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EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public

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

ΔF	or the	2014 calendar year, or tax year beginning APR 1, 2014 and ending	MAR 31, 2015	
		C Name of organization	D Employer identifi	
B C	heck if oplicable	e Name of organization	Employer identifi	cauon number
_	Addres	YOUTH VOLUNTEER CORPS		
	_ change Name change			597582
_ ♣	Initial			
<u> </u>	lreturn Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
L	return/ termin	. [472-9822
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	807,651.
	Ameno	RANSAS CITT, MO 04105	H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer DAVID BATTET	for subordinates	s?
		SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
		empt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or	527 If "No," attach a	list (see instructions)
		te: ► YVC • ORG	H(c) Group exemption	
			Year of formation. 1991 r	M State of legal domicile: MC
Pa	rt I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities WE CREAT	E VOLUNTEER	
Governance		OPPORTUNITIES TO ADDRESS COMMUNITY NEEDS ANI	O TO INSPIRE Y	OUTH FOR A
ř	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net as	ssets
o e	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
م در	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	47
Activities		Total number of volunteers (estimate if necessary)	6	15
€	7 2	Total unrelated business revenue from Part VIII, column (C)-line 12	7a	0.
Ř	b	Net unrelated business taxable income from Form 99007-116-341VED	7b	0.
		1 (7) 1	Prior Year	Current Year
_	8		233,428.	697,325.
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) OCT 2 2 2015	91,134.	103,237
ver		(2) (3) (3)	1,737.	1,369.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c (10c) and 14e)	4,702.	5,720
		Other revenue (Part VIII, Column (A), lines 5, 60, 60, 90, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5	331,001.	807,651.
		Total revenue · add lines 8 through 11 (must equal-Part VIII, column (A), line 12)	3,734.	1
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,734.	41,329.
	l	Benefits paid to or for members (Part IX, column (A), line 4)	335,485.	
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		484,435
ë		Professional fundraising fees (Part IX, column (A), line 11e)	36,322.	1,538.
x		Total fundraising expenses (Part IX, column (D), line 25) 49,080.	120 716	147 100
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	139,716.	
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	515,257.	·
. 0	19	Revenue less expenses Subtract line 18 from line 12	-184,256.	1
is oi			Beginning of Current Year	End of Year
ථා Assets or Balances	20	Total assets (Part X, line 16)	647,042.	
CUIJ	21	Total liabilities (Part X, line 26)	26,499.	
		Net assets or fund balances Subtract line 21 from line 20	620,543.	753,702
<u> </u>	art II	Signature Block		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s		ny knowledge and belief, it is
} true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge/	
Z			10/16/	45
🕎 Sıg	n	Signature of officer \(\)	Date ' /	' /
볼 Her	e	DAVID BATTEY, PRESIDENT		
Z		Type or print name and title		
₹		Print/Type preparer's name Preparer's signature	Date Check [PTIN
Sig Her Paid Paid		RICH A. BILI RICH A. BILI	10/8/15 If self-empto	yed P00310364
🐣 Prej	parer	Firm's name KELLER & OWENS, LLC	Firm's EIN ▶	48-1195228
Use	Only	Firm's address 10955 LOWELL AVE, STE 800		
		OVERLAND PARK, KS 66210	Phone no. (9	338-3500
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)	070 7	7 X Yes No
4320	01 11-0	D7-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.	140-7	Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	tatement of Program Service Accomplishments	
	heck if Schedule O contains a response or note to any line in this Part III	
	describe the organization's mission	
WE	REATE VOLUNTEER OPPORTUNITIES TO ADDRESS COMMUNITY	NEEDS AND TO
	IRE YOUTH FOR A LIFETIME COMMITMENT TO SERVICE.	112200 11110 10
<u> </u>	IND TOOTH TON A BITBITHE COMMITMENT TO BENVICE.	
	organization undertake any significant program services during the year which were not listed on	
the p	r Form 990 or 990-EZ?	Yes X No
If "Ye	describe these new services on Schedule O	
3 Did th	organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes X No
If "Y€	describe these changes on Schedule O	
	e the organization's program service accomplishments for each of its three largest program services,	as measured by expenses
	501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	
		thers, the total expenses, and
	e, if any, for each program service reported	100 055
4a (Code) (Expenses \$ 574,858. including grants of \$ 41,329.) (Rev	
	TED IN OVER 30 COMMUNITIES, THE YOUTH VOLUNTEER CO	
		AND 18 TO
PEF	ORM SERVICE LEARNING PROJECTS IN THEIR COMMUNITIES	. THE PROJECTS
ADI	ESS UNMET NEEDS OF THE COMMUNITY WHILE PROMOTIING	A LIFETIME ETHIC
	ERVICE AMONG YOUNG PEOPLE.	
<u> </u>		
4b (Code) (Expenses \$	venue \$)
ib (code	/ (LAperises 3 / (Net	venue 5)
4c (Code) (Expenses \$	venue \$)
4d Othe	rogram services (Describe in Schedule O)	
4d Othe	s \$ including grants of \$) (Revenue \$)
(Exper		

Pa	rt IV Checklist of Required Schedules			
·			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	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		Λ	
3	public office? If "Yes," complete Schedule C, Part I			v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3_		X
7	during the tax year? If "Yes," complete Schedule C, Part II			Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		Λ
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		_^
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	١ ـ		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		_X
0	Schedule D, Part III			v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		X
9	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			v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
10	endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	40		v
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	10		_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,	l		
a	Part VI		х	
h	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	444		х
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	11b		_^
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		Α.
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-23	
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	- 11	
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		. 14		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1.13		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	M WY collection CO and deliberation and an effect of the later of the		I —	

Form **990** (2014)

Form 990 (2014) YOUTH VOLUNTEER CORPS
Part IV Checklist of Required Schedules (continued)

			res	INO
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			7,7
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		X
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		-	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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			7.7
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		Х
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	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	-	21
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
250	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		X
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	Х	
		Form	990	(2014

<u> </u>	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4						
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming						
	(gambling) winnings to prize winners?		0 0	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	47						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	i)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	nty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	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)								
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			_5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit						
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).					x			
а									
b									
С									
	to file Form 8282?	ı	I	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				x			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		,	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter			9b					
10	Initiation fees and capital contributions included on Part VIII, line 12	10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a							
11	Section 501(c)(12) organizations. Enter		·						
a	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against	7.0							
_	amounts due or received from them)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a					
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	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								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	L				
				Form	990	(2014)			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					\mathbf{X}	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	2]			
	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 0.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11	_			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct 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 9	90 w	as filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	poin	t 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, si	tockh	olders, 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	r by t	he following:				
а	The governing body?			_8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venu	e Code)				
				r	Yes	No	
	Did the organization have local chapters, branches, or affiliates?			10a		X	
þ	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apte	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	ore filing the form?	11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				х		
12a							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," c	lescnbe				
	In Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approva	l by i	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l		37	
	The organization's CEO, Executive Director, or top management official			15a		X	
a	Other officers or key employees of the organization			15b		X	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable patitividuring the year?	nent	with a	1.0		v	
	taxable entity during the year?			16a		<u> </u>	
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the policy procedure requiring the organization of the policy procedure requiring the policy procedure requirin		•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nzatio	on's	401			
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b	l <u>-</u>		
	List the states with which a copy of this Form 990 is required to be filed NONE						
17 18		(800	tion 501(a)(2)a only)				
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply	JOEC	aon oo negojs only)	availaD	iie		
	Own website Another's website X Upon request Other (explain	ın Sa	hedule O				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		-	d finan	cial		
13	statements available to the public during the tax year	mict	or anterest policy, an	u iinan	udi		
20	State the name, address, and telephone number of the person who possesses the organization's bor	nke a	nd records				
20	THE ORGANIZATION - 816-472-9822	uno d	ind records -				
	1025 JEFFERSON, KANSAS CITY, MO 64105						
	TITE THE PARTY AND CALLY INC. UTION						

10221008 795752 12878

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

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

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)		
Name and Title	Average		not c	heck i	more	than		Reportable	Reportable	Estimated		
	hours per week					is botl ir/trus		compensation from	compensation from related	amount of other		
	(list any	ctor						the	organizations	compensation		
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the		
	related	stee	truste		يو	beuss		(W-2/1099-MISC)		organization		
	organizations below	ual fri	lonal		ploye	t com				and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) DAVID BATTEY	40.00							E.4. 0.6E				
PRESIDENT		X	ļ	X				74,367.	0.	0.		
(2) CATHI DUCHON	1.00											
BOARD MEMBER		Х				-		0.	0.	0.		
(3) AUDREY LANGWORTHY	2.00									_		
IMMEDIATE PAST CHAIR	1 00	X		X		├		0.	0.	0.		
(4) MARGI PENCE	1.00	,,										
BOARD MEMBER	1 00	X	_	 				0.	0.	0.		
(5) MARTHA BOTTOMLEY	1.00	٠,					İ		_	_		
BOARD MEMBER	1 00	X		-		 		0.	0.	0.		
(6) PEGGY DUNN	1.00	3,7		٦,						_		
VICE CHAIR	1 00	X		X		├		0.	0.	0.		
(7) VICKI CLARK	1.00	Х						0.	0.	0		
BOARD MEMBER	1.00	^			 	-	╁	U .	U .	0.		
(8) MARK TATUM	1.00	X		x				0.	0.	0.		
SECRETARY	1.00	^	}	A	<u> </u>	 		0.	0.	0.		
(9) LAURIE SEPANKSI	1.00	X						0.	0.	0.		
BOARD MEMBER (10) JIM HISE	1.00	^	 	\vdash			-	•	· ·	- 0.		
CHAIR	1.00	x		x				0.	0.	0.		
(11) LISA RINEHART HOFFMAN	1.00				† <u> </u>			· · · · · · · · · · · · · · · · · · ·		-		
BOARD MEMBER		X						0.	0.	0.		
(12) MELANIE TUCKER	1.00	1	İ				İ					
TREASURER		X		X				0.	0.	0.		
(13) ERIC STINER	1.00											
BOARD MEMBER		X						0.	0.	0.		
				<u> </u>	<u> </u>	_	<u> </u>					
		1	1		1							
		-	-	-	-	1						
		1										
	l		1	1	1	<u> </u>	1		<u> </u>	Form 990 /2014		

Form 990 (2014)

Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
•	(A)	(B)			(0	C)			(D)	(E)		(F)
	Name and title	Average	(do		Pos beck		ገ e than	one	Reportable	Reportable		Estim	ated
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation		amou	
		week (list any	-			1	1		from	from related		oth	
		hours for	director				-		the organization	organizations (W-2/1099-MISC		comper from	
		related	0 8	Se			nsate		(W-2/1099-MISC)	(W 27 1000 MIOC	′	organiz	
		organizations	igs .	al tru		ag	шре		(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			and re	
		below	Individual trustee or	Institutional trustee	- -	Key employee	Highest compensated employee	ē				organız	ations
		line)	Ē	ISE .	Officer	ě.	E E	Former					
						_	_						
			<u> </u>				1				\perp		
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	C. I. Asasi	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	1		74,367.		0.		
	Sub-total	/// Caation A							0.		0.		<u> </u>
	Total from continuation sheets to Part \	III, Section A							74,367.		0.		0.
u 2	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to th		licte		hov	(a) w/	30 r			<u> </u>		0.
2	compensation from the organization	not inflited to ti	1036	11310	su a	DOV	C) W	10 11	eceived more man proc	,000 of reportable			0
	compensation from the organization								V*************************************			Ye	
3	Did the organization list any former office	r director or tri	iste	e ke	ev ei	mnle	ovee	or	highest compensated e	mnlovee on	Γ		
Ū	line 1a? If "Yes," complete Schedule J for			0,	٠, ٥.		0,00	,	mg/root compensated c	inployed on		3	X
4	For any individual listed on line 1a, is the			omp	ens	atio	n an	d ot	her compensation from	the organization			1
	and related organizations greater than \$1	•							•	ano organization	İ	4	X
5	Did any person listed on line 1a receive or									idual for services			
	rendered to the organization? If "Yes," co	-					•					5	X
Sec	tion B. Independent Contractors	•											
1	Complete this table for your five highest of	ompensated in	dep	ende	ent o	cont	tracto	ors t	that received more than	\$100,000 of comp	ensa	tion fron	n
	the organization Report compensation fo	r the calendar y	/ear	end	ıng v	with	or w	ıthır	n the organization's tax	year			
	(A)								(B)			(C)	
	Name and busines	s address	N	ON:	E				Description of s	ervices	Co	mpensa	tion
								İ					
					_				ļ				
									<u> </u>				
2	Total number of independent contractors		not l	ımıte	ed to	the	_	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organ	nization 📂					0					00	0 (2014)

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts Its	1 a	Federated campaigns	1a					5.2 511
irar		Membership dues	1b					
Đ, Ĕ		Fundraising events	1c					
ar /		Related organizations	1d					
B, G		Government grants (contributi		215,632.				
Sign		All other contributions, gifts, grant	·	223,032.				
but	•	similar amounts not included above		481,693.				
Ē	a	Noncash contributions included in lines		20,254.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	.a •		697,325.			
				Business Code	02,70231			
g	2 a	AFFILIATES PROG	RAM SER	900099	81,212.	81,212.		
Ş S		MEMBERSHIP		900099	13,185.	13,185.	* -	
Ser	c	COMPREDENCE DEVICE	NUE	900099	8,840.	8,840.		
Program Service Revenue	d	00111 31121 02 112 12		3000	0,040.	0,040.		
ğα	e							
Pr	f	All other program service reve	nue					
ļ		Total, Add lines 2a 2f			103,237.			
	3	Investment income (including	dividends, intere		103/13/1			
	•	other similar amounts)	a.v.a.c.,	>	1,369.			1,369.
	4	Income from investment of tax	x-exempt bond r	· F				1,305.
	5	Royalties	· onompt bond p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-
		,	(ı) Real	(II) Personal			7.1.1	
	6 a	Gross rents		1				
		Less rental expenses						
		Rental income or (loss)	-					
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						•
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		•				
ا م	8 a	Gross income from fundraising	g events (not					
une		including \$	of					
- &		contributions reported on line	1c) See					
Other Reven		Part IV, line 18	а					
¥	b	Less direct expenses	b					
١	С	Net income or (loss) from fund	Iraising events	•				
1	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
1	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns		_			
}		and allowances	а	4,658.				
	b	Less cost of goods sold	b	0.				
ļ	С	Net income or (loss) from sale	s of inventory		4,658.	4,658.		
- }		Miscellaneous Revenu	е	Business Code				
	11 a	OTHER REVENUE		900099	1,062.	1,062.		<u> </u>
	b							
	С							
		All other revenue		L				
1	е	Total. Add lines 11a-11d		▶	1,062.			
43200	12	Total revenue See instructions		<u> </u>	807,651.	108,957.	0	. 1,369.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons of include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	40,829.	40,829.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	500.	500.		
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,	70 000	26 000	П 000	00 000
	trustees, and key employees	72,000.	36,000.	7,200.	28,800.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	252 720	225 014	12 404	2 422
7	Other salaries and wages	352,730.	335,814.	13,484.	3,432.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	25 415	21 426	1 (00	2 200
9	Other employee benefits	25,415.	21,426.	1,680.	2,309. 1,864.
10	Payroll taxes	34,290.	30,463.	1,963.	1,864.
11	Fees for services (non-employees)				
a	Management				
b	Legal	17 020	•	17,028.	
С.	Accounting	17,028.		17,020.	
d	Lobbying	1,538.			1,538.
e	Professional fundraising services See Part IV, line 17	1,550.			1,330.
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	··			
13	Office expenses	15,019.	10,527.	1,047.	3,445.
14	Information technology	8,591.	3,634.	3,774.	1,183.
15	Royalties	0,332.	370323	0,7,7,2.	
16	Occupancy	29,205.	23,367.	2,282.	3,556.
17	Travel	19,532.	19,107.	179.	246.
18	Payments of travel or entertainment expenses	27,3321			
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,075.	33,954.	47.	74.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,958.	10,367.	1,013.	1,578.
23	Insurance	6,610.	5,288.	517.	805.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)		-		
а	PERSONNEL TRAINING/RECR	3,408.	2,913.	269.	226.
b	MEMBERSHIP DUES	764.	669.	71.	24.
c					
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	674,492.	574,858.	50,554.	49,080.
<u> 26</u>	Joint costs Complete this line only if the organization	,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			İ	

YOUTH VOLUNTEER CORPS 43-1597582_ Page 11 Form 990 (2014) 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 53,669. 205,486. 1 Cash - non-interest-bearing 1 513,522. 474,122. 2 2 Savings and temporary cash investments 32,306. 68,838. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5,600. 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 Notes and loans receivable, net 7 7 Inventories for sale or use 8 q Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 69,736. basis Complete Part VI of Schedule D 10a 29,809 37,977. 39,927. b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 9,568. 8,704. 15 Other assets See Part IV, line 11 15 647,042. 802,677. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 26,499. 19,975. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, 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 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third

parties, and other liabilities not included on lines 17-24) Complete Part X of

Organizations that follow SFAS 117 (ASC 958), check here ▶ X and

Organizations that do not follow SFAS 117 (ASC 958), check here

753,702.

802,677.

Form 990 (2014)

29,000.

48,975.

670,647.

83,055.

25

26

27

28

29

30

31

32

33

34

26,499

593,539.

620,543.

647,042.

27,004.

Net Assets or Fund Balances

Schedule D

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25

complete lines 27 through 29, and lines 33 and 34.

26

27

28

29

31

33

Form	990 (2014) YOUTH VOLUNTEER CORPS	43-159	7582	Pac	e 12				
Pai	t 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	807	, 6	51.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	674	, 4	92.				
3	Revenue less expenses Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	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	753	, 7	02.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	· 							
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		l					
	separate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis			}					
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,							
	consolidated basis, or both X 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	ie audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O							
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 Audıt							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	l					
			Form 9	990 (2014)				

432012 11-07-14

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

2014

Open to Public Inspection

Name of the organization Employer identification number 43-1597582 YOUTH VOLUNTEER CORPS Part I 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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, city, and state 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). X 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) 10 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (III) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing document? (described on lines 1-9 organization support (see other support (see above or IRC section Instructions) Instructions) Yes Nο (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Total

Schedule A (Form 990 or 990 EZ) 2014 YOUTH VOLUNTEER CORPS 43-1597582 Page 2 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	tion 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									
	include any "unusual grants ")	822,157.	722,105.	329,718.	686,530.	697,325.	3,257,835.			
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	022 157	722 105	329,718.	686,530.	697,325.	2 055 025			
	Total. Add lines 1 through 3	822,157.	722,105.	349,110.	000,330.	091,323.	3,257,835.			
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)						467,524.			
6	Public support. Subtract line 5 from line 4					-	2.790.311.			
	ction B. Total Support	1			·	<u> </u>	2,750,522.			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Amounts from line 4	822,157.	722,105.	329,718.	686,530.	697,325.	3,257,835.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	6,251.	5,055.	2,476.	1,737.	1,369.	16,888.			
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	15 400	4 140	7.0	2 200	1 060	22 001			
	assets (Explain in Part VI)	15,400.	4,149.	70.	2,300.	1,062.	22,981.			
	Total support. Add lines 7 through 10	L.,	L.,			1.0	3,297,704.			
	Gross receipts from related activities.					12 - 501(a)(3)	227,697.			
13	First five years. If the Form 990 is fo	•	s first, second, thir	a, tourth, or litth to	ax year as a sectio	n 50 ((c)(3)	_			
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2014 (column (fl)		14	84.61 %			
	Public support percentage from 2013		•	(.,,		15	86.65 %			
	33 1/3% support test - 2014. If the			n line 13, and line	14 is 33 1/3% or n					
	stop here. The organization qualifies						$\triangleright x$			
b	33 1/3% support test - 2013. If the				l line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qua						▶□			
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the "fac	cts-and-circumstan	ices" test, check t	his box and stop I	nere. Explain in Pa	rt VI how the orgar	nization			
	meets the "facts and circumstances"	test The organiza	ation qualifies as a	publicly supported	d organization		ightharpoons			
k	10% -facts-and-circumstances tes	st - 2013. If the org	janization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	e			
	organization meets the "facts-and circumstances" test. The organization qualifies as a publicly supported organization.									
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17						
	Schedule A (Form 990 or 990-EZ) 2014									

Schedule A'(Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar 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 ")						
2 Gross receipts from admissions,						
merchandise sold or services per-			}			
formed, 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-						
iness under section 513						
4 Tax revenues levied for the organ-		1				
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities	***************************************		† · · · · · · · · · · · · · · · · · · ·	-		
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			<u> </u>			
3 received from disqualified persons				-		
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		· 	<u> </u>	ı		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	(a) 2010	(6) 2011	(0) 2012	(4) 2010	(6) 2014	(i) rotai
10a Gross income from interest.	<u></u>		· · · · · · · · · · · · · · · · · · ·			
dividends, payments received on	I	1				
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					 	
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						
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11 and 12)	<u> </u>				<u></u>	L
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2014 (• • •	•	column (f))		15	9
16 Public support percentage from 2013					16	9
Section D. Computation of Inves						
17 Investment income percentage for 20)14 (line 10c, colu	mn (f) divided by li	ine 13, column (f))		17	
18 Investment income percentage from	2013 Schedule A	, Part III, line 17			18	
19a 33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and lin	ie 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	nd stop here. Th	e organization qua	ilifies as a publicly	supported organi	zation	▶∟
b 33 1/3% support tests - 2013. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The org	anization qualifies	as a publicly sup	ported organization	▶
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	nstructions	▶ □
400000 00 47 44				S.	hadula A /Form 90	0 or 000 E71 00

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)

Sec	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V) tion A. All Supporting Organizations			
<u> </u>	tion A. All Supporting Organizations		V	
4	Are all of the graphization's supported graphizations listed by name in the graphization's soverning	F	Yes	No
1	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			
2	Did the organization have any supported organization that does not have an IRS determination of status	1	-	
2	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)	2		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	00		
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	- 55		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		İ
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	4b		
С	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	4c		ĺ
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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		ļ	ŀ
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		l	
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			ĺ
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		1	
	Part VI.	6	ļ .	-
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)	7	<u> </u>	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0-	If "Yes," complete Part I of Schedule L (Form 990).	8	<u> </u>	├─
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.	0-		
L		9a	 -	-
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.	مل ا		
С		9b	 	
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
102	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	90	 	
,50	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			

10a

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

organizations)? If "Yes," answer (b) below

determine whether the organization had excess business holdings)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

3

4 Enter greater of line 2 or line 3

instructions)

5 Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

3

<u>4</u> 5

Га	Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Sect</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		·	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
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	e	
	(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			
		(1)	(ii)	(ıii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			Tanodite for 2014
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b		· · · · · · · · · · · · · · · · · · ·		
d				
	From 2013		-	
	Total of lines 3a through e			the state of the s
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			<u>,</u>
	Carryover from 2009 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D.			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
-	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3			
	and 4c			
8	Breakdown of line 7			· · · · · · · · · · · · · · · · · · ·
a				
			· · · · · · · · · · · · · · · · · · ·	
	Excess from 2013			
	Excess from 2014			
		'	<u>. </u>	

Schedule A (Form 990 or 990-EZ) 2014

VI Supplemer	ital Information.	Provide the explanation	ns required by Part	II line 10, Part II, line 17	7a or 17b, and Part III, line 12
Also complete	this part for any addit	ional information (See	instructions)	<u> </u>	
					
· · · ·					
			-		
			-		
<u>-</u>					
		· · · · · · · · · · · · · · · · · · ·			
				* -	
		-			
					
	·				
				·	
					
					

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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 irs.gov/form990.

Inspection

Name of the organization

Employer identification number

	YOUTH VOLUNTEER CORPS	43-1597582
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nde
3	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
6	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	•
Par	mpermissible private benefit? † II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	Yes No
		, lifte /
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	•
	Protection of natural habitat Preservation of a certified h	istoric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution of the organization held a qualified conservation contribution in the form of a contribution of the organization held a qualified conservation contribution in the form of a contribution of the organization held a qualified conservation contribution in the form of a contribution of the organization held a qualified conservation contribution in the form of a contribution of the organization held a qualified conservation contribution in the form of a contribution of the organization held a qualified conservation contribution in the form of a contribution of the organization held a qualified conservation contribution in the form of a contribution of the organization held a qualified conservation contribution in the form of a contribution of the organization	onservation easement on the last
	day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
_	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	
•	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization accompany	ganization's accounting for
Pai	conservation easements t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
_ <u> </u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	Ommar Associs.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and halance sheet works of art
10	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items	public service, provide, in rare XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I	halance sheet works of art, historical
J	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
		sivice, provide the following amounts
	relating to these items (i) Revenue included in Form 990, Part VIII, line 1	▶ \$
		► \$ ► \$
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	, provide
а	Revenue included in Form 990, Part VIII, line 1	S \$
	Assets included in Form 990, Part X	► \$ ► \$
b	Assets included in FOIII 550, FAIL A	Ψ

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Schedule D (Form 990) 2014

		<u>OLUNTEER C</u>						<u>97582</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, or Otl	her Sim	ilar Asse	ts (continu	ied)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that are a	significan	t use of its	collection	items
	(check all that apply)								
а	Public exhibition	c	, 🔲 L	oan or exc	hange programs				
b	Scholarly research	e	· 🗀 c	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	illections and explai	n how the	ey further tl	he organization's ex	xempt pur	pose in Par	t XIII	
5	During the year, did the organization solicit or	receive donations	of art, his	torical trea	sures, or other sımı	lar assets			
	to be sold to raise funds rather than to be ma	intained as part of	the organ	ization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes" t	to Form 99	0, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21			_				
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	is or other assets n	ot include	d	_	
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing ta	able					
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial account lia	bility?	<u></u>	」 Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete if	the organization ar	swered "	'Yes" to Fo	rm 990, Part IV, line	10			
		(a) Current year	(b) Pr	or year	(c) Two years back	(d) Three	e years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities				}				
	and programs		ļ						
f	Administrative expenses								
g	End of year balance		L		. <u> </u>				
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g	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	•							
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	ind administered fo	r the organ	nization	_	
	by							\	<u>res No</u>
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(iı)	
b	If "Yes" to 3a(ii), are the related organizations	•						3b	
4	Describe in Part XIII the intended uses of the		owment f	unds					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered						 		
	Description of property	(a) Cost or o		٠,	' '	Accumula	I	(d) Book	value
		basis (invest	ment)	Dasis	(other)	depreciation)11		
	Land								
b	Buildings								
С	Leasehold improvements				736		000	2.0	007
	Equipment		-	6	9,736.	<u> </u>	809.	39	<u>,927.</u>
	Other Add lines 1a through 1e (Column (d) must e	aval Form 000, Car	<u> </u>	n (D) tos	100)			2.0	927
CTO	i eco mues la nuclion le d'Ollmo loi milst é	coarroun 990 Pan		ocidi une i			_	7 9	71.1.

Schedule D (Form 990) 2014

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

Schedule D (Form 990) 2014

SCHEDULE (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2014

Open to Public Inspection

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

▶ Attach to Form 990.

Employer identification number 43-1597582

% X Yes 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States YOUTH VOLUNTEER CORPS General Information on Grants and Assistance criteria used to award the grants or assistance? Part I

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 2 Des Part II

	(h) Purpose of grant or assistance
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	(g) Description of non-cash assistance
	(f) Method of valuation (book, FMV, appraisal, other)
	(e) Amount of non-cash assistance
	(d) Amount of cash grant
	(c) IRC section if applicable
	(b) EIN
	1 (a) Name and address of organization or government

(h) Purpose of grant or assistance	SUPPORT THE YOUTH VOLUNTEER CORPS PROGRAM		
(g) Description of non-cash assistance			
(f) Method of valuation (book, FMV, appraisal, other)			
(e) Amount of non-cash assistance	*0		
onal space is need (d) Amount of cash grant	39,750.		
(c) IRC section if applicable	501(C)(3)		
(b) EIN	44-0546002		
1 (a) Name and address of organization or government or go	YMCA OF GREATER KANSAS CITY 3100 BROADWAY STREET, SUITE 1020 KANSAS CITY, MO 64111		

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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)

Page 2 Schedule I (Form 990) (2014) (f) Description of non cash assistance 43-1597582 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (Form 990) (2014) YOUTH VOLUNTEER CORPS

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant 31 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2014) 432102 10-15-14 Part III

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 43-1597582

YOUTH VOLUNTEER CORPS	43-1597582
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
LIFETIME COMMITMENT TO SERVICE.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE FORM 990 IS PROVIDED TO THE TREASURER AND PRESIDENT	FOR THEIR APPROVAL
AND AGREEMENT PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS ACTED ON AND REVIEWE	D BY THE BOARD OF
DIRECTORS. IT IS ALSO EXPECTED THAT EACH OFFICER, DIREC	TOR, AND KEY
EMPLOYEE READ AND SIGN. ANY PERSON WITH A CONFLICT OF	INTEREST MUST RECUSE
THEMSELVES FROM DISCUSSION AND DECISION MAKING RELATIVE	TO THE CONFLICT OF
INTEREST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINA	NCIAL STATEMENTS
AVAILABLE TO BE MAILED UPON REQUEST OR TO BE SEEN IN PE	RSON DURING REGULAR
BUSINESS HOURS.	