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# SCANNED SEP 1 5 2015

Form **990** 

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

OMB No. 1545-0047

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/torm990.

Ā	For the	2014 cale	ndar year, or tax year be	eginning		, 2014,	and ending			, 20	
В	Check if	applicable	C Name of organization Yo	uth Service	International Inc.	,			D Employe	er identification nu	mber
	Address	change	Doing business as				·			36-3926031	
$\overline{\Box}$	Name c	-	Number and street (or P C	box if mail i	s not delivered to stre	et address)	Room/suite	,	E Telephon	<del></del>	
$\exists$	Initial re	-	5815 North Cicero								
				doca country	and 7IP or foreign o	netal nada	1		<b> </b>	773-283-1099	
뭐		rrvterminated	Chicago, Illinois 60646	nince, country	and zir or totaliti b	OSIAI COUR					
님		ed return	G Gross re		392,175						
	Applicat	non pending	F Name and address of prin	cipal officer:	William Dardis,	Treasurer				subordinates? 🔲 Yes	
			Same as Box C Above							Included? 🔲 Yes	
1	Tax-exe	mpt status.	√ 501(c)(3)	501(c) (	) ◀ (insert no )	4947(a)(1) or	527	_  ""	io," attach a	list. (see instructio	ns}
<u>J</u>	Website	9: ► WW	w.ysi.org					H(c) Group	exemption	number ►	
K	Form of	organization.	✓ Corporation   Trust	Association	n 🔲 Other ▶	L Ye	er of formation	n. 1994	M State	of legal domicile.	IL
P	art	Summ	ary								
	1	Briefly de	escribe the organizatio	n's mission	n or most signific	ant activities	;				
ቋ	Ţ		_		•			amps that	help vour	n men develon	
Youth Service International Inc. sponsors service projects, seminars, and leadership camps that help young men develop their character and serve others.  Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)											*********
Ě	2		nis box ▶ ☐ if the organ	nization dis	continued its or	erations or d	lienneed of	more tha	n 25% of	ite net assets	
š	3		of voting members of							10 7701 0000101	c
<u>ت</u>	4		<del>-</del>	-							6
S.	1 7		of independent voting							<u></u>	6
Ě	5		mber of individuals em						·	<del></del>	13
€	6		mber of volunteers (est						6	<del></del>	120
₹	7a		related business reven		•	• •			<del></del>		
,	b	Net unre	lated business taxable	income fr	om Form 990-T,	line 34			. 7b		
	{						<u> </u> _	Prior Y	ear	Current Y	ear
Revenue	8	Contribu	itions and grants (Part	VIII, line 11	1)		´. L		62,298		93,195
	9	Program	service revenue (Part	VIII, line 2g	3)		[		300,170		295,166
	10	Investm	ent income (Part VIII, c	olumn (A),	ines 3, 4, and 70	d)	[		2,790		3,814
ď	11		venue (Part VIII, colum			•	1		34		0
	12		enue-add lines 8 thro		365,292	<del></del>	392,175				
	13						-		1,948		29,643
	14										20,045
	100		other compensation, er		01 220	<del> </del>	40 400				
Expenses	10				21,339	<del> </del>	18,162				
ä	16a		ional fundraising fees (F								
X	b		ndraising expenses (Pa				1,146				
- 4	11/	Other ex	xpenses (Part IX, colum	nn (A), lines	3 11a-11d, 11f-2	46)	-7		333,860	ļ	367,372
	18	Total ex	penses. Add lines 13-	17 (must ei	TUAL PER IX COL	imn/(A), line 2	25)   _		357,147		415,177
_	19	Revenu	e less expenses. Subtr	act line 18	from line 12 .		10		8,145		(23,002)
8	2			- 1	~ [			eginning of C	urrent Year	End of Ye	ar
g.	[ 20	Total as	sets (Part X, line 16)	. }	뿐 AUG 2	7 2015 .			258,109		235,285
. ₹	21	Total lia	bilities (Part X, Ilne 26)	!	위 · ^ · · ·				36		0
Net Assets or	된 22	Net ass	ets or fund balances. S	Subtract lin	e 21_from-line 20	)	:¹ =\ .		258,073		235,285
	art II		ature Block		()()	N. UT				· · · · · · · · · · · · · · · · · · ·	
_			jury, I declare that I have exa	mined this ref			les and stater	nents, and to	the best of	my knowledge and	belief, it is
			plete. Declaration of preparer								
-		1	7.1.00 9	5/2.1	,		<del></del>		التج	19/2012	
S	ign	Sid	nature of officer	Junga.	<del></del>				Date	1/00/6	
	ere		11/1/2 / /	and y	Trous	no r		_			
_			pe or print name and title	<del></del>	Proporação officação			40	<del>-,</del>	[person	
Р	aid	Print	Type preparer's name	l'	reparer's signature		Da		Check	<del></del> .	
	repar	er T. Ra	ymond Conlon CPA	l	T Raymone	ceretare	1777 0	3-19-15	self-err	ployed P014	86002
	se O		name > Conlon and	Associates	LLC			F	irm's EIN 🕨		
		Firm's	address ► PO Box 6213	, Silver Spr	ing, Maryland, 20	916-6213		Р	hone no	301-598-61	
M	lay the	IRS discu	ss this return with the	preparer sl	nown above? (se	e Instruction	s)				s 🗌 No
F	For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2014)										

			<del> </del>		·	
Part			ce Accomplishments			
1				ny line in this P	Part III	<u> </u>
		e the organization's mi			hin aanna that halo	
		and a control of the con-			nip camps that help young men	
		und 30110 001013.				
2	pnor Form 990	or 990-EZ?			ear which were not listed on t	he Yes 🗹 No
_		these new services				
3	services?			it changes in t	now it conducts, any progra	um <b>☑ Yes</b> □ No
		ibe these changes on				
4	expenses. Sec	ction 501(c)(3) and 501	service accomplishment (c)(4) organizations are reny, for each program serv	equired to repor	s three largest program servic It the amount of grants and a	es, as measured by ullocations to others,
4a	(Code:	) (Expenses \$	160,808 including grad	nts of \$	17,500) (Revenue \$	97,294)
	During 2014, Ye	outh ServiceInternations	al Inc (Organization) snons	ored internations	al volunteer service programs in	Guatomala
					ie, Italy. During the year there w	
	approximately	90 participants in these	programs.			
4b	(Code:	) (Expenses \$	197.485 including grad	nts of \$	0) (Revenue \$	180 161 \
	(0000.		io,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			100,101)
	During 2014, Yo	outh Service Internation	al Inc. conducted four educ	cational seminar:	s for high school students to p	repare them
					their talents to better serve oth	
					hool students. During the year,	
	were 370 partic	ipants in these program	is			
			•••••			
4c	(Code:	) (Expenses \$	32,906 including gra	nts of \$	12,143) (Revenue \$	17,711)
	During 2014, in	partnership with anoth	er tax-exempt organization.	, Youth Service I	nternational Inc. conducted pro	grams
					outh Services International Inc	
	funds to the ot	her organization to cont	inue the girl's program.			
			•••••		***************************************	
						••••••
		***************************************				
			•••••		***************************************	
4d	Other program	n services (Describe in	Schedule O.)			<del></del>
=:	(Expenses \$		ng grants of \$	) (Revenue	\$	
4e	<del> </del>	service expenses ▶	391,199			

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		/
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		<b>√</b>
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.	10		V
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		1
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
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		<b>v</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<del></del>	1
	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.	11f		1
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	1	•
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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	1	
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	1	
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		1
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		1
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		/
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	- <del>-</del> -	/
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del>                                     </del>	<b>✓</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ľ

Part	Checklist of Required Schedules (continued)			
04	Did the experience report many than 05 000 of small and the experience of the experi		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	1	
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		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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	24d 25a		1
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		<u>,</u>
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		/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):		1	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
С	Schedule L, Part IV	28b		✓
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
За	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		<b>  *</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		<del> </del>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<b> </b> ✓
ь	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	]		1
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7.		ĺ
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		$\vdash$
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	·		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	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			
C	Enter the amount of reserves on hand	4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓

FORTH 99				age o		
Part						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S					
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · </u>	<u></u>	<u> </u>		
Section	on A. Governing Body and Management		Yes	Na		
40	Enter the number of voting members of the governing heady at the and of the tay year.		162	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 6					
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		<b>√</b>		
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓		
5						
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?	_		,		
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		<b>/</b>		
b	stockholders, or persons other than the governing body?	7b		✓		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70				
•	the year by the following:					
а	The governing body?	8a	<b>√</b>			
b	Each committee with authority to act on behalf of the governing body?	8b	1			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)			
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	ļ	✓		
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?	40.				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	1	<u> </u>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	٧			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	12c	1			
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	<b>/</b>	<b> </b>		
Ь	Other officers or key employees of the organization	15b	▼	ļ.		
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?	16a		<b>1</b>		
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?	16b				
	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► Illinois, Virginia					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	(c)(3)s	only)		
19	Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	oract	nolic	, 924		
	financial statements available to the public during the tax year.	GI GOL	Polic)	, and		
20	State the name, address, and telephone number of the person who possesses the organization's books and re	COrde	: <b>•</b>			
	Matthew Anthony 5915 North Cicero Chicago Illinois 60646 773 293 1000		- •			

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

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

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

Check this box if neither the organization nor		d ora	aniz	atio	n c	nmne	nea	ted any curren	t officer director	r ortmietee	
Officer this box is floring the organization flor	any related	l	21112	<u>alio</u>		ompe	IISA	led any curren	t officer, director	, or trustee.	—
(A) Name and Title	(B) Average hours per week (list any	box, ι	unles	Pos leck is pe	ition more	than o	an	(D)  Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	_
(1) Luciano Lejano	22										
Director		<b>✓</b>						0	0		0
(2) John Bickford	2	1						_			_
Director	10	<b>                                     </b>	$\vdash$					0	0		_0
(3) William Dardis Director, Treasurer	<u> </u>	1		/				0	آ م		
(4) Matthew Anthony	4	<u>*</u>		_			-	<u> </u>	0		0
Director, Secretary		1		/				0	o		0
(5) Juan Luis Marti	4	Ť	-	Ė					•		_
Director, Vice President	† <del>-</del>	1		1				o	o		0
(6) William Kıpp	8									· ,_	<u> </u>
Director, President		1		✓				o	o		0
(7)											_
(8)							-				_
(9)										<del></del>	_
(10)						_					_
(11)										<del></del>	_
(12)						-					_
(13)											_
(14)	<u> </u>									:	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
					(0	C)						<u></u>
	(A)	(B)	(do n	ot ch		ition	e than c	nne	(D)	(E)		(F)
	Name and title	Average					is both		Reportable	Reportable		Estimated
		hours per week (list any		_	_	irect	or/trust	<u> </u>	compensation	compensation related	from	amount of other
		hours for	Individual trustee or director	Instrtutional trustee	Officer	[ €	ang High	Former	the	organization		compensation
		related organizations	8 5	효	ě	Key employee	Š Š	ם	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organization
		below dotted	학교	onal		]  }	🖁 🖁		(**-2/1099-141130)			and related
		line)	vst	tr		8	10	1				organizations
			&	st ee			Highest compensated employee					
44.50			ļ	Щ		_	<u> </u>	<u> </u>			_	
(15)		<b> </b>										
(46)			<del> </del>		_	-	<u> </u>	├			+	
(10)		<b></b>	-							ļ		
(17)			-			-	ļ <u>.</u>	├	<del> </del>	<u>.</u>	+	
<u> </u>		<del> </del>										
(18)						$\vdash$		┢		-	$\dashv$	<del>.</del>
1.10/		<del> </del>	ł									
(19)	<del></del>	<del></del>	<del>                                     </del>	$\vdash$		┢					+	
127		<del> </del>	ł									
(20)					-	<u> </u>	ļ <u>.</u>	t			$\pm$	
3			i									
(21)											$\neg$	
2							l					
(22)								1	1			
(23)												
		<u> </u>	]									
(24)												
(25)		<u></u>										
		<u> </u>					<u> </u>	<u> </u>				
1b	Sub-total								0		_ 0	0
С									0		0	0
								<u> </u>	0		0	0
2	Total number of individuals (including but		to th	ose	list	ted	above	e) w	ho received m	ore than \$10	0,000	of
	reportable compensation from the organi	zation ► 0					-					<del>- ·                                  </del>
•	Did the executation list and former of				4		1					Yes No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete a							smþ	ployee, or nigr	iest compen	sated	
	• •											3 ✓
4	For any individual listed on line 1a, is the organization and related organizations											
	individual	greater th						•	complete 3ci	ledule 3 loi	Sucii	4 🗸
5	Did any person listed on line 1a receive of	r accrue co							related organi:	zation or indi	 vidual	
	for services rendered to the organization	? If "Yes." c	ompi	ete	Sch	nedi	ıle J f	for s	such person			5 ✓
Section	on B. Independent Contractors								,			1-01-14
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more than	\$100	.000 of
	compensation from the organization. Rep											
	year.	•							,		J	
	(A)		-						(B)	1		(C)
	Name and business address								Description of s	ervices	(	Compensation
								L				
		<del></del>						L				
	Table 1 Control							L				
2	Total number of independent contractor							o th	nose listed ab	ove) who		
	received more than \$100,000 of compens	sation from	tne o	rgar	ııza	เเดก			0			

Form **990** (2014)

Part	VIII	Statement of Revenue						
		Check if Schedule O contain	s a res	ponse or note to	any line in this			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues						
ts, (	С	Fundraising events	_					
Gif	d	Related organizations	1d					
ins, Sim	e	Government grants (contributions)						
utio ier (	f	All other contributions, gifts, grants and similar amounts not included above						
ott p	_			93,195				
in d	g h	Noncash contributions included in lines		496	22.425			
	<u> </u>	Total. Add lines 1a-1f	• •	Business Code	93,195			
enn	2a	Education programs and camps		611600	180 160	180,160	0	
Rev	b	Volunteer service programs		611600	180,160 115,006	115,006	0	
Program Service Revenue	C			611600	115,006	115,006		
ēΖ	d							<del></del>
E	e							
gra	f	All other program service reve	nue .					
P	g	Total. Add lines 2a-2f		>	295,166			
	3	Investment income (including	g divic	lends, interest,				
		•		▶	3,814	o	0	3,814
	4	Income from investment of tax-ex						
	5	Royalties	<u> </u>					
		(i) R	eal	(ii) Personal				
	6a	Gross rents .						
	b	Less: rental expenses						
	d	Rental income or (loss)  Net rental income or (loss)						
	7a	Gross amount from sales of (i) Section (i) Section (ii) Section (ii) Section (ii) Section (iii) Sect	rities	(ii) Other				
	'"	assets other than inventory	-	(1)				
	ь	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss)		▶				
ē	8a	Gross income from fundraising	1					
evenue		events (not including \$						
Other Re		of contributions reported on line See Part IV, line 18		,				
₹		Less: direct expenses						
		Net income or (loss) from fund		events . >				
	9a	Gross income from gaming act						
	١.	See Part IV, line 19	_	·				
		Less: direct expenses						
		Net income or (loss) from game Gross sales of inventory,		tivities			-	
	IVa		. 2					
	ь	Less: cost of goods sold	_	<u></u>				
	C	Net income or (loss) from sale						
	<u> </u>	Miscellaneous Revenue	0 01 1111	Business Code				
	11a			1				
	Ь							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instruction	ns	▶	392,175	295,166	0	3.81

Part					
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .	<u> </u>	<u> </u>
8b, 9b	t include amounts reported on lines 6b, 7b, , 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	12,143	12,143		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	17,500	17,500		
4 5	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	-				·
0	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	16 071	10 074	0	0
8	Pension plan accruals and contributions (include	16,871	16,871		
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del> </del>
10	Payroll taxes	1,291	1,291	0	0
11	Fees for services (non-employees):				
а	Management				
ь	Legal				
C	Accounting	4,300	0	4,300	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	1			
40	(A) amount, list line 11g expenses on Schedule O.)	13,888	10,044	2,887	957
12	Advertising and promotion	9,530	7,734	1,796	0
13 14	Office expenses	12,167	10,043	1,935	189
15	Royalties	2,797	0	2,797	0
16	Occupancy	164,221	164,221	0	0
17	Travel	72,367	72,367	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		_		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	9,767	3,151	6,616	0
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.)				
а	Cumpling food	30,000	20.000		
a b	Supplies, instruction	30,888 47,447		2,501	
C		47,447	44,546	2,301	
ď					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	415,177	391,199	22,832	1,146
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here  if	}		j	
	following SOP 98-2 (ASC 958-720)		į l		

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	72,854	1	47,228
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,059	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
ţ	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Asi	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		3	
	ь	ther basis. Complete Part VI of Schedule D  Less: accumulated depreciation		10c	_
	11	Investments—publicly traded securities	184,196		100.057
	12	Investments—other securities. See Part IV, line 11	104,190	12	188,057
	13	Investments—program-related. See Part IV, line 11	<del></del>	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	258,109		225 205
	17	Accounts payable and accrued expenses		17	235,285
	18	Grants payable		18	0
	19	Deferred revenue	<u>.</u>	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
s	22	Loans and other payables to current and former officers, directors,	-	<u> </u>	
Liabilities	_	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		-00	
Lia	23	Secured mortgages and notes payable to unrelated third parties	<del>-</del>	22	
_	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
				25	
	26	Total liabilities. Add lines 17 through 25	36	26	0
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	258,073	27	235,285
3a	28	Temporarily restricted net assets	200/010	28	200,200
Ð	29	Permanently restricted net assets		29	
٦		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
고		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
æ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	258,073		235,285
_	34	Total liabilities and net assets/fund balances	258,109		235,285
_					

						<u> </u>
Part	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			39	2,175
2	Total expenses (must equal Part IX, column (A), line 25)	2			41	5,177
3	Revenue less expenses. Subtract line 2 from line 1	3			(23	3 <u>,002</u> )
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			25	8,073
5	Net unrealized gains (losses) on investments	5				214
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					
D- 1	33, column (B))	10			23	5,285
Part	Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		$\overline{}$	_
	Accounting mother would be assured the Fermi 2000 TO ask TO A I TO U			`	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		<del>.</del>			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	ın			
0-						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-			а		✓
	reviewed on a separate basis, consolidated basis, or both:	piiea	or			
h	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?				/	
U	If "Yes," check a box below to indicate whether the financial statements for the year were audit			b	✓	
	separate basis, consolidated basis, or both:	eu on	a			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versio	ht			
·	of the audit, review, or compilation of its financial statements and selection of an independent according	ıntant	_	င	,	1
	If the organization changed either its oversight process or selection process during the tax year, ex				<b>V</b>	
	Schedule O.	االماح				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in 🗂			
	the Single Audit Act and OMB Circular A-133?		∵ ∣з	a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao ti		+	-	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			ь		l
					990	(2014)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

							Linployer identification	i ilulibei
		ce International Inc.					36-39	
Par	t I	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The c		zation is not a private founda						
1		church, convention of church			bed in se	ection 17	0(b)(1)(A)(i).	
2		school described in <b>section</b>						
		hospital or a cooperative hos						
4		medical research organizatio espital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	□ A1	federal, state, or local goverr	ment or governi	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7		organization that normally						n the general public
		escribed in section 170(b)(1)				·		5 1
8	□ A	community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	_	organization that normally i			•	rom con	tributions, members	hip fees, and gross
		ceipts from activities related						
	su	pport from gross investment equired by the organization at	nt income and	unrelated business t	taxable ii	ncome (l	ess section 511 ta	
10		organization organized and		=		•	•	
11		organization organized and						out the purposes of
		e or more publicly supported						
		e box in lines 11a through 11c						
а		Type I. A supporting organiza	ation operated, s	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving
	t	the supported organization(s) organization. You must com	the power to re	gularly appoint or ele				
b		Type II. A supporting organiz	ation supervised	d or controlled in conf	nection w	ith its su	pported organization	n(s), by having
		control or management of the	supporting org	anization vested in th	e same p	ersons th	nat control or manag	e the supported
		organization(s). You must co			•			,
С						y integrated with,		
d		Type III non-functionally int						red organization(s)
	t	that is not functionally integra	ated. The organiz	zation generally must	satisfy a	distributi	on requirement and	
_		requirement (see instructions				-		l <b>T</b> 101
е		Check this box if the organiza functionally integrated, or Typ						і, туре ііі
				many integrated supp			11.	
1		er the number of supported o vide the following information		ortod organization(s)				· · L
9		ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	64.4	6.3 4
	(1) 1 1021	no or supported organization	(11) 2.14	(described on lines 1–9	listed in you	ır governıng	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above or IRC section (see instructions))	docui	ment?	instructions)	instructions)
				(see instructions))	Yes	No		
Α\		······································	-					
(A)								
B)		-						
,								
(C)								
			<del></del>		<u> </u>			·
(D)								
				<u> </u>		<del></del>		
E)								
-		·						

**Total** 

Schedu	le A (Form 990 or 990-EZ) 2014 3 6 - 3	3926031					Page <b>2</b>
Part	• • • • • • • • • • • • • • • • • • • •	tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	- · · · · · · · · · · · · · · · · · · ·	67,252	42,966	28,596	62,298	93,195	294,307
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			ļ			
3	The value of services or facilities						·
	furnished by a governmental unit to the organization without charge					n	
4	Total. Add lines 1 through 3	67,252	42,966	28,596	62,298	93,195	294,307
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)						70,415
6	Public support. Subtract line 5 from line 4.						223,892
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	67,252	42,966	28,596	62,298	93,195	294,307
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,346	5,994	5,364	2,790	3,814	19,308
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,		3,333		5,210	19,000
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						313,615
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	, or fifth tax ye	ear as a section	n 501(c)(3)
0	organization, check this box and stop he			· · · · ·	· · · · ·	<u> </u>	<u>··                                   </u>
	on C. Computation of Public Suppor			4			
14 15	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch					14   15	71.39 %
16a	331/3% support test—2014. If the organization						67.65 %
	box and stop here. The organization qua						
b	331/2% support test—2013. If the organ check this box and stop here. The organ					15 is 33¹/3% ·	
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "f organization	ets the "facts-a	and-circumstar	nces" test, che t. The organiza	ck this box ar	nd <b>stop here</b> . E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the leets the "facts	facts-and-cir: and-circumst-	cumstances" ances" test. Ti	test, check th	is box and sto	and line op here. publicly
18	Private foundation. If the organization di		nov on line 13		or 17h obse	this boy and	. P 🔲
	instructions						

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047 20**14** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Youth Service International Inc. 36-3926031 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a **b** Total acreage restricted by conservation easements . . . . . . . . . . . . . 2b c Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year A 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 . . . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X . . . . .

Part	III Organizations Maintaining	Colle	ections of	Art, Hist	orical T	reasures,	or Ot	her Similar As	sets (continue	<u>≥</u> (b)
3	Using the organization's acquisition, collection items (check all that apply):	acces								
а	☐ Public exhibition			d l	Loan	or exchange	prog	rams		
b	☐ Scholarly research			e	Other					
C	☐ Preservation for future generations									
4	Provide a description of the organization of the organization.	tion's	collections	and expla	in how tl	hey further th	he org	ganization's exen	npt purpose in I	Part
5	During the year, did the organization assets to be sold to raise funds rather								ar □Yes□	No
Part	IV Escrow and Custodial Arra	anger	nents.							
	Complete if the organization 990, Part X, line 21.							•		
18	Is the organization an agent, trustee included on Form 990, Part X?								ot	No
b	If "Yes," explain the arrangement in P	art XII	and compl	ete the fo	llowing ta	able:				
								A	mount	
C	Beginning balance						10	;		
d	Additions during the year						10	1		
е	Distributions during the year						16			
f	Ending balance									
2a	Did the organization include an amou							•		No
	If "Yes," explain the arrangement in P  Endowment Funds.	an XII	I. Check ner	e if the ex	kpianatioi	n nas been p	provid	ed in Part XIII .	<u> </u>	
Pai	Complete if the organization	n anev	wered "Ves	" to Form	n 990 P	art IV line	10			
	Complete if the organization		Current year		or year	(c) Two years		(d) Three years back	(e) Four years ba	ack
1a	Beginning of year balance		<u> </u>		<u> </u>			,,,	+	
b	Contributions							-		
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
9	End of year balance									
2	Provide the estimated percentage of	the cu	rrent year er	nd balanc	e (line 1g	, column (a))	held	as:		
а	Board designated or quasi-endowme			%						
þ	Permanent endowment	%								
C	Temporarily restricted endowment ▶		%							
_	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in thorganization by:	e pos	session of ti	he organi	zation tha	at are held a	ind ad	iministered for th		
	•									No
	(i) unrelated organizations (ii) related organizations						• •		3a(i)	
b	If "Yes" to 3a(ii), are the related organ								3a(ii)	
4	Describe in Part XIII the intended use:									
Pari										
	Complete if the organization			" to For	n 990. F	art IV. line	11a. :	See Form 990.	Part X. line 10	<b>)</b> .
	Description of property		(a) Cost or o	ther basis		or other basis		Accumulated	(d) Book value	
			(investr	nent)	(0	ther)	d	epreciation		
1a	Land									
þ	Buildings									
¢	Leasehold improvements				ļ					
d	Equipment				<u> </u>					
<u> </u>	Other			200 0 11		(D) (I) 15				
Total.	Add lines 1a through 1e. (Column (d) r	must e	equal rom 9	ινυ, Part i	ĸ, columi	า ( <i>ʁ), line</i> 10d	c.) .	<b>.</b> ▶		

Part VII	Investments — Other Securities.  Complete if the organization answered "Yes" to For	m 990. Part IV. line	11b. See Form 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-h	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			_
(D)			
(E)			
(F)			
(G)			
(H)			
	b) must equal Form 990, Part X, col (B) line 12.) ▶		
Part VIII	Investments—Program Related.	000 D- + N/ P	44-0-5-000 B-174 B-40
	Complete if the organization answered "Yes" to For		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
_(5)			
(6)			
(7)			
_(8)			
(9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		***
raitin	Complete if the organization answered "Yes" to For	m 990 Part IV line	11d See Form 990 Part Y line 15
	(a) Description	111 000, 1 411 14, 11110	(b) Book value
_(1)	<del></del>		,-,
(2)			-
(3)		,	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · ·	<u> ▶  </u>
Part X	Other Liabilities.  Complete if the organization answered "Yes" to Forline 25.	m 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability (b) Book value		
(1) Federal in	ncome taxes		
(2)	<del>- ** · · · · · · · · · · · · · · · · · ·</del>	•	
(3)	······································		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		
	r uncertain tax positions. In Part XIII, provide the text of the footr s liability for uncertain tax positions under FIN 48 (ASC 740). Ch		
organization	s incomity for uncertain tax positions under FIN 40 (ASC 740). On	COVIDER II THE TEXT OF E	he footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, F	ents With Reven	ue per l	Return.	-
1	Total revenue, gains, and other support per audited financial statements	artiv, into 12a.		1	392,389
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				392,309
a	Net unrealized gains (losses) on investments	2a	214		
b	Donated services and use of facilities		214		
c	Recoveries of prior year grants				
ď	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	214
3	Subtract line 2e from line 1		•	3	392,175
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i	•		332,173
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	392,175
Part					332,173
	Complete if the organization answered "Yes" to Form 990, F				
1	Total expenses and losses per audited financial statements			1	415,177
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,		410,177
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	415,177
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Ĺ			,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	415,177
Part	XIII Supplemental Information.			·	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
		·····			

#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

OMB No. 1545-0047 2014

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Youth Service International Inc. 36-3926031 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ✓ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total expenditures for region (by type) (e g , fundraising, program services, investments, grants to recipients a program service, describe specific type of service(s) in region offices in the employees, agents, and region and investments independent in region contractors in region located in the region) (1) South America 0 0 grant to recipient in region | chapel renovations \$17,500 (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15) (16) (17)3a Sub-total . . . . . 0 \$17,500 Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b)

0

\$17,500

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5 000 Bart IV, line 15, for any recipient who received more than \$5 000 Bart IV, line 15, for any recipient who received more than \$5 000 Bart IV, line 15, for any recipient who received more than \$5 000 Bart IV, line 15, for any recipient who received more than \$5 000 Bart IV. **2**9 of non-cash assistance (h) Description \$0 u/a (g) Amount of non-cash assistance (f) Manner of disbursement cash \$17,500 bank wire (e) Amount of cash grant (d) Purpose of grant chapel renovation South America (c) Region (b) iRS code section and EIN (if applicable) (a) Name of organization Part II

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

Schedule F (Form 990) 2014

36-3926031

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III <del>(</del>10 ₹ 3 <u>®</u> (11) (12) (13) (14) (15) (16) 17 (18) Ξ <u>8</u> ල 9 Ε (6)

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	<b>√</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	<b></b> ✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	☑ No

			٠.	
Pa	irt	V	Г	Sunni

# Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 2: The Organization requests budget projections from grantees. The Organization requires that grantees provide financial and
progress reports on the use of funds.

# SCHEDULE (Form 990)

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

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, °N □ (h) Purpose of grant or assistance **Employer Identification number** ∑ Yes general support 36-3926031 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 29 (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. cash Enter total number of section 501(c)(3) and government organizations listed in the line 1 table \$5,614 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 50103 36-6205980 (p) EIN 6321 N Avondale A215 Chicago 60631 (1) Corp for Social & Education Dev 1 (a) Name and address of organization Youth Service International Inc, Department of the Treasury Internal Revenue Service Name of the organization Part II Part I ල € 9 9 5 <u>@</u> 6

#### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization Employer identification number Youth Service International Inc. 36-3926031 Form 990, Part III, Line 2: As of December 31, 2014, Youth Service International Inc. ceased its program activities for girls and granted funding to another tax-exempt organization to continue the services. See Schedule I. Form 990, Part VI, Section B, Line 11: The Form 990 is prepared by a Certified Public Accountant. The Treasurer provides a copy of the Form 990 to the officers and directors, for their review and comment. All comments are addressed prior to filing with the IRS. Form 990, Part VI, Section B, Line 12: Each year, all officers and directors are required to read the Conflict of Interest Policy, and attest to compliance. Form 990, Part VI, Section B, Line 15: The Organization does not compensate officers, directors, or top management staff. Form 990, Part V, Section C, Line 19: The documents are available at the Organization's office, in accordance with IRS guidelines.