other assets See Part IV, line 11 | 4 222 222 | 15 | 1 005 050 |
| - 1 | | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,339,823. | 16 | 1,285,070. |
| • | ĺ | 17 | Accounts payable and accrued expenses | | 17 | -510. |
| | i | 18 | Grants payable | | 18 | <u>'.</u> |
| , | | 19 | Deferred revenue | | 19 | · · · · · · · · · · · · · · · · · · · |
| | | 20 | Tax-exempt bond liabilities | | 20 | - : |
| | | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | N = 127 N = 12 | 21 | |
| | es | 22 | Loans and other payables to current and former officers, directors, trustees, | | 20 | |
| ` | # | | key employees, highest compensated employees, and disqualified persons | 74.274.49 | ~ | 900 X 20 X |
| | Liabilities | | Complete Part II of Schedule L | | 22 | |
| | _ | 23 | Secured mortgages and notes payable to unrelated third parties | 487,327. | 24 | 450,426. |
| | | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | 430,420. |
| • | | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | - | | parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 1 | 25 | |
| | | 26 | Total liabilities. Add lines 17 through 25 | 487,327. | 26 | 450,936: |
| | | 26 | Organizations that follow SFAS 117 (ASC 958), check here . X and | | Ş | |
| | | | complete lines 27 through 29, and lines 33 and 34. | 5.2 | | |
| | Ses | 27 | Unrestricted net assets | 852,496. | 27 | 834,134. |
| | au | 28 | Temporarily restricted net assets | | 28 | , |
| | Ва | 29 | Permanently restricted net assets | | 29 | |
| - | Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here | 4 | 200 | |
| | | 1-4 4 | and complete lines 30 through 34. | | 3 | ul e |
| • • | ts or | 30 | Capital stock or trust principal, or current funds | | 30 | 78 000000000000000000000000000000000000 |
| | sel | 31 | Paid in or capital surplus, or land, building, or equipment fund | | 31 | |
| , | Net Assets | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | Ne. | 33 | Total net assets or fund balances | 852,496. | 33 | 834,134. |
| | | 34 | Total liabilities and net assets/fund balances | 1,339,823. | 34 | 1,285,070. |
| | | | | | | Form 990 (2017) |

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

Form 990 (2017)

SCHEDULE D

(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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

YOUTH OUTREACH PROPERTIES, INC.

Employer identification number 36-3779427

| Pai | t I Organizations Maintaining Donor Advised | Funds or Other Similar Funds | or Accounts. Complete if the |
|----------|--|--|--|
| <u> </u> | organization answered "Yes" on Form 990, Part IV, line | 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 w | rriting that the assets held in donor advise | ed funds |
| | are the organization's property, subject to the organization's e | | . Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | lvisors in writing that grant funds can be i | used only |
| | for charitable purposes and not for the benefit of the donor or | | |
| | impermissible private benefit? | | Yes No |
| Pai | rt II Conservation Easements. Complete if the organization | anization answered "Yes" on Form 990, F | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or ed | fucation) Preservation of a histo | orically important land area |
| | Protection of natural habitat | Preservation of a certi | fied historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form of | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | _2b |
| С | Number of conservation easements on a certified historic structure | cture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired af | fter 7/25/06, and not on a historic structur | re |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | ased, extinguished, or terminated by the | organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ease | ement is located > | |
| 5 | Does the organization have a written policy regarding the pend | odic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it is | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing cons | ervation easements during the year |
| | — | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handle | ing of violations, and enforcing conservat | ion easements during the year |
| | S | | |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of section 170(r | |
| | and section 170(h)(4)(B)(ii)? | | └ Yes |
| 9 | In Part XIII, describe how the organization reports conservation | • | |
| | include, if applicable, the text of the footnote to the organization | on's financial statements that describes t | ne organization's accounting for |
| Da | conservation easements rt III Organizations Maintaining Collections of | Art Historical Treasures or Otl | her Similar Assets |
| Га | Complete if the organization answered "Yes" on Form | | ner ommar Assets. |
| 4- | If the organization elected, as permitted under SFAS 116 (ASC | | ent and balance sheet works of art |
| 14 | historical treasures, or other similar assets held for public exhi | | |
| | the text of the footnote to its financial statements that describ | | ice of public service, provide, in that Air, |
| h | If the organization elected, as permitted under SFAS 116 (ASC | | and balance sheet works of art, historical |
| D | treasures, or other similar assets held for public exhibition, edi | | |
| | | deation, or research in furtherance or pub | and service, provide the following amounts |
| | relating to these items. | | ▶ ¢ |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | . • |
| ^ | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea | | gain provide |
| 2 | the following amounts required to be reported under SFAS 11 | | Semi bioside |
| _ | Revenue included on Form 990, Part VIII, line 1 | o producting to these items. | ▶ \$ |
| a | | | S • |
| 0 | Assets included in Form 990, Part X | | ¥ |

Schedule D (Form 990) 2017

| | | UTREACH PR | | | | | | | 79427 | Page 2 |
|-------|--|------------------------|---------------|----------------------|--------------------------|-------------|-------------|---|---------------|-------------------|
| Par | rt III Organizations Maintaining C | ollections of Ar | t, Histor | ical Tre | easures, or | Other | Simila | r Assets | (continue | <u>∍d)</u> |
| 3 | Using the organization's acquisition, accession | on, and other record | ls, check a | ny of the | following that | are a sig | ınıficant ı | use of its c | ollection ite | ∍ms |
| | (check all that apply) | | | | | | | | | |
| а | Public exhibition | (| d 🗀 Lo | an or exc | hange progra | ıms | | | | |
| b | Scholarly research | | e 🗀 Ot | her | | | | _ | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how they | further th | ne organizatio | n's exen | npt purpo | se in Part | XIII | |
| 5 | During the year, did the organization solicit o | r receive donations | of art, histo | ncal trea | sures, or othe | r sımılar | assets | | _ | |
| | to be sold to raise funds rather than to be ma | aintained as part of t | he organiza | ation's co | llection? | | | | Yes | No |
| Par | rt IV Escrow and Custodial Arrang | gements. Compl | ete if the o | rganizatio | on answered " | Yes" on | Form 990 | D, Part IV, I | ıne 9, or | |
| | reported an amount on Form 990, Par | rt X, line 21. | | | | | _ | | _ | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | diary for cor | ntribution | s or other ass | ets not i | ncluded | | _ | |
| | on Form 990, Part X? | | | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing tab | le: | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | • | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | <u> </u> | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for esc | crow or c | ustodial accol | unt liabili | ty? | . ∟ | Yes | ∐ No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | _ , | | | |
| Par | rt V Endowment Funds. Complete | f the organization ar | nswered "Y | es" on Fo | 1 | | | | <u>-</u> | |
| | | (a) Current year | (b) Pric | or year | (c) Two year | s back | (d) Three | years back | (e) Four ye | ars back |
| 1a | Beginning of year balance | | | | | | _ | | · | |
| b | Contributions | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | ļ | | | | | | | |
| d | Grants or scholarships | | ļ | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs . | | | | 1 | | | | | |
| f | Administrative expenses . | | ļ | | | | | | | |
| g | End of year balance | | | | 1 | | | | | |
| 2 | Provide the estimated percentage of the curr | • | - | column (a | i)) held as [.] | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | 1 | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiz | ation that a | ire neia a | no administer | ea for th | e organiz | ation | [v | / N/_ |
| | by. | | | | | | | | | es No |
| | (i) unrelated organizations | | | | | • | | | 3a(i) | + |
| | (ii) related organizations | | | adula DO | • | | | | 3a(ii) | +- |
| | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | |
| Par | Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm | | wment iun | us | | | | | | |
| L. a. | Complete if the organization answere | | n Part IV I | ıne 112 ⁽ | See Form 990 | Part Y | line 10 | | | |
| | | | | | t or other | | ccumulat | bo | (d) Book v | |
| | Description of property | (a) Cost or o | 1 | | (other) | | preciation | 1 | (u) Book (| /alu o |
| | Lond | Dadis (IIIVest | | | 6,541. | | 00.01.01 | - - | 106 | ,541. |
| | Land | | | | 10,068. | 1 . | 236,7 | 81. | 1,003 | |
| | Buildings | | | 2,47 | 1,200. | -, | 1,2 | | _, 555 | 0. |
| | Leasehold improvements | | | 1 | 2,286. | | 15,3 | | <3.0 | 071.> |
| | Equipment | | | | ,, | | | ~ ' | , | |
| | Other | | . V l | (D) time : | (0-) | | | | 1.106 | 757. |

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 D (Form 990) 2017 YOUTH OUTREACH PROPERT | | 36-3779427 Page 4 |
|---|-----------------------------|-------------------|
| Rart মার্ল Reconciliation of Revenue per Audited Financial Sta | tements With Revenu | e per Return. |
| Complete if the organization answered "Yes" on Form 990, Part IV, I | ine 12a. | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | 2a | |
| b Donated services and use of facilities | 2b | |
| c Recoveries of prior year grants | 2c | |
| d Other (Describe in Part XIII) | 2d | |
| e Add lines 2a through 2d | | 2e |
| 3 Subtract line 2e from line 1 | | 3 |
| 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 | | 4c |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | · >) | 5 |
| Part XII Reconciliation of Expenses per Audited Financial St | atements With Expen | ses per Return. |
| Complete if the organization answered "Yes" on Form 990, Part IV, I | | • |
| Total expenses and losses per audited financial statements | | 1 |
| | • | 12/13 |
| Control of the state of the later | 2a | |
| · - | 2b | |
| • • | 2c | |
| C Other losses | 2d | |
| d Other (Describe in Part XIII) . | 20 | 2e |
| e Add lines 2a through 2d 3 Subtract line 2e from line 1 | | 3 |
| | | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | اما | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a 4b | |
| b Other (Describe in Part XIII) | . [_40] | 4c |
| c Add lines 4a and 4b | | 5 |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line Part? XIII Supplemental Information. | 18.1 | 1 3 1 |
| ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a | any additional information. | |
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SCHEDULE I (Form 990)

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

| (Form 990) | | GO Comple | Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | d Individual | s in the Unit | ed States | | 2017 |
|-----------------------------|--|----------------------|--|-------------------------------|---|--|--|---|
| Department of the Treasury | | • | | ► Attach to Form 990. | ш 990. | | | Open to Public |
| Internal Revenue Service | | | Go to www.ir | s.gov/Form990 fo | www.irs.gov/Form990 for the latest information. | ation. | _ | luspection (|
| Name of the organization | on YOUTH OUTREACH PROPERTIES | REACH PROF | PERTIES, INC. | ن | | | | Employer identification number 36-3779427 |
| Part General In | General Information on Grants and Assistance | nd Assistance | 1 | | | | _ | |
| 1 Does the organiz | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | o substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assis | tance, and the select | |
| cntena used to a | cntena used to award the grants or assistance? | tance? |) | | | , | | X Yes No |
| 2 Describe in Part I | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | cedures for monito | ung the use of grant | funds in the United | States | | | |
| Partill Grants and | Grants and Other Assistance to Domestic Organizations and Domestic Governments. | Oomestic Organiz | ations and Domestic | | complete if the orga | nization answered "Y | Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | t IV, line 21, for any |
| recipient th | recipient that received more than \$5,000 Part II can be duplicated | 5,000 Part II can | oe duplicated if addition | if additional space is needed | pa. | 3- 1-14-14 07 | | |
| 1 (a) Name and ad or gov | 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if 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 OUTREACH SERVICES, | RVICES, INC. | | | | | | | |
| 2411 W. CONGRESS PARKWAY | PARKWAY | | | | | | | |
| CHICAGO, IL 60612 | | 36-3297629 501(C)(3) | 501(C)(3) | 150,000. | 0. | | | PROGRAM SERVICES |
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| | | | | | | | | |
| 2 Enter total numb | Enter total number of section 501(c)(3) and government organizations list Enter total number of other organizations listed in the line 1 table | nd government org | ions list | ed in the line 1 table | | | | |
| LHA For Paperwork | LHA For Paperwork Reduction Act Notice, see the Instructions for Form | see the Instruction | ons for Form 990. | | | | | Schedule I (Form 990) (2017) |

732101 11-01-17

| 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 | (c) Amount of (d) Amount of non- (e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) | | | I, line 2, Part III, column (b); and any other additional information. | | | |
|---|--|--|--|--|--|--|--|
| ance to Domestic Individuals. Complete if the organ if additional space is needed | (b) Number of recipients | | | | | | |
| Part III. ☐ Grants and Other Assistance to C Part III can be duplicated if addition | (a) Type of grant or assistance | | | Part IV Supplemental Information. Provide the information required in Part | | | |

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VOTIMIT OTIMBEROUS DEODERMIEC

Employer identification number 36-3779427

| YOUTH OUTREACH PROPERTIES, INC. 30-3773427 |
|---|
| 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. |
| |
| 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. |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number, 36-3779427(g) Section 512(b)(13) controlled entity? Direct controlling Yes 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. Direct controlling entity End-of-year assets Ϋ́ Public charity status (if section 501(c)(3)) **e e** Total income Exempt Code ਰ ■ Go to www.irs.gov/Form990 for instructions and the latest information. section 501(C)(3) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ILLINOIS INC. PROVIDE HOME AND SHELTER Primary activity Primary activity YOUTH OUTREACH PROPERTIES 9 TO YOUTH - 36-3297629 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity YOUTH OUTREACH SERVICES, INC. 2411 W. CONGRESS PARKWAY Name of the organization CHICAGO, IL 60612 Department of the Treasury Internal Revenue Service Part Part II

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Schedule R (Form 990) 2017

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

Page 2 Schedule R (Form 990) 2017 YOUTH OUTREACH PROPERTIES, INC.

36-3779427

Part III 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 dignorated as

| organizations treated as a partnership during the tax year | nersnip during the tax | year | 3 | | (0) | ę | (5) | | | | 5 | 3 |
|--|--|---|----------------------|---|---|---|-----------------------------|-----------------------|--|----------------------------|--------------------------------------|--|
| (4) Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | trolling y | Predomina (related, excluded fro | r income related, tax under 2-514) | Share of total Income | Share of end-of-year assets | Oispropor allocati | Code amoui 20 of 8 | | General or P managing partner? | General or Percentage managing ownership |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year | anizations Taxable as วoration or trust durinดู | s a Corpo g the tax y | n or Trust | emplete if th | ne organization | Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related | s" on Form 99 | 0, Part IV, lin | ie 34, because | e it had one | or more | related |
| (a) Name, address, and EIN of related organization | 7 | Prim | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Iling Týpe of entity (C corp., S corp, or trust) | | Share of total income | (g) Share of end-of-year assets | | (h) Percentage ownership | Section 512(b)(13) controlled entity? |
| | | | | | | | | | | - | | |
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| 732162 09-11-17 | | | | 21 | | | | - | o , | Schedule R (Form 990) 2017 | Rorm | 990) 2017 |

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. | | | | | Yes | ٤ |
|--|----------------------------------|--|--------------------------|---|----------------------------|------|
| 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? | with one or more rela | ated organizations listed i | in Parts II-IV? | | ↓ | , |
| a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity | | 5 | | : | 1a | × |
| b Giff, grant, or capital contribution to related organization(s) | • | | | | 1b | × |
| c Gift, grant, or capital contribution from related organization(s) | | | | | 1c X | |
| d Loans or loan guarantees to or for related organization(s) | • | | | | 1d | × |
| e Loans or loan guarantees by related organization(s) | | | - | | Je | × |
| | | | | | | ; |
| Dividends from related organization(s) | | | | | = | × |
| g Sale of assets to related organization(s) | | | | | 19 | × |
| h Purchase of assets from related organization(s) | | | | | 4 | × |
| i Exchange of assets with related organization(s) | | | - | | ;= | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | • | | | | 1i X | Γ |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | - | | * |]× |
| 1 Performance of services or membership or fundraising solicitations for related organization(s) | ization(s) | | | | = | × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | zation(s) | | - | | 1m | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | . (s)u | | - | | ŧ | × |
| | | | | : | 10 | × |
| | | | _ | | | |
| p Reimbursement paid to related organization(s) for expenses | : | | | | đ | × |
| q Reimbursement paid by related organization(s) for expenses | ٠ | , | | | 1 | × |
| | | | | | | 7; |
| Chher transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) | | | - | | ÷ ¢ | × |
| If the answer to any of the above is "Yes." see the instructions for inform | o must complete the | nation on who must complete this line including covered relationships and transaction thresholds | relationships and transa | ction thresholds | - - - - | |
| il tile allower to ally of tile above to Tes, see tile listiactions to linor | חומפו כמוווס וריים | poloso Billonolli (alli e | | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | Method o | (d) Method of determining amount involved | volved | |
| (1) YOUTH OUTREACH SERVICES | υ | 150,000. | CASH VALUE | | | [|
| (2) YOUTH OUTREACH SERVICES | D | 236,013 | FAIR MARKET | VALUE | | |
| (3) | | | - | | | |
| (4) | | | _ | | | |
| | | | - | | | |
| (5) | | | | | | |
| (6) | | | - | | | |
| 732163 09-11-17 | 22 | | - | Schedule | Schedule R (Form 990) 2017 | 2017 |

| 36-3779427 Page 4° | |
|--|--|
| Schedule R (Form 990) 2017 YOUTH OUTREACH PROPERTIES, INC. | 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.

| that was not a reliated organization, see instructions regarding exclusion for certain investment partnerships. | structions regarding exclus | sion for certain inve | stment partnersnips. | | | - ; | ," | | : | |
|---|-----------------------------|-------------------------------------|----------------------|------------------------|----------------|----------------------|---------------------------------------|---|-----------------------------------|----------------------------|
| (a) | () | | (D) | ¥6.9 | | 6) | Ē | 3 | 3 | ¥) |
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign | (related, unrelated, | 501(c)(3) 501(c)(3) | Share of total | Share of end-of-year | Oispropor- tionate allocations? | Uspropor- Code V-UBI General or Percentage tonging amount in box 20 managing ownership allocations? of School-lo K-1 partner? | General o managing partner? | Percentage ownership |
| | | country) | sections 512-514) | Yes No | Income | assets | Yes No | (Form 1065) | Yes | |
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| ichedule R (Form 990) 2017 | YOUTH | OUTREACH | PROPERTIES, | INC. | 36-3779427 | Page |
|------------------------------------|-------------------|-------------------|--|-------------|------------|------|
| chedule R (Form 990) 2017 Part VII | rmation. | | | | | |
| Provide additional inform | mation for respon | onses to question | s on Schedule R. See in | structions | | |
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