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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	he 2014	calend	lar ye	ear, or tax	year b	eginni	ng			, 2014,	and e	ending				,		
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Form 990 (2014)

COLLECTIVE FOR YOUTH

Parf IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2		2	X	
3				
Ĭ	for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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	11 b		Х
	c 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	11 c		Х
	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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a 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 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		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 (see instructions)	17		х
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		Х
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		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b if 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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Part IV Checklist of Required Schedules (continued)

			Yes	No
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	Х	
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
24	a 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
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
1	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L. Part II	26		х
27	S. A. J. A.	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)			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	7 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	29	Х	
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		X
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		Х
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		х
35	a 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 within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
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		X
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? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form 990 (2014)

	TV Statements Regarding Other IRS Filings and Tax Compliance	9		age
rai	Check if Schedule O contains a response or note to any line in this Part V			Г
	Chicago Containo d'Isoperios d'Arte de Light India		Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		_
2 :	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 4			
1	of fat least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ļ <u></u> .
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	a If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 :	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
	b If 'Yes,' enter the name of the foreign country.	74		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	ı		1
5 :	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	· · · · · · · · · · · · · · · · · · ·			
ь	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
	not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a 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?	7 a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	76		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Ω	Form 1098-C?	7 h		
٠	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	. 0		
-	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		F
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		-
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	a 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)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
;	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
1	c Enter the amount of reserves on hand		ļ	
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 8 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 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 $\overline{\mathsf{X}}$ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х **b** Each committee with authority to act on behalf of the governing body? 8 b is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Х 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?............... 10 b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' describe in 12 c X 13 Х 14 Х 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? 15 a Х 15_b Х 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 taxable entity during the year? 16 a 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 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 Other (explain in Schedule O) 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 STE 103 68131 MEGAN ADDISON 105 N 31ST AVE, OMAHA (402) 932-2025

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

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

- 1 a 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

	ŀ			(C))					
(A) Name and Title	(B) Average hours per	thar	one i both dire	(do no box, i an o ector/	ot che unless	•	n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEEPAK KHAZANCHI PRESIDENT	1.00	х						0.	0.	0.
(2) VIRGIL JOHNSON VICE PRESIDENT	1.00	х					-	0.	0.	0.
(3) JEFF COLE SECRETARY	1.00	х						0.	0.	0.
	1.00	х						0.	0.	0.
(5) DANIEL PADILLA BOARD MEMBER	1.00	х						0.	0.	0.
(6) BARB FARHO BOARD MEMBER	1.00	х						0.	0.	0.
	1.00	х						0.	0.	0.
(8) MATTHEW RAY BOARD MEMBER	1.00	х						0.	0.	0.
(9) STEVE SNODGRASS BOARD MEMBER	1.00	х						0.	0.	0.
(10) MEGAN ADDISON EXECUTIVE DIRECTOR	40.00			х				100,000.	0.	21,220.
(11)										
(12)										
<u>(13)</u>										
(14)		\vdash						<u></u>		

Page 8

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week	(do	not c	Pos heck ess pe	ition more rson i	than o s both or/trust	ne an ee)	(D) Reportable	(E) Reportable	E amo	(F)	d ther
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org an	rom the anizatio d relate anizatio	on ed
(15)											_	
(16)												
(17)												
(18)												
(19)		\top										
(20)				-							-	
(21)		\vdash									-	
(22)										_		
(23)				\vdash	-							
(24)		1							-			
(25)											_	
1 b Sub-total		<u></u>	<u> </u>	٠.	<u>. </u>	<u>. </u>	>	100,000.	0.		21,	220.
c Total from continuation sheets to Part VII, Secti							^	100.000			0.1	
d Total (add lines 1b and 1c)							eive	100,000. d more than \$100,0	0.000 of reportable cor	npensa		220.
from the organization ▶ 1											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii										. 3		x
For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portable co	ompe ,000?	nsa ' <i>If '</i> Y	tion 'es'	and com	othe <i>plete</i>	r coi	mpensation from		_	_	1
such individual	compensat	tion fr	om .	any	unre	lated				4		X
for services rendered to the organization? If 'Yes,' a Section B. Independent Contractors	complete S	Sched	lule	J foi	rsuc	h pe	rson	<u> </u>		. 5		X
Complete this table for your five highest compensation from the organization. Report compensation.	ted indepe	nden r the	t co	ntra	ctors	that ar en	rec	eived more than \$1	00,000 of organization's tax ye	ar		
(A) Name and business addr	ess							(B) Description o		Compe	C) ensatio	วท
						_						
2 Total number of independent contractors (including	but not lir	nited	to th	nose	liste	ed ab	ove) who received moi	re than			
\$100,000 of compensation from the organization											200	(0044)

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a r	espon	se or note to any lir	ne in this Part VIII	<u> </u>	<u> </u>	<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaigns .		1 a	143,300.				
ran	b	Membership dues	[1 b					
, Ĕ	С	Fundraising events	[1 c					
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations .		1 d					
nii G		Government grants (contributio		1 e	1,355,895.				
Si Si		_		\neg	_1,353,673.				
흕	f	All other contributions, gifts, gra similar amounts not included at	ants, and	1f	3,274,644.				
들동		Noncash contributions included			3,214,044.				
nd nd	_	Total. Add lines 1a-1f				4 772 020			
<u>9</u>	- "	Total. Add lines 1a-11			Business Code	4,773,839.			
Program Service Revenue	2 a			F	Business Code				
Š									
ě	b	' -							
Ξ̈́	_ C						** *		 -
ૹ	a	'					-,		
Гап	e								
중	f	All other program service							ļ <u>-</u>
	g	Total. Add lines 2a-2f							
	3	Investment income (included the similar amounts).	ding divide	ends, ır	nterest and				
		•				57.	0.	0.	57.
	4	Income from investment of			•				
	5	Royalties	(ı) Re:						
	_	<u> </u>	(1) Rea	1 1	(II) Personal		İ		
		Gross rents							
		Less: rental expenses							
		Rental income or (loss) [
	d	Net rental income or (loss	<u> </u>		,				
	7 a	Gross amount from sales of	(ı) Securi		(II) Other				
		assets other than inventory	597,	<u>656.</u>					
	b	Less cost or other basis							
		and sales expenses	544,						
	ł	Gain or (loss)		<u>813.</u>					
	d	Net gain or (loss)			. <u></u>	52,813.	52,813.	0.	0.
₹	8 a	Gross income from fundra (not including \$	aising eve	nts					
ě		of contributions reported of	on line 1c)						
æ		See Part IV, line 18	•						
ē	b	Less direct expenses .]		
Other Reven		Net income or (loss) from			nts		-		
J		Gross income from gamin See Part IV, line 19	na activitie	s.					
	h	Less: direct expenses .				1			
		Net income or (loss) from			` 				
						-			
	10 a	Gross sales of inventory, and allowances	less returi	าร a			1		
		Less cost of goods sold		_		1			
		=							
	<u>c</u>	Net income or (loss) from Miscellaneous Revenue		IVENIO	Business Code	 			
	11 a	-·	-		Dusiness Code		ļ		ļ
	_			· – –					
	b	'			· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	С			· -					
	-	All other revenue							<u> </u>
		Total. Add lines 11a-11d							
	12	Total revenue. See instru	uctions .		<u> ►</u>	4,826,709.	52,813.	0.	<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) 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	4,008,101.	4,008,101.		
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				
5	Compensation of current officers, directors, trustees, and key employees	121,220.	96,976.	18,183.	6,061.
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	228,170.	182 , 536.	34,226.	11,408.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,208.	6,567.	1,231.	410.
9	Other employee benefits	22,979.	18,383.	3,447.	
10	Payroll taxes	21,761.			1,149.
11	Fees for services (non-employees)	Z1,/01.	17,409.	3,264.	1,088.
	Management				
	b Legal	0.054	7 002	1 470	102
	Accounting	9,854. 19,262.	7,883. 15,410.	1,478.	493.
	Lobbying	19,262.	15,410.	2,889.	<u>963.</u>
	Professional fundraising services See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, column			, <u> </u>	
5	(A) amount, list line 11g expenses on Schedule O)	177,531.	<u> </u>	0.	0.
12	· ,	7,285.	5,828.	1,093.	364.
13	Office expenses	20,776.	16,621.	3,116.	1,039.
14	Information technology	6,680.	5,344.	1,002.	334.
15	Royalties				
16	Occupancy	34,060.	27,248.	5,109.	1,703.
17	Travel	8,601.	8,601.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,337.	8,337.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,558.	2,046.	384.	<u> 128.</u>
23	Insurance	16,043.	12,834.	2,406.	803.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
á	MISCELLANEOUS	221.	177.	33.	11.
	BANK_CHARGES	2,436.	1,949.	365.	122.
(
(1				
•	All other expenses				
25	Total functional expenses Add lines 1 through 24e	4,724,083.	4,619,781.	78,226.	26,076.
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 Graph of the complete this line only if following solicitation check here Graph of the complete this line only if following solicitation check here Graph of the control of the complete this line only if following solicitation check here Graph of the costs of the control of the control of the costs of the cos				

Parf X Balance Sheet (A) (B) End of year Beginning of year 1 1,035,560. 598,255. 2 2 Savings and temporary cash investments 3 3 4 94,745 243,946. 5 Loans and other receivables from current and former officers, directors 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Assets 8 9 6,019 5,971 10 a b Less accumulated depreciation 10 b 48,641 10 c 7,315 9,102. 11 544,843 11 867,309. 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 500 500. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,688,982 1,725,083 17 17 142,755 75,685 18 18 19 335 19 1,880 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 26 26 144,090 77,565. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets....... 27 590,560 576,363 Temporarily restricted net assets 28 28 954,332 071,155 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 ₹ Ş 33 33 544,892 1,647,518 34 1,688,982 34 1,725,083

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Form 990 (2014)

Form	1 990 (2014) COLLECTIVE FOR YOUTH 27-4	<u> 4577729</u>		Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		· [
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,8	26,7	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,72	24,0	83.
3	Revenue less expenses Subtract line 2 from line 1	3	10	02,6	26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,5	44,8	92.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u> 1,64</u>	47,5	18.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · ·			
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1	İ	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			Ì	
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	1	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		1 1	• 1	-
	Were the organization's financial statements audited by an independent accountant?		2 b	х	
	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 X Separate basis Consolidated basis Both consolidated and separate basis				
(□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□		2 c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 :	a 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?		3 a	х	
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	х	
BAA				990 /2	2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer Identification number

		TIVE FOR YOUTH					27-457772			
Part		Reason for Public Cha					art.) See instruction	S		
The o	gar	nization is not a private foundati	on because it is: (For I	ines 1 through 11, checl	k only on	e box.)				
1	П	A church, convention of church	nes, or association of c	hurches descnbed in se	ction 17	O(b)(1)(A)(i).			
2		A school described in section	170(b)(1)(A)(ii). (Attac	th Schedule E.)						
3	П	A hospital or a cooperative hos	spital service organizat	ion described in sectior	170(b)(1)(A)(iii)) .			
4		A medical research organization	on operated in conjunct	tion with a hospital desc	ribed in s	section '	170(b)(1)(A)(iii) Enter th	ne hospital's		
		name, city, and state								
5		An organization operated for the 170(b)(1)(A)(iv). (Complete Particle)	ne benefit of a college of art II)	or university owned or o	perated	by a gov	ernmental unit described	in section		
6		A federal, state, or local govern								
7	X	An organization that normally r in section 170(b)(1)(A)(vi). (C	Complete Part II)		governr	nental ur	nit or from the general pu	blic described		
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)									
9		An organization that normally r from activities related to its exemples investment income and unrelated June 30, 1975. See section 50	empt functions — subje ted business taxable in 09(a)(2). (Complete Pa	ct to certain exceptions, scome (less section 511 art III)	and (2) tax) fron	no more n busines	than 33-1/3% of its supp sses acquired by the org	ort from gross		
10		An organization organized and								
11		An organization organized and or more publicly supported org lines 11a through 11d that des	anizations described in	n section 509(a)(1) or s	ection 5	09(a)(2).	See section 509(a)(3).	irposes of one Check the box in		
а		Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	gularly appoint or elec	ed, or controlled by its s t a majority of the direct	upported ors or tru	l organız stees of	ation(s), typically by givii the supporting organizat	ng the supported		
b		Type II. A supporting organiza management of the supporting must complete Part IV, Secti	tion supervised or conf j organization vested in	trolled in connection with the same persons that	ts supp control c	orted or or manag	ganization(s), by having le the supported organiz	control or ation(s) You		
С		Type III functionally integrate organization(s) (see instruction	ns) You must comple	te Part IV, Sections A,	D, and E	Ξ.				
d		Type III non-functionally inte functionally integrated. The orginstructions). You must comp	anization generally mu	ust satisfy a distribution	connect requirem	ion with i ent and	ts supported organizatio an attentiveness require	n(s) that is not ment (see		
е		Check this box if the organizat integrated, or Type III non-fund	ion received a written o	determination from the II	RS that is	s a Туре	I, Type II, Type III functi	onally		
f		ter the number of supported org	•		· · · ·					
g	Pr	ovide the following information a	about the supported or	ganızatıon(s).						
		(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) is organizati In your go docur	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				18	Yes	No				
(A)										
(B)		_								
								-		
(C)					-			·····-		
(D)										
<u>(E)</u>										
Total				3331						
BAA	Fo	Paperwork Reduction Act N	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (Forn	1 990 or 990-EZ) 2014		

27-4577729

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

(Complet	e only if you checked the boy on line 5	7 or 8 of Part Lor if the organ	zation failed to qualify under Part III If the	
(Complet	e of ity it you checked the box of thine of	7, or o or t are too it the organi	zadon lanea lo qualify under l'art in il tre	
organizat	ion fails to qualify under the tests listed	below_please.complete.Part I	(I.)	

Section A. Public Support									
begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')		591,488.	1,220,225.	5,809,443.	4,826,652.	12,447,808.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3		591,488.	1,220,225.	5,809,443.	4,826,652.	12,447,808.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,947,226.		
6	Public support. Subtract line 5 from line 4						7,500,582.		
Section B. Total Support									
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4		591,488.	1,220,225.	5,809,443.	4,826,652.	12,447,808.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					57.	57.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10						12,447,865.		
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	0.		
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fifth	tax year as a sect	aon 501(c)(3)	▶ 🗓		
	tion C. Computation of Pu								
14	Public support percentage for 201	4 (line 6, column (f) divided by line 1	1, column (f))		14	<u>%</u>		
15	Public support percentage from 20	113 Schedule A, Pa	art II, line 14			<u>l 15</u>	%		
16 a	a 33-1/3% support test — 2014. If and stop here. The organization of	the organization di jualifies as a public	d not check the bo cly supported orga	ox on line 13, and to nization	he line 14 is 33-1/3	% or more, check	this box ▶		
ŀ	33-1/3% support test — 2013. If t and stop here. The organization of	he organization dic qualifies as a public	d not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/3	3% or more, checl	k this box		
17 a	a 10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' te:	st, check this box a	and stop here. Exp	olain in Part VI hov	٧		
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' te t The organization	st, check this box a n qualifies as a put	and stop here. Exp olicly supported org	olain in Part VI hov janization	v the		
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	<u> </u>				
					Cal	adula A (Form 00	0 000 EZ\ 0044		

Parf III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

	tion A. Public Support				<u> </u>			
Calend	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
_	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-	
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
9	Amounts from line 6		_					
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
_	taxes) from businesses acquired after June 30, 1975						_	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11 and 12)							
14	First five years. If the Form 990 is organization, check this box and s	for the organization for the organization for the top here	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)) 	▶ □
	tion C. Computation of Pul							
15	Public support percentage for 2014	•					15	olo
16	Public support percentage from 20				<u> </u>		16	olo
	tion D. Computation of Inv							
	Investment income percentage for))		17	90
18	Investment income percentage fro	m 2013 Schedule	A, Part III, line 17				18	9
19 a	33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	the organization d	id not check the boer. The organization	ox on line 14, and l	ine 15 is more than	n 33-1/3%, a organization	nd line	17 · · · · · · ► □
b	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, or	the organization d	id not check a box	on line 14 or line	19a, and line 16 is	more than 33	3-1/3%,	and
20	Private foundation. If the organization							

Part IV Supporting Organizations

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

	tion A. All Supporting Organizations		Yes	No
			103	'''
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			ļ
	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
	the designation in historic and continuing relationship, explain	⊢ ∸		₩
2	Did the organization have any supported organization that does not have an IRS determination of status under section			
_	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			L -
	described in section 509(a)(1) or (2)	2		
3 :	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
	and (c) below	3a		<u> </u>
	South to the standard apprinting multiple and apprint 504(a)(4) (5) and	ŀ		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization	L		
	made the determination	3ь		
				┢
	: Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			ļ
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		<u> </u>
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			-
	ıf you checked 11a or 11b ın Part I, answer (b) and (c) below	<u>4a</u>		
- 1	o Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	l		
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	or supervised by or in connection with its supported diganizations	40		
	Did the organization support any foreign supported organization that does not have an IRS determination under	İ		
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)			
	and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		
	unio, unio il citto di generali gi essenio ny			
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		L.
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
•	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		L
_				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			ĺ
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		_
		-		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			-
	complete Part I of Schedule L (Form 990)	8		<u> </u>
	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons			1
9	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			1
	If 'Yes,' provide detail in Part VI	9a		l
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		i
	supporting organization had an interest: " Tos, provide detail " Tart VI	35		
	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,			ļ
	assets in which the supporting organization also had an interest? If Yes,' provide detail in Part VI	9c		l
	W			
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,'			
	answer (b) below	10a	- 1	
	• •		_	
	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine		-	-
	whether the organization had excess business holdings)	l 10bl		

Ра	rt IV Supporting Organizations (continuea)			
44	The the exemption accounted a cift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			ļ
	governing body of a supported organization?	11a	 	<u> </u>
	b A family member of a person described in (a) above?	11b	 	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		<u> </u>
Sec	ction B. Type I Supporting Organizations		,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		·	<u> </u>
<u> </u>	Alon C. Type ii capporting organizations		Yes	No
			103	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			ļ
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	L	<u> </u>
Sec	ction D. All Type III Supporting Organizations			
		لــــــ	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		L <u>-</u>
Sec	ction E. Type III Functionally-Integrated Supporting Organizations	,		<u>'</u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
•	a The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	ons).		
_		ŀ		
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a	 	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		ر ا ا
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.	Novemb	er 20, 1970 See instri	uctions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	-	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
E	Average monthly value of secunties	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
•	Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
	Recoveries of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		 -
4	Enter greater of line 2 or line 3	4		-
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Type	III supporting organizat	on
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2014

Sch	edule A (Form 990 or 990-EZ) 2014			Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	ction E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014			
t				
	From 2013	_		
	f Total of lines 3a through e			
	Applied to underdistributions of prior years			
	h Applied to 2014 distributable amount			
	i Carryover from 2009 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
	a .			
	b			
	0			
	d Excess from 2013			
	Excess from 2014			
_				

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	COLLECTIVE FOR YOUTH				27-4577729	
Par	Organizations Maintaining Donor Complete if the organization answer	Advised Funds or Ot red 'Yes' to Form 990,	her Similar F Part IV, line 6.	unds or Ac	counts.	
		(a) Donor advised	funds	(b)	Funds and other acco	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the orga	dvisors in writing that the assinization's exclusive legal cor	sets held in donor	advised funds	_Yes	No
6	Did the organization inform all grantees, donors, as for charitable purposes and not for the benefit of the impermissible private benefit?	ne donor or donor advisor, or	for any other pur	pose conferrin	a	□No
Par				·- · · · · ·		
Par	Complete if the organization answer	red 'Yes' to Form 990.	Part IV. line 7.			
	Purpose(s) of conservation easements held by the					
•	Preservation of land for public use (e.g., recreations)		_	of a historical	ly important land area	
	Protection of natural habitat	ation or education)	\mapsto		nstone structure	
	Preservation of open space			i or a corumou i	notono stractare	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation (contribution in the	form of a cons	servation easement o	the
-	last day of the tax year.	ora a qualifica control valion (or valion dagornoni o	
					Held at the End of the	ne Tax Year
a	Total number of conservation easements			2 a		
ŀ	Total acreage restricted by conservation easement	ts		2 b		
(Number of conservation easements on a certified I	historic structure included in	(a)	2 c		
C	Number of conservation easements included in (c) structure listed in the National Register			2 d		
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguish	ed, or terminated	by the organiz	ation during the	
4	Number of states where property subject to conser	rvation easement is located	-			
5	Does the organization have a written policy regard	ing the periodic monitoring, i	nspection, handli	ng of violations	s,	
	and enforcement of the conservation easements it					∐ No
6	Staff and volunteer hours devoted to monitoring, in	ispecting, and enforcing con	servation easeme	ents dunng the	year	
7	Amount of expenses incurred in monitoring, inspect	cting, and enforcing conserva	ation easements o	during the year		
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?					No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	e organization's financial state	ements that desci	ribes the organ	ization's accounting for	
Par	t III Organizations Maintaining Collec Complete if the organization answer	tions of Art, Historica red 'Yes' to Form 990,	I l Treasures, Part IV, line 8.	or Other Si	milar Assets.	
1 a	a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial s	d for public exhibition, educa	tion, or research	statement and in furtherance	l balance sheet works of public service, prov	of ide,
ŀ	o If the organization elected, as permitted under SFA historical treasures, or other similar assets held for following amounts relating to these items	r public exhibition, education	, or research in fu	rtherance of p	ublic service, provide	art, the
	(i) Revenue included in Form 990, Part VIII, line					
	(ii) Assets included in Form 990, Part X				▶\$	
	If the organization received or held works of art, his amounts required to be reported under SFAS 116	(ASC 958) relating to these	ıtems			
á	a Revenue included in Form 990, Part VIII, line 1				▶\$	
t	Assets included in Form 990, Part X		<u></u>		▶\$	

Part III Organizations Maintaining Colle	ections of A	rt, Historica	l Treasures, or	Other Similar As	sets (co	<u>ontinu</u>	ied)
3 Using the organization's acquisition, accession, items (check all that apply):	and other record	ds, check any o	f the following that ar	e a significant use of i	ts collecte	on	
a Public exhibition	d	Loan or exc	hange programs				
b Scholarly research	e	Other					
c Preservation for future generations							
Provide a description of the organization's collect Part XIII	·	•	-				
5 During the year, did the organization solicit or re to be sold to raise funds rather than to be maintained.	sined as part of	the organizatior	n's collection?		Yes		No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on F	nents. Comp Form 990, Pa	orte if the or ort X, line 21.	ganization answ	ered 'Yes' to Form	1 990, P	art IV	1
1 a Is the organization an agent, trustee, custodian, on Form 990, Part X?			butions or other asse	ts not included	Yes	[No
b If 'Yes,' explain the arrangement in Part XIII and	complete the fo	llowing table					
					Amount		
c Beginning balance							
d Additions during the year							
f Ending balance				1 e 1 f			
2 a Did the organization include an amount on Form					Yes		TN ₂
b If 'Yes,' explain the arrangement in Part XIII. Ch					لسسا	[No
Part V Endowment Funds. Complete if	the organiza	tion answere	ed 'Yes' to Form 9	990, Part IV, line 1	0.		
(a) Current	year (t) Prior year	(c) Two years back	(d) Three years back	(e) Fo	our years	back
1 a Beginning of year balance							
b Contributions · · · · · · · ·							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance					_		
2 Provide the estimated percentage of the current	year end balan	ce (line 1g, colu	ımn (a)) held as.				
a Board designated or quasi-endowment		0					
b Permanent endowment	_						
c Temporarily restricted endowment							
The percentages in lines 2a, 2b, and 2c should	equal 100%.						
3 a Are there endowment funds not in the possession organization by						Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations list			'		. 3b		<u></u>
4 Describe in Part XIII the intended uses of the or		owment funds					
Part VI Land, Buildings, and Equipment Complete if the organization answ		Form 990,	Part IV, line 11a.	See Form 990, P	art X, lir	ne 10.	
Description of property	(a) Cost or othe (investme) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	look val	lue
1 a Land							
b Buildings							
c Leasehold improvements			2,080.	867.			213.
d Equipment			55,663.	47,774.		<u> </u>	<u>889.</u>
e Other	·		<u> </u>				
Total. Add lines 1a through 1e (Column (d) must equi	al Form 990, Pa	nt X, column (B), line 10c.)		tule D (Fo		102. 0) 2014

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation (Cost or end-of-year market value
) Financial derivatives			
) Closely-held equity interests			
) Other			
<u>) </u>			
<u>)</u>			
:) 			
)			
tal (Column (b) must equal Form 990, Part X, column (B) line 12) ►			
art VIII Investments – Program Related.	·)	000 B 4 V I' 40
Complete if the organization answered			
(a) Description of investment type	(b) Book value	(c) Method of Valuation C	ost or end-of-year market valu
(1)			
(2)			
(3)			
(4)			· · · · · · · · · · · · · · · · · · ·
(5)			
(6)			
(7)			
(8)			
(0)			
(9) 10) the Column (b) must equal Form (00) Part V, column (P) line 12)			
10) otal (Column (b) must equal Form 990, Part X, column (B) line 13) ▶ Part IX Other Assets.			
otal (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered '	Yes' to Form 990, F	Part IV, line 11d. See For	m 990, Part X, line 15.
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De		Part IV, line 11d. See For	m 990, Part X, line 15.
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. Complete if the organization answered ' (a) De	Yes' to Form 990, F	Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) ► lart IX Other Assets. Complete if the organization answered ' (a) De (1) (2)	Yes' to Form 990, F	Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) ► cart IX Other Assets. Complete if the organization answered ' (a) De (1) (2) (3)	Yes' to Form 990, F	Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4)	Yes' to Form 990, F	Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) • cart IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5)	Yes' to Form 990, F	Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Let art IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6)	Yes' to Form 990, F	Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Let art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	Yes' to Form 990, F	Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	Yes' to Form 990, F	Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) In cart IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, F	Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes' to Form 990, Fescription		(b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (2) (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes' to Form 990, Fescription line 15.)		(b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes' to Form 990, Fescription		(b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13). Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes' to Form 990, Fescription line 15.)		(b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13). In art IX Other Assets. Complete if the organization answered (a) December (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, Fescription line 15.)		(b) Book value
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otal (Column (b) must equal Form 990, Part X, column (B) line 13). Imater IX Other Assets. Complete if the organization answered (a) December (b) December (c) D	Yes' to Form 990, Fescription line 15.)		(b) Book value
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Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes' to Form 990, Fescription line 15.)		(b) Book value

Part XIII | Supplemental Information.

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

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

4,724,083

		Compl	Complete if the organizatio	ization answered 'Yes' to Form 990, Part IV, line 21 or 22.	rm 990, Part IV, line 21	or 22.		1 07
Department of the Treasury Internal Revenue Service		► Information	n about Schedule I (Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	ictions is at www.irs.g	ov/form990.		Open to Public Inspection
Name of the organization							Employer identification number	ation number
\circ	YOUTH	TIVE FOR YOUTH	0000				27-457772	6
rart i General Into	rmation on G	ants and Assist	ance					
	n maintain records used to award the g	to substantiate the ai grants or assistance?	mount of the grants or	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 criteria used to award the grants or assistance?	s' eligibility for the grant	s or assistance, and		X Yes No
2 Describe in Part IV th	ne organization's pr	ocedures for monitor	ing the use of grant fu	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.				
Part II Grants and (Form 990, Pa	Other Assistar art IV, line 21 fc	nce to Domestic or any recipient th	Organizations and received more	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ernments. Comple can be duplicated	ite if the organization if additional space	on answered 'Yes is needed.	s' to
1 (a) Name and address of organization or government	of organization ent	(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 non-cash assistance	(h) Purpose of grant or assistance
RLS C		0365770 67	(6) (7) (9)	100				TOOD OF GREEK
(2) CORE OUTREACH		4/-046/330	201 (C) (3)	130,131.				AF IERSCHOOL
	BLVD	20-4820776	501 (C) (3)	194,340.				AFTERSCHOOL
(3) COMPLETELY KIDS	<u>S</u>							
_2566_ST_MARY'S. OMAHA NE 68105	$AVE_{}$	27-5111197	501 (C) (3)	906,046.				AFTERSCHOOL
(4) URBAN LEAGUE OF NE	OF_ NE					_		
-3040_LAKE_STREET OMAHA NF. 68111	 	47-0384575	501(C)(3)	356.340.				AFTERSCHOOL
				J				
_32 <u>23_N_45TH_ST</u> OMAHA NE 68104	REET	47-0845085	501 (C) (3)	288,725.				AFTERSCHOOL
16) YMCA OF GREATER OMAHA	l I							
- <u>420-2 ZUIT ZIKEEL</u> OMAHA NE 68102	 	47-0376586	501(C)(3)	204,866.				AFTERSCHOOL
(7) CENTER FOR HOLLSTIC	DEVEL							
<u>6502_SORENSEN_PKWY_</u> OMAHA NF 68152		47-0840961	501 (C) (3)	167 896				A FTF B SCHOOL
A.M.								
-17007_LOCUST_S OMAHA NF 68116	 - - -	84-1717281	501(7)(3)	717 707				- COH CO G G H G K
Forter total pumber of	section 501(c)(3)	Enter total number of section 501/c//3) and covernment organizations listed in	nizations listed in the	T / T			1	AFIERSCHOOL

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

٣ (h) Purpose of grant or assistance AFTERSCHOOL AFTERSCHOOL AFTERSCHOOL **AFTERSCHOOL** ō Employer Identification number Continuation Page Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II. 27-4577729 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 338,360 (d) Amount of cash grant 169,074 169,007 15,000 (c) IRC section if applicable 501 (C) (3) 501 (C) (3) 501 (C) (3) 501(C)(3) 47-0376597 47-0469782 47-0491233 27-2204391 (p) EIN KIDS_CAN_COMMUNITY_CENTER NEBRASKANS FOR CIVIC REFO 1327 H_ST. SUITE 102____ JUNIV. OF NEBR. MEDICAL CE. --4860 Q_STREET_-----11111 (a) Name and address of organization or government <u>OMAHA HENRY DOORLY ZOO</u> COLLECTIVE FOR YOUTH LINCOLN NE 68508 3701 S 10IH ST. OMAHA NE 68117 OMAHA NE 68107 **OMAHA NE 68198** 1 42ND & EMILE -Name of the organization 1 1 1 1

Schedule I Cont (Form 990) 2014

TEEA4001 06/19/14

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)	2014) COLLECTIVE FOR YOUTH	R YOUTH			2	27-4577729	Page 2
PartⅢ Grants ar	Grants and Other Assistance to Domestic Indivic	Jomestic Individu e is needed.	als. Complete if th	e organization ansv	vered 'Yes' to Form 990	duals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III	
(a) Type of	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	, ,
-							
2							
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4							<u> </u>
. w							
9				:			
7							
Pertity Supplem	Rank W Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	le the information r	equired in Part I, Iii	ne 2, Part III, colum	n (b), and any other add	litional information.	
Pt I Line 2	BUDGETS ARE PREPARED FOR ALL GRANTS. THE EXECUTIVE DIRECTOR APPROVES	EPARED FOR ALL	GRANTS. THE E	XECUTIVE DIREC	TOR APPROVES		
Pt I Line 2 Pt I Line 2	ALL EXPENSES WHICH ARE COMPARED TO BUDGETS BEFORE PAYMENT. GRANTEES ARE REQUITED TO SUBMIT A REPORT ON THE USE OF FUNDS	HICH ARE COMPA	RED TO BUDGETS	BEFORE PAYMEN	IT. GRANTEES		
4	עונה אַרוּיַני היוני	CODEST P VE	OUT ON THE OO				

8AA

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2014

Open To Public Inspection

Employer identification number

COI	LECTIVE FOR YOUTH			27-	4577729 _		
Par		_					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr	i) determin bution a	ing mounts
1	Art - Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities – Publicly traded	Х	1	1,710,307.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution – Historic structures						
14	Qualified conservation contribution — Other					· .	
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other					_	
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens			·			
24	Archeological artifacts						
25	Other • () .						
26	Other • () .						
27	Other • () .						
28	Other () .						
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A	during the ta	x year for contributions	for which the	29		
						Yes	No
30a	During the year, did the organization receive by continuous hold for at least three years from the date of the initial purposes for the entire holding period?	al contribution	n, and which is not requi	red to be used for exem	pt .		
	of Yes,' describe the arrangement in Part II				· · · · · · 30 a	 	X
-		that requires	the review of any non-s	tandard contributions?	31	x	•
31						 ^	
	Does the organization hire or use third parties or rela noncash contributions?	ited organiza	tions to solicit, process,	or sell	32 a		Х
ŀ	If 'Yes,' describe in Part II.		_				
33	If the organization did not report an amount in column	n (c) for a typ	e of property for which	column (a) is checked,			1

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

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

SCHEDULE O (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.

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

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

COLLECTIVE FOR YO	UTH 27-4577729
Pt VI, Line 11b	THE 990 FORM WILL BE GIVEN TO THE EXECUTIVE COMMITTEE
Pt VI, Line 11b	FOR REVIEW AND APPROVAL BEFORE SUBMITTAL.
Pt VI, Line 11b	THE 990 WILL ALSO BE SHARED WITH ALL MEMBERS OF THE
Pt VI, Line 11b	BOARD OF DIRECTORS.
Pt VI, Line 12c	THE CONFLICT OF INTEREST POLICY STATES THAT THE BOARD
Pt VI, Line 12c	MUST DISCLOSE ANNUALLY ANY INTERESTS THAT COULD GIVE
Pt VI, Line 12c	RISE TO CONFLICTS.
Pt VI, Line 19	DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.