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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

V_{λ}	Forn	ή, 3 3	U	Under section 501(c), 527, or 4947(a)(1				ns) 2014 _			
V	Depa	rtment of th	of the Treasury Do not enter social security numbers on this form as it may be made public.								
		al Revenue	•	Information about Form 9			s.gov/form990.	Inspection			
~	· ——		Г'	ar year, or tax year beginning	and	dending	D =				
r€	a	heck if pplicable	C-Name of	organization			D Employer identifi	cation number			
Z		Address	עטנות אינו	HSERVE, INC.							
	X	Name change		usiness as		- ,	63-1	278901			
-		Initial return		and street (or P.O. box if mail is not delivered	d to street address)	Room/suite					
		Final return/		7TH AVENUE SOUTH	a 10 011 001 aad 1000,	105	· ·	521-6651			
	termin- ated City or to			own, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	223,261.			
	, 🗀	Amended		INGHAM, AL 35233			H(a) Is this a group re				
へご	; 🗀	Applica-	F Name a	nd address of principal officer JENNI I	FER HATCHETT		for subordinates	o? ☐Yes X No			
		pending	SAME	AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No			
15					(insert no.) 4947(a)(1)	or 52]	If "No," attach a	list (see instructions)			
′/				HSERVEBHAM.ORG		1	H(c) Group exemptio				
				X Corporation Trust Associa	ation Other >	L Year	of formation: 2004 N	A State of legal domicile: AL			
	Pa		Summary			<u> </u>					
	မွ	1		e the organization's mission or most sign	ificant activities TO E	EMPOWER	R YOUTH LEAD	ERSHIP			
	ع ية			COMMUNITY SERVICE.			- 45 0504 -4				
	Governance	1		if the organization discontinuding members of the governing body (Particular Technology)		osea or mor		19			
6		1		ependent voting members of the governi	·		3	19			
٧	4 %			of individuals employed in calendar year			5	3			
<u> </u>	Activitie	i .		of volunteers (estimate if necessary)			6	730			
	€			d business revenue from Part VIII, column	n (C), line 12		7a	0.			
	_	b N	et unrelated	business taxable income from Form 990-	T, line 34		7b	0.			
	Ĭ						Prior Year	Current Year			
<u>A</u>	. o	8 C	ontributions	and grants (Part VIII, line 1h)		_	171,476.	206,907.			
<u>A</u>	enne	9 P	rogram servi	ce revenue (Part VIII, line 2g)			11,040.	<u>15,882.</u>			
C	Š Š	10 In	ivestment in	come (Part VIII, column (A), lines 3, 4, and	d 7d)		0.	472.			
Œ.	3	11 0	ther revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e)	-	5,479.	0.			
7		1		- add lines 8 through 11 (must equal Part			<u> 187,995.</u>	223,261.			
 3		1		milar amounts paid (Part IX, column (A), lii	•		0.	20,000.			
O		1	•	to or for members (Part IX, column (A), lin	•		115 047	102 421			
Ø.	ses	1		r compensation, employee benefits (Part) <u> </u>	115,847. 0.	102,431.			
· 30	penses			undraising fees (Part IX, column (A), line 1 ing expenses (Part IX, column (D), line 25	·	ran H	<u> </u>	0.			
\mathscr{C}_{\cdot}	ᅑ	1		es (Part IX, column (A), lines 11a-11d, 11f		 	72,517.	75,654.			
J		4		s. Add lines 13-17 (must equal Part IX, c		-	188,364.	198,085.			
با -		1	•	expenses Subtract line 18 from line 12	RECENIER		-369.	25,176.			
ل ن-	Ses					O \ B	eginning of Current Year	End of Year			
	Assets or Balances	20 T	otal assets (Part X, line 16)	OCT & S	(0)	32,014.	95,938.			
	ASB	21 T	otal liabilities	(Part X, line 26)	\$ OCT 0 6 2015		1,252.	40,000.			
	캺			fund balances Subtract line 21 from line	20		30,762.	55,938.			
\sim			Signatur		OGDEN UT						
<u></u>		-		I declare that I have examined this return, inclu				y knowledge and belief, it is			
\cup	true	, correct,	and complete	Declaration of preparer (other than officer) is	based on all information of v	vhich prepare	r has any knowledge.				
			Suppatula	of officer			Date 1 30	<u> 15</u>			
	Sig	1	' 1 <i>/</i>		MT176 DIDEOMOI	,	Date				
	He	re		IFER HATCHETT, EXECU	TIVE DIRECTOR	<u> </u>					
			Print/Type pre		Agen's sinnature	<u> </u>	Date Check	PTIN			
	Paid	1		H SMITH	pajer's signature Wildet U. U.	snutta	09/04/15 sett-employ				
			Firm's name		LLC	- p	Firm's EIN	58-0692043			
		· -		2000 SOUTHBRIDGE P.		TE 501					
ı		1		BIRMINGHAM, AL 352			Phone no. 20	5-445-2880			

May the IRS discuss this return with the preparer shown above? (see instructions)

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

X Yes

No

	m 990 (2014) YOUTHSERVE, INC. 63-12/89	OI	Page Z
Par	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO EMPOWER YOUTH LEADERSHIP THROUGH COMMUNITY SERVICE		
	O DATONER TOOTH DEADERSHIT TIMOOGH COMMONITY DERVICE		
		• • • • • • • • • • • • • • • • • • • •	
			
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	ີ]Yes [X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_]Yes [X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	nses, ar	nd
	revenue, if any, for each program service reported	45 0	
4a			82.
	URBAN SERVICE CAMPS: 68 YOUTH CAMPERS REPRESENTING ALMOST 40 LOC	AL.	
	SCHOOLS PERFORMED 3465 VOLUNTEER SERVICE HOURS.		
			
		_	
4b	O (Code) (Expenses \$30,067. including grants of \$) (Revenue \$)		
	SERVICE EDUCATION PROGRAM: OVER 1300 STUDENTS WERE SERVED IN 15	SCHC	OLS
	AND 2 ADDITIONAL MULTI-SCHOOL VENUES (YOUTH LEDERSHIP FORUM, ALE	THIA	
	HOUSE LEADERSHIP GROUP) THROUGH THE YOUTHSERVE SCHOOL-BASED SERV	ICE	
	EDUCATION PROGRAM. A TOTAL OF 134 SESSIONS WERE CONDUCTED AT AN	<u></u>	
	AVERAGE OF 55 MINUTES EACH.		
			
4 -	76 512		
4c	C (Code) (Expenses \$76,512. including grants of \$20,000.) (Revenue \$ YOUTH PHILANTHROPY COUNCIL AND YOUTH ACTION COUNCIL PROGRAMS: \$2	0 00	,,
	WAS INVESTED IN LOCAL NON-PROFITS BY THE YOUTH PHILANTHROPY COUN		
	THE YOUTH ACTION COUNCIL PROGRAMS PROVIDED 730 VOLUNTEER SPOTS,		
	VOLUNTEERS SERVICE HOURS FOR 19 DIFFERENT ORGANIZATIONS AND 952,		<u>+</u>
	TOTAL BENEFICIARIES.	UJI	
	TOTAL DEMILICITATION		
		 -	
			
4d	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	150 000		
		orm 99	0 (2014)

Form 990 (2014) YOUTHSERVE, INC.
Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Г	Yes	No
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_ - _		
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		}	
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
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		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			v
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<u>X</u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	114		v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ľ	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		\mathbf{x}
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	İ	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,		Ī	
	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		<u>X</u>
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	İ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			••
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
-	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Yes No

Form 990 (2014) YOUTHSERVE, INC. Part, IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			1
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	any tax-exempt bonds?	24c		— —
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			İ
	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>X</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			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			į
	of any of these persons? If "Yes," complete Schedule L, Part III	07		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u>X</u>
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	1	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ļ	
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ļ	
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		Form	990 (2014

	990 (2014) IOUTINERVE, INC. US	12/0.	, 		aye o
Par					
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · ·			إسا
		ام 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	3		7.7	•
	(gambling) winnings to prize winners?	· }	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2			
	filed for the calendar year ending with or within the year covered by this return [2a]	3	•	.	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_		.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	• -	3b		
4a	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)?	-	4a		X
b	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).	.	- -		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	}	_5b_		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s	olioit	5c		
ба	any contributions that were not tax deductible as charitable contributions?	Olicit	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		<u> </u>		- 21
U	were not tax deductible?		6b		
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 t	the payor?	7a		x
b	A STATE OF THE STA		7b		
c	D. III				
Ū	to file Form 8282?		7c		Х
d	7 J				
е	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 requ	uired?	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?	Ĺ	8_		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	ļ	9a		<u> </u>
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:				
а	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			ļ	
11	Section 501(c)(12) organizations. Enter:				
а					
b	· · · · · · · · · · · · · · · · · · ·				
	amounts due or received from them)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	}	46	_	 -
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				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	İ			[
	organization is licensed to issue qualified health plans 13b				}
	Enter the amount of reserves on hand		44-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	ļ	14a	<u> </u>	Δ

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

14b

Form 990 (2014)

Pai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	NO R	espon	se					
				$\overline{\mathbf{x}}$					
Sact	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			بما					
<u> </u>	Hon A. Governing body and management		Yes	No					
10	Enter the number of voting members of the governing body at the end of the tax year 19		163	140					
ıa	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.								
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 19								
2									
_	officer, director, trustee, or key employee?								
3	B 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		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	8a	Х						
þ	Each committee with authority to act on behalf of the governing body?	8b	_X_						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1							
	Dilli		Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
110	the first control of the first control of the control of the first flow first control of the first flow flow first control of the first flow flow flow flow flow flow flow flow	11a	Х						
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	- 22						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
Ū	in Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14		X					
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?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	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?	16a		X					
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								
<u> </u>	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 5104 required an experimental make to Form 1023 (or 1034 feedback), 900, and 900 T (Section 501(a)/3), and 90	ا دادون							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	ie						
	for public inspection. Indicate how you made these available Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)								
40		fine-	nua!						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year	unan	Jai						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
20	JENNIFER HATCHETT - 205-521-6651								
	2717 7TH AVE SOUTH, #105, BIRMINGHAM, AL 35233								

6	3 -	1 '	7	Ω	91	ን 1	Page 7

Form 990 (2014) YOUTHSERVE, INC

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A) Name and Title	(B) Average hours per week	(do box	not c	(C Posi heck ss pe	c) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD BERLINER	4.00							_	_	_
BOARD CHAIRMAN		X		X	<u> </u>	ļ		0.	0.	0.
(2) JAMAL MCCASKEY	2.00	1								_
VICE CHAIR		X		X	_	<u> </u>		0.	0.	<u> </u>
(3) TOM ZELKO	2.00								_	_
TREASURER		X	ļ	X		ļ	<u> </u>	0.	0.	0.
(4) ELIZABETH GOODRICH	2.00									
SECRETARY		X	<u> </u>	X	ļ	ļ	_	0.	0.	0.
(5) KATHRYN MCDONALD	0.50	1								
DIRECTOR		X	ļ					0.	0.	0.
(6) WILLIAM RATLIFF, III	0.50									
DIRECTOR		X						0.	0.	0.
(7) CAROLINE BOLVIG	0.50	1								
DIRECTOR		X				1		0.	0.	0.
(8) VICTOR BROWN	0.50									
DIRECTOR		X	ļ	<u> </u>		<u> </u>		0.	0.	<u> </u>
(9) BROOKE CARRUTHERS	0.50	ļ						_		_
DIRECTOR		X	1					0.	0.	0.
(10) DAVID DRESHER	0.50									
DIRECTOR		X			_	_		0.	0.	0.
(11) ALISON GRIZZLE	0.50					l				
DIRECTOR		X		<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
(12) CONNIE HILL	0.50							İ		
DIRECTOR		X						0.	0.	<u> </u>
(13) ANDRE MCFADDEN	0.50	ļ						}		
DIRECTOR		X						0.	0.	0.
(14) MELANIE MCNARY	0.50									
DIRECTOR		X	1		L	<u> </u>		0.	0.	0.
(15) J. HOBSON PRESLEY, JR.	0.50						1			
DIRECTOR	1	X	1	_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(16) MICHELLE RAY	0.50						1	1		
DIRECTOR	1	X	_	lacksquare	_	<u> </u>	<u> </u>	0.	0.	0.
(17) TONI WEBSTER	0.50									
DIRECTOR		X	<u> </u>	L	L	1	<u></u>	0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Average Pours private	Form 990 (2014) YOUTHSER									63-12	<u> 789</u>	01	Pag	е 8
Name and title Average hours par week (list at any hours for related organizations shows a state of the part of the organizations (list) JOEN SAXON 0.50 X 0.00 0.00 0.00			ploy	ees			ghe	st C					(E)	
Compensation from the organizations Compensation Compensatio									1 ' '					
Sub-total		1	box	, unle	ss pe	rson	ıs bot	h an		•		other compensation		
Nours for Variety Va	•		-	cer an	id a d	recto	or/trus	tee)						
11b Sub-total 12		, ,	Jirecto					ŀ		-	-,			
11b Sub-total 12			ee or (stee			nsate		-	(***-27 1055-141100	"			n
11b Sub-total 12		_	trust	nal tru) see	ed e		`			_		
11b Sub-total 12			Mdua	atotto	cer	em de	hest c	i i				organ	ızatıor	ıs
DIRECTOR X 0.0.0.0.0.1		,	르	işi	₩.	Key	운통	호			_			
1b Sub-total 1b Sub-total 1c Total from continuation sheets to Part VII, Section A 2 Total armber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is line 1a in the organization and other compensation from the organization and eliabeted organization and eliabeted organization and eliabeted organization and eliabeted organization and eliabeted organization and eliabeted organization and eliabeted organization is 1a in the sum of reportable compensation from the organization and eliabeted organization greater than \$150,000 of 1 *Yes, "complete Schedule J for such midwala! 4 For any individual listed on line 1a, is the sum of reportable compensation and eliabeted organization greater than \$150,000 of 1 *Yes, "complete Schedule J for such midwala! 5 Did any person listed on line 1a receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If *Yes, "complete Schedule J for such person. Section B. Independent Comfactors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation		0.50	3,7								_			^
1b Sub-total		0.50	Λ				┢		0.		<u> </u>			<u>u .</u>
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1e) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are leated organizations greater than \$150,000? If "Yes," complete Schedule J for such individual of services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization stax year. (A) None None Description of services Compensation		0.50	x						0		۱ ۸			0
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O	DIRECTOR		72				 	_	0.		*			<u>.</u>
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O							<u> </u>							
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O											ŀ			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O				-		_								
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O									-		-			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O	1h Sub-total	<u> </u>	L	J	l	<u> </u>	L	 >	0.		0.			<u>n</u> .
d Total (add lines 1b and 1c) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O		/II. Section A						•						
Compensation from the organization Ves No					<u>.</u>			<u> </u>						
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation		not limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable				
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services	compensation from the organization	-			-								/os N	
Iline 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services	3 Did the organization list any former office	r. director. or tru	uste	e. ke	ev er	olan	ovee.	or	highest compensated ei	mplovee on	ſ	+	<u>es 1</u>	-
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services	•			0, 110	,, c.		, y C C ,	, 0,	riigiloot oompondatod ol	mpioyee on		3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services				omp	ensa	ation	n and	d ot	her compensation from	the organization				
rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation	and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation	• •	· ·				-		elat	ted organization or indivi	dual for services				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation		mplete Schedul	e J f	for s	uch	pers	son_					5	:	<u>X</u> _
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation		omnensated in	dene	ende	ent c	onte	racto	ore t	that received more than	\$100 000 of comp	enea	tion fro	m	
(A) Name and business address NONE (B) Description of services (C) Compensation											rensa		711	
Name and business address NONE Description of services Compensation				•								(C)		
2. Total number of independent contractors (including but not limited to those listed above) who recoved more than	Name and busines	s address	N	INC	E			4	Description of s	ervices	Со		ation	
2. Total number of independent contractors (including but not limited to those listed above) who recoved more than														
2. Total number of independent contractors (including but not limited to those listed above) who recoved more than							-							
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2. Total number of independent contractors (including but not limited to those listed above) who recoved more than														_
2. Total number of independent contractors (including but not limited to those listed above) who recoved more than														
2. Total number of independent contractors (including but not limited to those listed above) who recoved more than									 ,					—
A TO ALTERNATION OF THE PROPERTY OF THE PROPER	O Total number of independent control to	(noluding but =	no+ 1-	mitc	d +-	th-	ec l		d aboval who sales ========	unro then				

\$100,000 of compensation from the organization

Business Code

223,261

15,882.

12

11 a

d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions.

c Net income or (loss) from sales of inventory Miscellaneous Revenue

0.

Form 990 (2014) YOUTHSERVE, INC.
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon		-	mplete column (A)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	20,000.	20,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		· ·		-
5	Compensation of current officers, directors,				
_	trustees, and key employees	66,162.	40,890.	9,360.	15,912.
6	Compensation not included above, to disqualified	,			
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	27,436.	27,436.		
8	Pension plan accruals and contributions (include	2,7,2000		·	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
_	Payroll taxes	8,833.	6,448.	883.	1,502.
10	,	0,033.	0,440.	003.	
11	Fees for services (non-employees):				
_	Management				
b	Legal .	5,920.	4,322.	592.	1,006.
_	Accounting	3,920.	4,344.		1,000.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			-	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	2 202	1 747	220	407
	column (A) amount, list line 11g expenses on Sch O.)	2,393.	1,747.	239.	407.
12	Advertising and promotion	2 ((1	2 (72	266	600
13	Office expenses .	3,661.	2,673.	366.	622.
14	Information technology				
15	Royalties				4 000
16	Occupancy .	7,500.	5,475.	750.	1,275.
17	Travel				· · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19 20	Interest				
20 21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
21	Depreciation, depletion, and amortization	935.	692.	84.	159.
23	Insurance	5,669.	4,115.	583.	971.
23 24	Other expenses, Itemize expenses not covered	3,003.	- , + + J • !	203.	<u> </u>
24	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	CONTRACTED STAFFING	29,725.	29,725.		
b	FOOD	3,896.	3,896.		
c	FUNDRAISING AND DEVELOP	2,974.	3,0500	-	2,974.
ď	TELEPHONE	2,430.	1,764.	250.	416.
	All other expenses	10,551.	7,623.	2,382.	546.
	Total functional expenses. Add lines 1 through 24e	198,085.	156,806.	15,489.	25,790.
25 26	Joint costs Complete this line only if the organization	250,0050	230,000.		23,130.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (224 (1)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 9,796. 26,453. Cash - non-interest-bearing 1 1 6,000. 2 42,002. 2 Savings and temporary cash investments 12,401. 25,000. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 4,786. basis Complete Part VI of Schedule D 10a 2,303. 10b 3,817. 2,483. b Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments · other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 32,014 95,938. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 1,252. 17 17 0. 18 Grants payable 18 0. 40,000. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 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 25 252. 40,000. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 30,762. 55,938. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 30,762. 55,938. 33 33 32,014. <u>95,938.</u> Total liabilities and net assets/fund balances

orm	990 (2014) YOUTHSERVE, INC.	63-12	78 <u>9</u> 01	Pag	ge 12
	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>61.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>85.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	2!	5,1	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30	0,7	<u>62.</u>
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5!	<u>5,9</u>	<u> 38.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜᆜ
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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 oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	99 0 ((2014)

SCHEDULE A

(Form,990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

OMB No 1545-0047

63-1278901 YOUTHSERVE Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 LX An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (described on lines 1-9 listed in your support (see other support (see organization governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

	1/1 CHIT GOO OF GOO 22/2017 2 GO 2110 2111 2 J 211 G 1		<u> </u>
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and			·					
	membership fees received. (Do not								
	ınclude any "unusual grants ")	202,083.	152,194.	150,226.	171,526.	206,907.	882,936.		
2	Tax revenues levied for the organ-					•			
	ization'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	202,083.	152,194.	150,226.	171,526.	206,907.	882,936.		
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)			'					
6	Public support. Subtract line 5 from line 4						882,936.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4	202,083.	152,194.	150,226.	171,526.	206,907.	882,936.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	8.				472.	480.		
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						883,416.		
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)			
	organization, check this box and stop	o here					▶□		
Se	ction C. Computation of Publ	ic Support Pe	rcentage	<u>-</u> .					
14	Public support percentage for 2014 (line 6, column (f) di	vided by line 11, o	olumn (f))		14	99.95 %		
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	100.00 %		
16a	33 1/3% support test - 2014. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo			
	stop here. The organization qualifies		•				$\triangleright x$		
t	b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation .	•				
17a	10% -facts-and-circumstances tes	-					•		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
t	10% -facts-and-circumstances tes								
	more, and if the organization meets the								
	organization meets the "facts-and-cire		-	· -			. ▶∐		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17t</u>	o, check this box a	nd see instructions	<u>. ▶</u>		
					O-L-	-1 1- A /F 000	000 ETV 0044		

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Sche	edule A (Form 990 or 990-EZ) 2014						Page 3			
	rt III Support Schedule for C	Organizations	Described in	Section 509(a)(2)		1			
	(Complete only if you checked	the box on line 9	of Part I or if the o	rganization failed t	to qualify under Pa	rt II If the organiza	tion fails to			
	qualify under the tests listed b	elow, please comp	olete Part II)							
	tion A. Public Support	1			·	,	/			
	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	∕(f) Total			
1	Gifts, grants, contributions, and						<i>[</i>			
	membership fees received. (Do not									
	include any "unusual grants.")	"	3		-					
2	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 bus-		\		1					
	iness under section 513		1							
4	Tax revenues levied for the organ-		<i>"</i>		1					
	ization's benefit and either paid to or expended on its behalf				/					
5	The value of services or facilities		1	1						
	furnished by a governmental unit to									
_	the organization without charge									
	Total. Add lines 1 through 5			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
h	Amounts included on lines 2 and 3 received	1		/						
	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		1/							
8	Public support (Subtract line 7c from line 6)		1	#						
Sec	tion B. Total Support				<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	// (b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
-	Amounts from line 6	,,	/		\					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975	<i>I</i>								
c	Add lines 10a and 10b	/			,					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						<u> </u>			
12	Other income Do not include gain or loss from the sale of capital									
12	assets (Explain in Part VI') Total support. (Add lines 9, 10c, 11, and 12)					1				
	First five years. If the Form 990 is fol	r the organization's	s first second thir	d fourth or fifth t	av vear as a sectio	n 501(c)(3) organiz	ation			
	check this box and stop here	. The Organization :	o mac, accoria, um	a, router, or mer t	an your as a section	So racios organiza				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			·	···			
	Public support percentage for 2014 (column (f))		15	%			
	Public support percentage from 2013			···	· •	16	%			
	ction D. Computation of Inve									
17	Investment income percentage for 20	14 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%			
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	%			
19a	19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported 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)

Section	A. All	Supporting	Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.
- 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		:
	5b 5c		
	•		
	6		
	7		
		-	
	8		
	0.		
	9a_		
	9b		-
	9c		
	10a		
	10b		
m O	90 or 99	_ቤ F 7 ነ	2014

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Pa	t IV Supporting Organizations (continued)		1	
	the suppose of the fellowing and a sufficient suppose of the fellowing and		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	 	
	A family member of a person described in (a) above?	11b		
	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. tion B. Type I Supporting Organizations	11c	<u> </u>	
Sec	HOIT B. Type I Supporting Organizations		V	NI.
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
1	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			
_	Did the organization operate for the benefit of any supported organization other than the supported	1	 	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations			L <u>.</u>
<u> </u>	tion of Type it outporting Organizations		Van	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	4		
Sec	tion D. Type III Supporting Organizations	<u> </u>		
	Month of Type in Capperling Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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	İ		
	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	ļ .		
_	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	ĺ		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		1	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see insti	ructions):		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions	s)	
2	Activities Test. Answer (a) and (b) below.	•	Yes	No
а				
	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				
•	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		İ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	D. Liber and a second and the second			
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	Ì	
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	<u></u>	
_				

	dule A (Form 990 or 990 EZ) 2014 YOUTHSERVE , INC .			<u>53–1278901 Page 6</u>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	, -
Secti	on A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	•	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	<u>-</u>	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		* -
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			(optional)
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	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		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	T		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ted Type III supporting or	ganization (see

instructions)

	dule A (Form 990 or 990-EZ) 2014 YOUTHSERVE, I		6	3-1278901 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u>s</u>	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			·
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive)	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sooti	on E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Sec u	on E - Distribution Allocations (see instructions)		Pre-2014	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			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	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,			
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	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).			
7	Excess distributions carryover to 2015. Add lines 3	-		
-	and 4c			
	Breakdown of line 7 ⁻			
8	Dieakcown of line /	l .		

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

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

432028 09-17-14

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 63-1278901

	YOUTHSERVE, INC.		63-1278901
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·
	Aggregate value of contributions to (during year)		
2			
3	Aggregate value of grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's	•	L Yes L No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		
	ady of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
a 5	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti	nucture included in (a)	2c
C		• •	20
a	Number of conservation easements included in (c) acquired	after 6/17/00, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	-	. Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A		d balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items	,	and the same of th
	-		• \$
	(i) Revenue included in Form 990, Part VIII, line 1	•	. \$
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	_	in, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

		RVE, INC.								. Page ∠
Par	t III Organizations Maintaining C	ollections of Ar	rt, Hist	torical Tr	easures, o	or Othe	er Simila	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check	k any of the	following tha	it are a si	ıgnıficant ı	use of its	collection	ıtems
	(check all that apply).									
а	Public exhibition d Loan or exchange programs									
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ilections and explai	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, hi	storical trea	sures, or oth	er sımılaı	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	•		Ū						
	Is the organization an agent, trustee, custodi		liary for	contribution	s or other as	sets not	ıncluded		_	
	on Form 990, Part X?							[Yes	□ No
	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina t	table:					00	
	in 100, Oxplain the arrangement in race xim.	and complete the re	g .						Amount	
_	Beginning balance						1c		7 triodite	
	Additions during the year	• •		•			1d	•		
	Distributions during the year			•		•	1e			
4	• •	•					1f			
7-	Ending balance	orm 000 Dort V line	21 for /	accrow or o	ustadial assa	vint linbil			Yes	- No
	Did the organization include an amount on Fo						ity /	<u> </u>	_ res	⊢ No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete if						<u> </u>			
1 41	Endownient ands. Complete	(a) Current year		rior year	(c) Two yea		(d) Three y	nare back	(a) Four	years back
4-	Degraping of year balance	(a) Current year	(ט) ר	HOI YEAI	(C) Two yea	13 Dack	(u) Tillee y	cais back	(e) rour	years back
1a _	Beginning of year balance				<u> </u>				 	
b	Contributions									
	Net investment earnings, gains, and losses		"		 				<u> </u>	
d	Grants or scholarships									
е	Other expenditures for facilities					1				
	and programs							-	-	
f	Administrative expenses				 					·-·
g	End of year balance				Ł				L	
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should be should									
3a	Are there endowment funds not in the posse	ssion of the organization	ation tha	at are held a	ind administe	ered for t	he organiz	ation		
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				•				3a(ii)	
	If "Yes" to 3a(ıı), are the related organizations								3b	
Par	t VI Land, Buildings, and Equipm		wment	iurias					···	
Liai	Complete if the organization answere		Part IV	/ line 11a S	See Form 990	Part X	line 10			
	Description of property	(a) Cost or o			or other		ccumulate	м I	(d) Book	value
	Description of property	basis (investr		, , ,	(other)		preciation	·	(u) DOOR	value
1a	Land				· · · · · · · · · · · · · · · · · · ·					
ia h	Buildings						-			
	Leasehold improvements									
ď	Equipment				4,786.		2,3	03.	2	2,483.
	Other				_,					.,
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c)				2	483.

Schedule D	(Form 990) 2014	YOUTHSERVE,	INC.			6	3-1278901 Page
		Other Securities.					
· · · · · · · · · · · · · · · · · · ·	Complete if the org	anization answered "Yes"		<u>∍ 11b</u>			
(a) Descrip	otion of security or cated	OTY (including name of security)	(b) Book value		(c) Method of v	aluation Cost or e	nd-of-year market value
(1) Financi	al derivatives						
(2) Closely	held equity interests	\$					
(3) Other		· · · · · · · · · · · · · · · · · · ·					
(A)			··	_			
(B)				 			
(C)						·	
(D)				+			
<u>(E)</u>	.,,,			+			· · · · · ·
(F)				+			
(G)				+			
<u>(H)</u>		0.0.11		+			
		0, Part X, col. (B) line 12.)	·				
Part VIII	_	Program Related.			0 5 000	B	
	(a) Description of	janization answered "Yes"	(b) Book value	3 11C			nd-of-year market value
(4)	(a) Description of	investment	(b) Book value	+	(c) Wicarioa or	valuation. Cost of C	Tid Of year market value
(1)				+			······
(2)	 			_			
(3)				_			····
<u>(4)</u> (5)							
(6)	• •			+			
(7)				+			
(8)				+			
(9)				+			
	h) must equal Form 99	0, Part X, col. (B) line 13.)		_			
Part IX		of tare of oon (o) mile to / p					
	,	ganization answered "Yes"	to Form 990, Part IV, line	e 11d	See Form 990,	Part X, line 15	
			Description				(b) Book value
(1)	<u> </u>						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)	- 						
(8)							
(9)							
		orm 990, Part X, col (B) line	e 15.)				>
Part X	Other Liabilitie						
		ganization answered "Yes"	to Form 990, Part IV, line			n 990, Part X, line 2	25. <u> </u>
<u>1.</u>	(a) D	escription of liability		(b) l	Book value		
(1) Fe	deral income taxes					-	
(2)						_	
(3)						4	
(4)						4	
(5)	··· ·					4	
(6)						1	
(7)						_	
(8)						4	
(9)					_	4	
Total (Coli	umn (h) must equal F	form 990. Part X. col. (B) lin	e 25.)			1	

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

Sche	dule D (Form 990) 2014 YOUTHSERVE, INC.		63-1278901 Pag	ge 4
	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue po	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, II	ine 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
_	Recovenes of prior year grants	2c		
C	mil (D. J David Mill)	2d		
d	Add lines 2a through 2d			
e	Subtract line 2e from line 1	•	3	
3			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 4. 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	 	
b	Other (Describe in Part XIII)	_4b	 	
С	-	• .	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1:		Dotum	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	<u>. </u>	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, I	ine 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	. 2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	miredinent expenses not morages on the mired of the same of the			
b	Other (Describe in Part XIII.)	4b		
b b			4c	
c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	4b	4c 5	
c 5	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	——————————————————————————————————————	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information.		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		5	

Schedule D (Form 990) 2014

432054 10-01-14

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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.lrs.gov/form990.

OMB No 1545-0047

Inspection -

% X TUN EXERCISE PROGRAMS AND Employer identification number PROGRAM TO GET BIRMINGHAM CHILDREN, WHICH INCLUDED 63-1278901 TUNDING FOR THE READING FUNDING FOR BLUEPRINTS SUMMER FEEDING PROGRAM (h) Purpose of grant HIGH SCHOOL STUDENTS or assistance READY FOR COLLEGE OR NEIGHBORHOOD Yes 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 ROGRAM 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) c Ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ecipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 7,000 8,000 5 000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 58-2074080 26-2373074 20-1029943 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? YOUTHSERVE, 1 (a) Name and address of organization PRESCHOOL PARTNERS FOUNDATION MOUNTAIN BROOK, AL 35213 or government BIRMINGHAM, AL 35205 BIRMINGHAM, AL 35206 Name of the organization 1016 19TH STREET S. 3736 MONTROSE ROAD 7753 1ST AVENUE S. ALABAMA POSSIBLE P.E.E.R, INC. Part Part II

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

432101 10-15-14

Page 2

Schedule | (Form 990) (2014) YOUTHSERVE, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Bomestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(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
					•
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	juired in Part I, lin	e 2, Part III, column	(b), and any other ac	Iditional information	
PART II, LINE 1, COLUMN (H):	:				
NAME OF ORGANIZATION OR GOVERNMENT:	7: P.E.E.R,	R, INC.			
(H) PURPOSE OF GRANT OR ASSISTANCE:	:	FEEDING F	SUMMER FEEDING PROGRAM FOR		
NEIGHBORHOOD CHILDREN, WHICH INCLUDED]	EXERCISE P	FUN EXERCISE PROGRAMS AND	0	
EDUCATIONAL ACTIVITIES					

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 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

YOUTHSERVE, INC. **Employer identification number** 63-1278901

FORM 990, PART VI, SECTION B, LINE 11:
UPON COMPLETION OF THE ORGANIZATION'S FORM 990, THE RETURN IS
ELECTRONICALLY DISTRIBUTED TO THE BOARD FOR THEIR REVIEW. DURING THIS
TIME, BOARD MEMBERS ARE ENCOURAGED TO ASK QUESTIONS OR ENGAGE IN DISCUSSION
TOPICS COVERED IN THE RETURN. ADDITIONALLY, THE EXECUTIVE DIRECTOR
EXTENSIVELY REVIEWS THE FORM 990 FOR ACCURACY AND COMPLETENESS PRIOR TO
FILING. ONCE THE GOVERNING BODY HAS REVIEWED AND APPROVED THE FORM 990,
THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES THAT BOARD MEMBERS ANNUALLY DISCLOSE ANY
CONFLICTS IN INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD COMPILES COMPENSATION OF COMPARABLE, LOCAL NON-PROFITS OF SIMILAR
SIZE AND REVIEWS THE PERFORMANCE OF THE ORGANIZATION TO DETERMINE ANY
CHANGES TO COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE COPIES OF ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE
PUBLIC.