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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public Inspection

A F	or the 2	014 calendar year, or tax year beginning 07/01, 2014, and endir			06/30,2	
_		C Name of organization] 1	D Employer iden	tification num	ber
Bc	heck if applica	YOUTH & OPPORTUNITY UNITED, INC.		36-2734	966	
	Address change	Doing business as				
X	Name char	Number and street (or P O box if mail is not delivered to street address) Room/suite	i	E Telephone nun	nber	
-	Initial retur	1007 CURDMAN AUGINE		(847) 866	5 - 1200	
	Final return			(000)		
ļ	terminated Amended		- 1,	G Gross receipts	e e 5	,835,004.
-	return	EVANSTON, IL 60202		H(a) Is this a grou		Yes X No
L	pending	F Name and address of principal officer SETH GREEN		subordinates?	, 	₹
		1027 SHERMAN AVE. EVANSTON, IL 60202		H(b) Are all subordii	·	Yes No
	Tax-exemp		27	If "No " attact	n a list (see instru	ictions)
<u>J</u>	Website	▶ WWW.YOUTHOPPORTUNITY.ORG		(c) Group exemp		
K	Form of or	ganization X Corporation Trust Association Other ▶ L Year o	of formation	n 1971 M :	State of legal d	omicile IL
. Pa		Summary				
	1 Bri	efly describe the organization's mission or most significant activities YOUTH & OPPOR	RTUNIT	Y UNITED,	INC IS	Α
e,	YC	OUTH DEVELOPMENT AGENCY THAT PROVIDES SERVICES AND LEADE	ERSHIF	TO MEET		
au	TH	E EMERGING NEEDS OF YOUNG PEOPLE AND THEIR FAMILIES IN	OUR C	OMMUNITY		
e.u	2 Ch	eck this box I if the organization discontinued its operations or disposed of more the	 nan 25% d	of its net assets		
Governance		mber of voting members of the governing body (Part VI, line 1a)		1	3	25.
		mber of independent voting members of the governing body (Part VI, line 1b)			4	25.
es		al number of individuals employed in calendar year 2014 (Part V, line 2a)			5	102,
₹					6	135.
Activities &	6 To	al number of volunteers (estimate if necessary)			7a	0
	1	al unrelated business revenue from Part VIII, column (C), line 12				
	D Ne	unrelated business taxable income from Form 990-T, line 34		Prior Year	7b Cui	rrent Year
	_		-			
ē		ntributions and grants (Part VIII, line 1h)		3,421,048		,617,056.
eu.		gram service revenue (Part VIII, line 2g)		934,26		92,147.
Revenue	ı	estment income (Part VIII, column (A), lines 3, 4, and 7d)		1,32		603.
_	11 Oti	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	1,58		686.
	12 To	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,358,21		,710,492.
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)		247,03		265,743.
	14 Be	nefits paid to or for members (Part IX, column (A), line 4)			0	0
S	15 Sa	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,024,93	2. 2	,528,673.
SU.	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)		63,00	0.	63,300.
Expenses		al fundraising expenses (Part IX, column (D), line 25) 325 46 250-581				
Ш	17 Ot	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		831,77	1 1	,096,205.
	1		#1	3,166,73	6 3	,953,921.
	i	venue less expenses. Subtract line 18 from line 12	:-{T	1,191,48		,756,571.
es or			Beginn	ing of Current Y	ear En	d of Year
Assets or d Balances	20 To	al assets (Part X, line 16)	ונ	2,954,67		,042,064.
Ass		al liabilities (Part X, line 26)	7	500,45	4.	684,389
ěě		t assets or fund balances Subtract line 21 from line 20)	2,454,22	0. 4	,357,675.
Đ.	rt II	Signature Block	'}			
			ments, an	d to the best of	my knowledge	e and belief, it is
true	e, correct,	es of perjury, I declare that I have examined this return, including accompanying schecologistand state and complete. Declaration of preparer (other than officer) is based on all information of which preparer by	as any kno	owledge		
	١.	Mul d. Hell		2/	15/1	6
Sig	n H	Signature of officer		Date	, , , ,	
He		MANK 1 Ibll - Treasurer				
		MITTER 2. 1000				
		Type or print name and title	. /		, PTIN	
Paid		int/Type preparer's name Preparer's stonature Date	1//.	Check	u j	
	parer CI	HERYL L CARTER , CPA	<u>' </u>	self-employe		522225
		m's name ►COHNREZNICK LLP		, 11,110 E.111 F	2-147809	
	Fı	m's address ▶200 SOUTH WACKER DRIVE, SUITE 260 CHICAGO, IL 60606		Phone no 3	12-508-5	
May	the IRS	discuss this return with the preparer shown above? (see instructions)	<u></u>			res No
Eor	Panerwo	rk Reduction Act Notice, see the separate instructions		-	Fo	m 990 (2014)

JSA 4E1010 1 000 643

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	YOUTH & OPPORTUNITY UNITED, INC. 36-2734966
	990 (2014) Page rt III Statement of Program Service Accomplishments
(C	Check if Schedule O contains a response or note to any line in this Part III
1 B	Briefly describe the organization's mission
	ATTACHMENT 1
_	
	Did the organization undertake any significant program services during the year which were not listed on the
	orior Form 990 or 990-EZ? Yes X I
	f "Yes," describe these new services on Schedule O
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
S If	services?
4 C	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and revenue, if any, for each program service reported.
4- (Onder \(\(\sum_{\text{Poyonus}} \end{arrange} \) \(\(\sum_{\text{Poyonus}} \end{arrange} \)
	Code (Expenses 3,164,955 Including grants of 265,742 (Revenue 92,147) COU. PROVIDES A HOLISTIC SET OF SERVICES - INCLUDING AFTER
	SCHOOL ENRICHMENT, SUMMER LEARNING, COMMUNITY SCHOOLS, CLINICAL
	COUNSELING, AND STREET OUTREACH - TO REALIZE THE FULL POTENTIAL OF
_	EVERY YOUNG PERSON. WE PARTNER WITH FAMILIES AND SCHOOLS TO
Ē	PROVIDE ACADEMIC, SOCIAL AND EMOTIONAL SUPPORT WHERE IT IS MOST
N	NEEDED, ENSURING THAT EVERY CHILD HAS THE OPPORTUNITY TO SUCCEED.
_	
_	
4b (Code) (Expenses \$
_	
-	
-	
-	
-	
-	
_	
-	
_	
4c ((Code) (Expenses \$) (Revenue \$)
_	
-	
_	
-	
-	
-	
_	
-	
-	
-	
_	
4d (Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4-3	Total program service expenses ▶ 3,164,955.

Form 9	90 (2014)		F	age 3
Part	Checklist of Required Schedules			
,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
_	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 -		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		х
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	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	ŀ		
	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,"		١,,	
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	425		х
42	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174	-	
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		<u> </u>	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,,
	If "Yes," complete Schedule G, Part III		 	X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H		 	Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	1000

Part	Checklist of Required Schedules (continued)			
, - 1	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.,	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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	1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990	(2014)

	Check if Schedule O contains a response or note to any line in this Part V		Yes	, N
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		
2 -	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		-
Za				
	tractional for the balance your enemy with or within the your obvious y this rotation .	26	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		H
_	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		L
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		L
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4a		L
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)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		L
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			Γ
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			l
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	, 5		H
U		7c		ĺ
	required to file Form 8282?	76		H
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		H
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		H
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ļ
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		H
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
0	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 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			Ī
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
a	Note. See the instructions for additional information the organization must report on Schedule O	. 54		۲
L	Enter the amount of reserves the organization is required to maintain by the states in which			
D				
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4		ŀ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		H
<u>_b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L
SA			990	"

Form 9	90 (2014) YOUTH & OPPORTUNITY UNITED, INC.	36-2734	966	F	age 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough 7b below	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				tions
	Check if Schedule O contains a response or note to any line in this Part VI			· · ·	X
Sect	ion A. Governing Body and Management				
	!	. 05		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 25			
	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	46 25			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela				x
	any other officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or un				x
	supervision of officers, directors, or trustees, or key employees to a management company or othe		3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6_		
7a	Did the organization have members, stockholders, or other persons who had the power to ele		_		x
	one or more members of the governing body?		7a_		
b	Are any governance decisions of the organization reserved to (or subject to approval to	-	76		х
	stockholders, or persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following			х	
а	The governing body?		8a	X	
_	Each committee with authority to act on behalf of the governing body?		8b	- 1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	be reached at	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte				
0000	On B. 1 Onoics (This occiton B requeste information about policies not required by the inte	oniar revenue	0000	Yes	No
100	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of s				
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before file	•	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ing the ionit.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests the				
•	rise to conflicts?	nat oodia give	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	alicy? If "Yes"			
·	describe 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				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	х	
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	r arrangement			
	with a taxable entity during the year?		16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization t				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
<u>Sect</u>	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶_±L′				
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)
	available for public inspection. Indicate how you made these available. Check all that apply		·	•	-
	Own website Another's website X Upon request Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's b		s 🕨		
JSA	MELISSA HOHIMER 1027 SHERMAN AVE EVANSTON, IL 60202 847-8	66-1200	Form	990	(2014)
				~ ~ ~	、ニン・マノ

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

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

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

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

Check this box if neither the organization nor	any related	orga	nıza			mpen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations below dotted 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)	from the organization and related organizations
(1)AL BUTKUS	1.00		:							
BOARD OF DIRECTORS - MEMBER	†	Х						0	0	(
(2)ANN COVODE	1.00									
BOARD OF DIRECTORS - MEMBER	T	Х						0	0	(
(3)CINDY WILSON	1.00									
BOARD OF DIRECTORS - MEMBER	T	х						0	0	(
(4)DAVID CUTTER	1.00									
VICE PRESIDENT FOR GOVERNANCE		Х		Х				0	0	(
(5)DAVID MARZAHL	1.00									
BOARD OF DIRECTORS - MEMBER		Х				<u> </u>		0	0	(
(6)EAMON KELLY	1 00									
BOARD OF DIRECTORS - MEMBER		X						0	0	(
(7)HEIDE CYGAN	1.00									
BOARD OF DIRECTORS - MEMBER		Х						0	0	(
(8)JOHN KOSKI	1.00						İ			
BOARD OF DIRECTORS - MEMBER		X						0	0	(
(9)LESLIE LEHNER	1.00			ŀ						
BOARD OF DIRECTORS - MEMBER		Х					L	0	0	(
(10)LINDA BLAKLEY	1.00									
BOARD OF DIRECTORS - MEMBER	ļ	X					L	0	0	(
(11)MARGIE MORRISON ZIVIN	1.00									
BOARD OF DIRECTORS - MEMBER		Х					<u> </u>	0	0	(
(12)MARK HALL	1.00									
TREASURER		Х	<u> </u>	Х			l	0	0	(
(13)MICHAEL TURNER	1.00									:
BOARD OF DIRECTORS - MEMBER		Х						0	0	(
(14)MICHAEL WESTON	1.00									
BOARD OF DIRECTORS - MEMBER		Х					1	0	0	(

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(A) Name and title	(B) Average hours per week (list any hours for	(do r box,	not cl unles	Pos heck ss pe	tion more rson irect	than o	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Es an com	(F) Estimated amount of other compensation from the	
	related organizations below dotted hine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	anizatio d related	d
) NICKI PEARSON	1.00											
VICE PRESIDENT FOR DEVELOPMENT) PAUL LEHMAN	1.00	X		Х				0	0			_
BOARD OF DIRECTORS - MEMBER		X						0	0			
) PETER LEWIS	1.00			-								
BOARD OF DIRECTORS - MEMBER		х						0	0			
) PHIL CRIHFIELD	1.00											
BOARD OF DIRECTORS - MEMBER		Х						0	0			
) RACHEL HAYMAN	1.00	.,										
BOARD OF DIRECTORS - MEMBER	1.00	X				-	-	0	0			
) RICHARD HUBBARD SECRETARY		x		Х				0	O			
) SANDRA BROWN	1.00						-					_
BOARD OF DIRECTORS - MEMBER	†	х						o	0			
) SHELLEY GATES	1.00											
BOARD OF DIRECTORS - MEMBER		Х						0	0			_
) STEVE HAGERTY	1.00											
BOARD OF DIRECTORS - MEMBER	1 20	X	ļ					0	0			
) SUE BRENNER VICE PRESIDENT FOR PROGRAM	1.00	x		x								
) THOMAS SCOTT	1.00	-		^			_					
PRESIDENT	ļ	x		х	1			0	o			
b Sub-total								0	0		-	
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	175,499.	0			_
d Total (add lines 1b and 1c)							<u> </u>	175,499.	0			
Total number of individuals (including but not reportable compensation from the organizatio			nste L	d a	DOVE	e) wno	o re	ceived more than	\$100,000 61			
		-									Yes	Π
Did the organization list any former office	cer, directo	or, or	tru	ıste	е, і	key e	emp	loyee, or highest	compensated			Γ
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ınd	ividi	ual						3		L
For any individual listed on line 1a, is the	sum of rep	oortab	e d	com	pen	satio	n ai	nd other compens	sation from the			ĺ
organization and related organizations gr								complete Schedu	le J for such	4		
Did any person listed on line 1a receive or								related organization	n or individual	-		Γ
										5		ĺ
for services rendered to the organization? If "Y	'es," comple											
for services rendered to the organization? If "Y section B. Independent Contractors												_
for services rendered to the organization? If "Y	npensated i	ndepe	ende									_
for services rendered to the organization? If "Y section B. Independent Contractors Complete this table for your five highest componentation from the organization Report of	npensated i	ndepe	ende									_
for services rendered to the organization? If "Y Section B. Independent Contractors Complete this table for your five highest componentiation from the organization Report of year (A) Name and business ad	npensated i compensati	ndepe	ende					ending with or with	nin the organizatio	n's tax		_
for services rendered to the organization? If "Y section B. Independent Contractors Complete this table for your five highest componentation from the organization Report (year (A)	npensated i compensati	ndepe	ende					ending with or with	nin the organizatio	n's tax (C)		_
for services rendered to the organization? If "Y Section B. Independent Contractors Complete this table for your five highest componentiation from the organization Report of year (A) Name and business ad	npensated i compensati	ndepe	ende					ending with or with	nin the organizatio	n's tax (C)		
for services rendered to the organization? If "Y Section B. Independent Contractors Complete this table for your five highest componentiation from the organization Report of year (A) Name and business ad	npensated i compensati	ndepe	ende					ending with or with	nin the organizatio	n's tax (C)		
for services rendered to the organization? If "Y Section B. Independent Contractors Complete this table for your five highest componentiation from the organization Report of year (A) Name and business ad	npensated i compensati	ndepe	ende					ending with or with	nin the organizatio	n's tax (C)		
for services rendered to the organization? If "Y Section B. Independent Contractors Complete this table for your five highest componentiation from the organization Report of year (A) Name and business ad	npensated i compensati dress	ndepe on for	ender the	ca	lend	dar ye	ar e	ending with or with (B) Description of se	rvices C	n's tax (C)		

2~~	_	Я
2aa	е	C

art VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	ploye	es,	and h	ligl	nest Compensat	ed Employees (co	ontinue	:d)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	Po ot chec unless p r and a	erson direc	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am com	(F) stimated nount of other pensatio	!
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization d related anization	i
ZACHARY WILLIAMS BOARD OF DIRECTORS - MEMBER	1.00	х					0	0			
KIMBERLY WILLIAMS CHIEF FINANCIAL OFFICER	25.00		х				64,716.	0			
MELISSA LEE HOHIMER CHIEF FINANCIAL OFFICER	28.00		Х				0	0			
SETH GREEN EXECUTIVE DIRECTOR	40.00		х				110,783.	0			
				_	-						
				\perp							
				ļ							
				-							
				ļ							
Sub-total	<u> </u>				<u> </u>						
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						>					_
Total number of individuals (including but not reportable compensation from the organization			isted	abov	e) who	o re	ceived more than	\$100,000 of		, ,	
Did the organization list any former office	cer, directo	or, or	trust	ee,	key e	emp	oloyee, or highes	t compensated		Yes	N
employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the	sum of rep	ortab	le co	npe	nsatio	n a	nd other compens	sation from the	3		<u> </u>
organization and related organizations gr									4		×
Did any person listed on line 1a receive or for services rendered to the organization? If "Y ection B. Independent Contractors									5		>
Complete this table for your five highest corr compensation from the organization. Report of year	npensated i compensati	ndepe on for	endent the c	cor	ntracto dar ye	rs t	hat received more ending with or with	than \$100,000 on the organization	f n's tax		
(A) Name and business ad	dress						(B) Description of se	ervices C	(C) ompens		
						+					
						-					
Total number of independent contractors (i	ncludina h	ut no	limit	ed t	o thos	ا م	isted above) who	received			

Form 990 (2014)

YOUTH & OPPORTUNITY UNITED, INC.

Part VIII

Statement of Revenue

	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ants	1a	Federated campaigns 1a	480,000				
Contributions, Gifts, Grants and Other Similar Amounts	b C	Membership dues	246,537				
ons, Gi Sımila	d e	Related organizations 1d Government grants (contributions). 1e	2,095,424				
ributic Other	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	2,795,095				
ont Ind (g	Noncash contributions included in lines 1a-1f \$	717,477				
	<u>h</u>	Total Add lines 1a-1f		5,617,056			
nue			usiness Code				
Sev.	2a		611600	70,262	70,262		
ce F	b	AMERICA READS PROGRAM	611600	21,885	21,885		
e Z	С						
Š	d					 -	
grar	e	All all					
Program Service Revenue	r ∣g	All other program service revenue L. Total Add lines 2a-2f	b	92,147			
	3	Investment income (including dividends					
		and other similar amounts)		248			248
	4	Income from investment of tax-exempt bond pr		0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross rents					}
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶	0			
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory 86,078					
	b	Less cost or other basis					
		and sales expenses 85,723					
	С	Gain or (loss)					
	d	Net gain or (loss)	🕨	355		····.	355
enne	8a	Gross income from fundraising					
/eu		events (not including \$246,537	i	-			
Re		of contributions reported on line 1c)	38,789				ļ
-		See Part IV, line 18 a Less direct expenses b	38,789				
Other Revo	C	Net income or (loss) from fundraising events					
U		Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activities.	▶	О			
	10a						
	b c	Less cost of goods sold b		0			
			Business Code				
	11a	MISCELLANEOUS REVENUE		686	686		
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		686		· · · · · · · · · · · · · · · · · · ·	
	12	Total revenue See instructions	<u></u>	5,710,492	92,833		603

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 response or note to any line in this Part IX

Check if Schedule O contains a response	onse or note to any line	e in this Part IX	<u> </u>	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments See Part IV, line 21	255,873.	255,873.		
2 Grants and other assistance to domestic				
ındıvıduals See Part IV, line 22	9,870.	9,870.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16	0			· · · · · · · · · · · · · · · · · · ·
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,				
trustees, and key employees	197,894.	135,410.	42,415.	20,069
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	2,066,052.	1,715,289.	180,000.	170,763.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	95,639.	80,152.	8,635.	6,852.
10 Payroll taxes	169,088.	140,576.	13,988.	14,524.
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	21,900.		21,900.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	63,300.			63,300.
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)	101,571.	84,087.	13,841.	3,643.
12 Advertising and promotion	0			
13 Office expenses	80,401.	17,568.	42,484.	20,349.
14 Information technology	34,461.	785.	31,988.	1,688.
15 Royalties	0			
16 Occupancy	103,873.	65,200	34,266.	4,407.
17 Travel	22,529.	17,197.	5,032.	300
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	72,257.	53,667.	16,177.	2,413
20 Interest	0			
21 Payments to affiliates	16,174.	10,065	6,069	40
22 Depreciation, depletion, and amortization	24,513.		24,513.	
23 Insurance	65,506.	46,854.	12,727.	5,925.
24 Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O)				
aSCHOOL TRANSPORTATION	41,857.	41,857.		
bDIRECT_SERVICES_PROVIDERS	195,213.	194,369.	744.	100
cPROGRAM_SUPPLIES	231,200.	228,737.	2,042.	421
dALL OTHER EXPENSES	84,750	67,399.	6,680.	10,671
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	3,953,921.	3,164,955.	463,501.	325,465
26 Joint costs Complete this line only if the organization reported in column (B) joint costs				
from a combined educational campaign and				
fundraising solicitation Check here If				
following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2014

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orm 990 (2	Balance Sheet		· · · · · · · · · · · · · · · · · · ·		Page 1
×14.4	Check if Schedule O contains a response or note	e to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1,171,379.	1	1,663,268
2	Savings and temporary cash investments		498,588.	2	1,166,647
3	Pledges and grants receivable, net		416,589.	3	410,172
4	Accounts receivable, net		271,316.	4	348,724
5	Loans and other receivables from current and former	er officers, directors,			
	trustees, key employees, and highest compe	,			
	Complete Part II of Schedule L		C	5	
	Loans and other receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions) Complete Part II of Schedule L	contributing employers employees' beneficiary	C		
51 7	Notes and loans receivable, net		C	7	
!	Inventories for sale or use		C	8	
۲) ع 9	Prepaid expenses and deferred charges	ATCH 5	6,993	9	18,222
-	Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	1,323,169.			
h	Less accumulated depreciation		549,219.	10c	1,172,524
11	Investments - publicly traded securities			11	
12	Investments - other securities See Part IV, line 11		(-	
13	Investments - program-related See Part IV, line 11			 	
14	Intangible assets	T T		14	
15	Other assets See Part IV, line 11		40,590	15	262,50
16	Total assets. Add lines 1 through 15 (must equal line 3		2,954,674	16	5,042,064
17	Accounts payable and accrued expenses		197,873.		391,236
18		1			
19	Grants payable			19	· · · · · · · · · · · · · · · · · · ·
20	Deferred revenue			20	
	Tax-exempt bond liabilities	of Schodule D		21	
21				1	
22	Loans and other payables to current and former				
21 22	trustees, key employees, highest compensated		(22	
	disqualified persons Complete Part II of Schedule L		296,624.		287,196
23	Secured mortgages and notes payable to unrelated thi		,	24	201,15
24	Unsecured notes and loans payable to unrelated third			1 24	
25	Other liabilities (including federal income tax, payal				
	parties, and other liabilities not included on lines 17-2	l l	5 957	25	5 95
	of Schedule D		5,957.	25	684,389
26	Organizations that follow SFAS 117 (ASC 958), chec		300,434	20	004,50.
ဂ္ဂ	complete lines 27 through 29, and lines 33 and 34.	Kilere P and			
ဗ္ဗီ၂ ဌာ	Unrestricted net assets		598,478.	27	746,218
28	Temporarily restricted net assets		1,815,655.	28	3,511,370
2 29	Permanently restricted net assets		40,087.	29	100,08
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipme	nt fund		31	
32	Retained earnings, endowment, accumulated income,	or other funds		32	
33	Total net assets or fund balances		2,454,220.	33	4,357,679
34	Total liabilities and net assets/fund balances		2,954,674	34	5,042,064
	Total Indiana and the depotential delations () () ()				Form 990 (20

Form **990** (2014)

Form 9	90 (2014)				Pa	ge 12
Part	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		5,7	10,4	92.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,9	53,9	21.
3	Revenue less expenses Subtract line 2 from line 1	3		1,7	56,5	71
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,4	54,2	220
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6		1	46,8	384.
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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		4,3	57,6	75.
Part	XII Financial Statements and Reporting	-				
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	explair	ı ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	aht			
_	of the audit, review, or compilation of its financial statements and selection of an independent ac		- 1	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year,			·		
	Schedule O		ŀ			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	et forth	ın İ			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not uni					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b	Х	

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.

2014

Department of the Treasury Internal Revenue Service ➤ 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

Open to Public Inspection

OMB No 1545-0047

Nam	e of	the organization		· · · · · · · · · · · · · · · · · · ·			Employer ider	ntification number
YOU	TH	& OPPORTUNITY UNITE	D, INC.				36	-2734966
Par	tI	Reason for Public Cha	rity Status (All o	rganizations must o	complete	e this pa	art) See instructions	3
Thé	org	anization is not a private foui	ndation because it	is (For lines 1 throug	gh 11, ch	eck only	one box)	
1		A church, convention of chu	irches, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(ı).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E)				
3		A hospital or a cooperative	="	~				
4		A medical research organiz	•	conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A)(iii) Enter the
	_	hospital's name, city, and st						
5		An organization operated f section 170(b)(1)(A)(iv). (C		a college or universit	y owner	d or ope	erated by a governme	ental unit described in
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II)				
8		A community trust describe						
9		An organization that norma	ally receives (1) m	nore than 331/3% of	its supp	ort from	contributions, memb	ership fees, and gross
		receipts from activities rela		-				
		support from gross invest						tax) from businesses
		acquired by the organization				•	•	
10		An organization organized a	•	•	•		, ,, ,	
11	Ш	An organization organized a	· · · · · · · · · · · · · · · · · · ·	-				-
		one or more publicly suppo	-					
	_	the box in lines 11a through		• • • • • • • • • • • • • • • • • • • •				
а	L	Type I A supporting orga		·	-		- ·	• • • • • • •
		the supported organization			elect a m	ajority o	if the directors or trus	stees of the supporting
		organization You must co	•					(-) h., h.,
b	L	Type II A supporting org	•					
		control or management o			the sam	e persor	is that control or mar	nage the supported
_	Г	organization(s) You must	•		stad in a		n with and functions	the intograted with
С	_	Type III functionally integers its supported organization						my integrated with,
d	Г	Type III non-functionally		,				rted organization(s)
u	Ц.	that is not functionally inte	-					
		requirement (see instructi	-					a an attentiveness
е	Γ	Check this box if the orga	•	•				II Type III
	_	functionally integrated, or	1					
f	En	ter the number of supported	• •					
g		ovide the following information	-	orted organization(s)				
	(I) N	ame of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
				(see instructions))	4000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	instructions)	manuchoris)
					Yes	No		
(A)								
(B)								
					ļ			
(C)								
(D)								
(E)								
Tota			-		1			

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

Schedule A (Form 990 or 990-EZ) 2014

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)

Sect	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")	910,744	1,234,929	1,885,641	2,957,233	5,617,055	12,605,602
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total Add lines 1 through 3	910,744	1,234,929	1,885,641	2,957,233	5,617,055	12,605,602
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)						859,049
6	Public support. Subtract line 5 from line 4						11,746,553
	tion B. Total Support			4) 0040	/ 13 20 40	4.3.2044	(D. T-1-1
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4	910,744	1,234,929	1,885,641	2,957,233	5,617,055	12,605,602
9	Net income from unrelated business activities, whether or not the business is regularly carried on	104	00		730	240	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . ATCH.1	2,317	8,617	2,511	1,580	686	15,711
11	Total support. Add lines 7 through 10						12,622,332
12	Gross receipts from related activities, etc. (s	see instructions) .				12	3,782,307
13	First five years If the Form 990 is forganization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup					T. T	93.06%
14	Public support percentage for 2014 (li						99.99%
15	Public support percentage from 2013						
16a	331/3% support test - 2014. If the o						e, cneck ► X
b	this box and stop here. The organization 331/3% support test - 2013. If the co	organization did	not check a bo	ox on line 13 o	or 16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t	meets the "fa	cts-and-circumst	ances" test, ch	eck this box ai	nd stop here . E	xplain in
b	organization	2013. If the organization meets on meets the "	ganization did n s the "facts-and 'facts-and-circun	ot check a box I-circumstances nstances" test	on line 13, 16 " test, check t The organization	a, 16b, or 17a, his box and st o on qualifies as a	and line op here publicly
18	supported organization Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	. —
	instructions	· · · · · · · · · ·				Schedule A (Form 9	

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)

Calen	tion A. Public Support							
	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 ")						į	
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		ļ					
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513		<u> </u>					
4	Tax revenues levied for the							
	organization's benefit and either paid							ĺ
	to or expended on its behalf							
5	The value of services or facilities							
-	furnished by a governmental unit to the							
	organization without charge							
_								
	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3							
L	received from disqualified persons Amounts included on lines 2 and 3							
D	received from other than disqualified						;	
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
-	line 6)							
Seci	tion B. Total Support		·					
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e	2014	(f) Total
	, , , , , , , , , , , , , , , , , , , ,	(4) 20:0	(5) 2011	(0)2012	(4) 23 : 5	15	,	(1)
9	Amounts from line 6							
10 a	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							
_	Add lines 10a and 10b							
			<u> </u>					
11	Net income from unrelated business activities not included in line 10b.				•			
	whether or not the business is regularly							
	carried on					i		
	Carried Off		1					
12	Other income Do not include gain or							
12								
12	Other income Do not include gain or							
	Other income Do not include gain or loss from the sale of capital assets							
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	the organization	on's first, second	third, fourth, or	fifth tax year a	s a s	ection 501	(c)(3)
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	-						_
13 14	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	<u> </u>						_
13 14 Sec	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	port Percent	age	<u> </u>		· · ·		▶
13 14 Sec 15	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	pport Percent , column (f) divid	tage ded by line 13, colui	mn (f))		15		▶
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	pport Percent , column (f) dividedule A, Part III, li	tage ded by line 13, colur	mn (f))		· · ·		▶
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	pport Percent , column (f) dividedule A, Part III, li	tage ded by line 13, colur	mn (f))		15		▶ 9%
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	pport Percent , column (f) dividedule A, Part III, Int Income Pe	age ded by line 13, colui ine 15 rcentage	mn (f))		15		▶ 9%
13 14 Sec 15 16 Sec 17	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	pport Percent , column (f) divice dule A, Part III, In t Income Pe ne 10c, column	age ded by line 13, columne 15 rcentage (f) divided by line	mn (f))		15 16		% %
13 14 Sec 15 16 Sec 17	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	pport Percent , column (f) dividedule A, Part III, Int Income Pene 10c, column Schedule A, Par	age ded by line 13, columne 15 rcentage (f) divided by line 4 till, line 17	mn (f))		15 16 17 18		% % %
13 14 Sec 15 16 Sec 17	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	pport Percent , column (f) dividedule A, Part III, lint Income Pene 10c, column Schedule A, Parganization did r	iage ded by line 13, columne 15 rcentage (f) divided by line of till, line 17 not check the box	mn (f))	d line 15 is more	15 16 17 18 e than	331/3%,	%%%%%and line
13 14 Sec 15 16 Sec 17 18 19 a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	pport Percent column (f) dividedule A, Part III, Int Income Per ne 10c, column Schedule A, Part ganization did r is box and sto	ded by line 13, columne 15 rcentage (f) divided by line 11	mn (f)) 13, column (f)) c on line 14, an anization qualifie	d line 15 is more	15 16 17 18 e than	331/3 %, rted organ	% % % and line
13 14 Sec 15 16 Sec 17 18 19 a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	pport Percent, column (f) dividedule A, Part III, Int Income Percent 10c, column Schedule A, Parganization did results box and stoanization did not	ded by line 13, columne 15 rcentage (f) divided by line 11, line 17 not check the box op here. The org the check and the columns are the columns are the columns are the check and the columns are the check and the columns are the check and the columns are the check and the columns are the check and the columns are the check and the columns are the check and the columns are the check and the columns are the check and the check and the check and the check and the check are the check and the check and the check are the check and the check are the check and the check are the check and the check are the check are the check and the check are the c	mn (f)) 13, column (f)) c on line 14, an anization qualifie line 14 or line 1	d line 15 is mores as a publicly 9a, and line 16 is	15 16 17 18 e than suppo	331/3 %, rted organ than 331/	% % % % and line ization 3%, and
13 14 Sec 15 16 Sec 17 18 19 a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	pport Percent, column (f) dividedule A, Part III, Int Income Percentedule A, Part ganization did results box and stoamization did not this box and stoamization did not the column (f) divided the column (f) divide	ided by line 13, columne 15 rcentage (f) divided by line 15 till, line 17 the check the box op here. The org the check a box on stop here. The org	mn (f)) 13, column (f)) c on line 14, an anization qualifie line 14 or line 1 ganization qualif	d line 15 is mores as a publicly 9a, and line 16 is es as a publicly	15 16 17 18 e than suppo s more suppo	331/3 %, rted organ than 331/	% % % % and line ization 3%, and ization []
13 14 Sec 15 16 Sec 17 18 19 a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	pport Percent, column (f) dividedule A, Part III, Int Income Percentedule A, Part ganization did results box and stoamization did not this box and stoamization did not the column (f) divided the column (f) divide	ided by line 13, columne 15 rcentage (f) divided by line 15 till, line 17 the check the box op here. The org the check a box on stop here. The org	mn (f)) 13, column (f)) c on line 14, an anization qualifie line 14 or line 1 ganization qualif	d line 15 is mores as a publicly 9a, and line 16 is es as a publicly o, check this bo	15 16 17 18 e than suppo s more suppo ox and	331/3 %, rted organ than 331/rted organ is see instr	% % % % and line ization 3%, and ization

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.)

Secti	on A. All Supporting Organizations		1	
			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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	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	3a		
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	3b		
С	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	3с		
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	4a		
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		
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 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		
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.	6		
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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990)	8		
9 a	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 .	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 .	9b		
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.	9c		
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	10a	-	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	{	1	

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Schedule A (Form 990 or 990-EZ) 2014

10b

determine whether the organization had excess business holdings

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3a

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

trustees of each of the supported organizations? Provide details in Part VI.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
` other Type III non-functionally integrated supporting organizations must con	nplete Se	ections A through E	(D) C
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	· · · · · · · · · · · · · · · · · · ·	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	 	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-integra	ited Type III supporting	organization (see
instructions)		, , , , , , , , , , , , , , , , , , ,	•

Schedule A (Form 990 or 990-EZ) 2014

	le A (Form 990 or 990-EZ) 2014	Supporting Organizat	ione (continued)	Page 7				
Part		Supporting Organizat	ions (continuea)					
	on D - Distributions	 		Current Year				
	'Amounts paid to supported organizations to accomplish ex							
2								
	organizations, in excess of income from activity			<u> </u>				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations					
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							
	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(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							
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014							
а								
þ								
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 \$							
а	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
С	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 carry over to 2015 Add lines 3j							
	and 4c							
8	Breakdown of line 7							
а								
b								
С								
d	Excess from 2013							
е	Excess from 2014			· · · · · · · · · · · · · · · · · · ·				

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

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

SCHEDULE A, PART II -	ATTACHMENT 1					
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS INCOME	2,317	8,617	2,511	1,580	686	15,711
TOTALS		8,617	2,511.	1,580	686	15,711.

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990

▶ Information about Schedule D (Form 990) and its instructions is at www irs gov/form990. Name of the organization Employer identification number

YOU	TH & OPPORTUNITY UNITED, INC.	36-2734966
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
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	ın donor advised
_	funds are the organization's property, subject to the organization's exclusive legal control?.	I I I I
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	
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)	of a historically 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 qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year	Held at the End of the Tax Year
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 terminate	nated by the organization 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, inspec	tion, 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 eas	ements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	nts during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	
	and section 170(h)(4)(B)(II)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	ial statements that describes the
_	organization's accounting for conservation easements	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" to Form 990, Part IV, line 8	r Similar Assets.
		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide, in Part XIII, the text of the footnote to its financial statements that des	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des	scribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its r	
	works of art, historical treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of
	public service, provide the following amounts relating to these items	•
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
a	Revenue included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·

For Paperwork Reduction Act Notice, see the Instructions for Form 990 $_{\mbox{\scriptsize JSA}}$

Schedule D (Form 990) 2014

	The percentages in lines 2a, 2b, and 2c should equal 100%			
3 a	Are there endowment funds not in the possession of the organization that are held and administered for the			
	organization by		Yes	No
	(i) unrelated organizations	3a(i)		
		3а(н)		
b		3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,058,040.		1,058,040
b Buildings		165,968.	78,813.	87,155.
c Leasehold improvements				
d Equipment		83,564.	56,947.	26,617.
e Other		15,597.	14,885.	712.
Total. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Part	X, column (B), line 10)(c))	1,172,524.

Schedule D (Form 990) 2014

Part VII	 Investments - Other Securities. Complete if the organization answere 	d "Yes" to Form 990), Part IV, line 11b See Form 990,	Part X, line 12
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion
(1) Financia	al derivatives			
	-held equity interests	N. Carlotte and Ca		
		•		
(A)				
(B)				
(D)				
(E)				· · · · · · · · · · · · · · · · · · ·
(F)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.		·	
70 61	Complete if the organization answere	d "Yes" to Form 990), Part IV, line 11c See Form 990,	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion
(1)				
(2)		 		
(3)	1133			· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990 Part X, col (B) line 13)			
Part IX	Other Assets.	<u> </u>		
, ,,	Complete if the organization answere	d "Yes" to Form 990), Part IV, line 11d See Form 990,	Part X, line 15
	(a) D	escription		(b) Book value
(1) CONS	TRUCTION IN PROGRESS			260,577.
(2) UNDE	POSITED FUNDS			1,930.
(3)		· · · · · · · · · · · · · · · · · · ·		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Cold	umn (b) must equal Form 990, Part X, col (B)	lıne 15)		262,507
Part X	Other Liabilities.			
1	Complete if the organization answere line 25	ed "Yes" to Form 990), Part IV, line 11e or 11f See Forr	n 990, Part X,
1	(a) Description of liability	(b) Book val	ue	
(1) Feder	ral income taxes			
(2) LAN	RESERVE	5,	957.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 25) ▶ 5,	957.	
2 Liability for	or uncertain tax positions. In Part XIII, provide th	e text of the footnote to	the organization's financial statements th	at 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

X

Schedule D (Form 990) 2014

JSA 4E1271 1 000

Part XIII Supplemental Information (continued)

FUNDRAISING EVENTS SPECIAL EVENTS REVENUE \$38,789 SPECIAL EVENTS EXPENSES (\$38,789)

NET INCOME (LOSS)

(0)

FORM 990, SCHEDULE D, PART X, LINE 2

Y.O.U. IS A NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION Y O U. QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE Y.O.U. HAD NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUN 30, 2015 AND 2014.

SCHEDULE G

(Form 990 or 990-EZ)

(Form 990 or 990-E2)
Department of the Treasury

Internati Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

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

20**14**

Open to Public Inspection

	or the organization					Employer Identification	
TUOY	H & OPPORTUNITY UNITED,				- 4	36-2734966	
Part	Fundraising Activities. Co				"Yes" to Form 9	90, Part IV, line	17
1	Indicate whether the organization ra	aised funds through	any of the	following	activities Check a	all that apply	-
а	X Mail solicitations	е			non-government g		
b	X Internet and email solicitations	f	X Solic	itation of	government grant	S	
С	X Phone solicitations	g	X Spec	ial fundra	ising events		
d	X In-person solicitations						
	Did the organization have a written or key employees listed in Form 99 If "Yes," list the ten highest paid in compensated at least \$5,000 by the	90, Part VII) or entity idividuals or entities	in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(il) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	,,		
1		SEE					
ALEX	ANDER ROSS GROUP	PART IV		x		63,300.	
2							
3							
			-				
4							
5			 		· · · · · · · · · · · · · · · · · · ·		
9							
6							
7							
8							
9			1				
10							
Total						63,300.	
3	List all states in which the organize registration or licensing	zation is registered o	or licensed	I to solicit	contributions or	has been notified	ıt ıs exempt from
			· · · · · · · · · · · · · · · · · · ·				
		7.77			·		
		 					
-							

Sch	edul	e G (Form 990 or 990-EZ) 2014				Page 2
Pa	rti.	 Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,0 	nt contributions and gros			
			(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
41			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	284,556.			284,556
œ	2	Less Contributions	245,767.			245,767
		Gross income (line 1 minus				
_	-	line 2)	38,789.			38,789
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	38,789.		: 	38,789
	10	Direct expense summary Add lines 4 Net income summary Subtract line 1	4 through 9 in column (d)			38,789
Pa	rt	III Gaming. Complete if the org	anızatıon answered "Y			orted more
une		than \$15,000 on Form 990-E	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue				
S		Cash prizes				
Expenses		Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses			,	
	6	Volunteer labor	Yes%	Yes% No	Yes %	
	7	Direct expense summary Add lines 2	2 through 5 in column (d)	·		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<u></u>	
	a Is	inter the state(s) in which the organization licensed to conduct (state). "No," explain		of these states?		. Yes No
	_					
		Vere any of the organization's gaming "Yes," explain	licenses revoked, suspe		ng the tax year?	. Yes No
						

JSA

Schedule G (Form 990 or 990-EZ) 2014

Sched	ule G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	• formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in
а	The organization's facility
	An outside facility
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	1660103
	Name ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party
•	······································
	Name ▶
	Address ►
16	Gaming manager information
. •	
	Name >
	Name ▶
	Gaming manager compensation ▶ \$
	Canning manager componentially a
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
а	
_	
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
	(see instructions)
0011	
SCH	EDULE G, PART I, FUNDRAISING ACTIVITIES, LINE 2(B)(III)
חחח	PROGRAMAT PUNIDDATORNO PREG MEDE DATO DO DUE ALEVANDED DOGO CROMO EOD
PRO.	FESSIONAL FUNDRAISING FEES WERE PAID TO THE ALEXANDER ROSS GROUP FOR
COLU	NACE DELACED DO MUS DIANNING AND INDIGNORACION OF V O U. LG CAPTURE
COOL	NSEL RELATED TO THE PLANNING AND IMPLEMENTATION OF Y.O.U.'S CAPITAL
(17.84)	DA TON
CAM	PAIGN.
	Schedule G (Form 990 or 990-EZ) 2014

4E1503 2 000

SCHEDULE

(Form 990)

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

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

Open to Public

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 36-2734966 ž

	nd Assistance
INC.	rantsa
UNITED,	ation on G
OPPORTUNITY UNITED	General Information on Grants and Assistance
٧	
YOUTH	Dart

× Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FAMILY FOCUS, INC						*******	
310 SOUTH PEORIA STREET CHICAGO, IL 60607	36-2884042	501(C) (3)		039'82	N/A	N/A	YOUTH/FAMILY SVCS
(2) YWCA							
1215 CHURCH STREET EVANSTON, IL 60201	36-2193618	501 (C) (3)		26,165	N/A	N/A	Y&FS SUBCONTRACT
(3) тне вкірде							
721 S QUENTIN ROUAD PALATINE, 1L 60067	23-7093615	501(C)(3)		38,842	N/A	N/A	SEE SUPPLEMENTAL EXP
(4) THE HARBOUR							
1440 RENAISSANCE DRIVE PARK RIDGE, IL 60068	36-2827480	501(C)(3)		42,395	N/A	N/A	SEE SUPPLEMENTAL EXP
(5) OMNI YOUTH SERVICES							
1111 W LAKE COOK ROAD BUFFALO GROVE 60089	36-2777027	501 (C) (3)		51,308	N/A	N/A	SEE SUPPLEMENTAL EXP
(6) YOUTH JOB CENTER							TO PROVIDE CAREER CO
1114 CHURCH STREET EVANSTON, 1L 60201	36-3252809	501 (C) (3)		33,220	N/A	N/A	COUNSELING
(7) CITY OF EVANSTON							TO PROVIDE YOUTH SER
2100 RIDGE AVENUE EVANSTON, IL 60201	36-6005870	501 (C) (3)		38,262	N/A	N/A	SERVICES
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d governmen	organizations	isted in the line 1 t	able		•	7.
3 Enter total number of other organizations listed in the		ine 1 table					7.

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

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PAGE

V 14-7.16

Schedule I (Form 990) (2014)

YOUTH & OPPORTUNITY UNITED, INC.

Schedule I (Form 990) (2014)

Part III

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(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
1 HOUSING/LIVING EXPENSES	11		3,052	N/A	N/A
2 PERSONAL ASSISTANCE	152		3,308	N/A	N/A
m					
4					
v					
9					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	his part to pro	vide the informa	tion required in	Part I, line 2, Part III,	column (b), and any other additional

ASSISTANCE TO INDIVIDUALS

THE AMOUNTS REFLECTED ABOVE IN PART III REPRESENT THE TOTAL COST OF

ASSISTANCE PROVIDED BY YOUTH & OPPORTUNITY UNITED, INC. TO INDIVIDUALS.

GRANTS TO OTHER ORGANIZATIONS

GRANTS PAID TO THE BRIDGE, THE HARBOUR, AND OMNI YOUTH SERVICES WERE FOR

THE PURPOSE OF ASSISTANCE WITH THE SCHARP CENTER OPERATIONS.

V 14-7.16

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PAGE 39

Schedule I (Form 990) (2014)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non-cash assistance
-						
2						
က						,
4						
5						
မှ						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	s part to prov	ide the informat	ıon required in	Part I, line 2, Part III,	column (b), and any other additional

FORM 990, SCH I, PART I, LINE 1

Y.O.U. OVERSEES SUBGRANT AWARDS USING MONITORING TOOLS PROPORTIONATE TO

THE RISK OF NONCOMPLIANCE WITH GRANT FUNDS. THESE METHODS INCLUDE, BUT

ARE NOT LIMITED TO, THE USE OF SUBGRANT AGREEMENTS, REVIEW OF INVOICES,

TRACKING OF BUDGET TO ACTUALS WHERE RELEVANT, REVIEW OF AUDITED

FINANCIALS AND FORMS 990, DESK REVIEWS, AND SITE REVIEWS.

V 14-7.16

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SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

Attach to Form 990

► Attach to Form 990

▶ Information about Schedule M (Form 990) 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

YOUTH & OPPORTUNITY UNITED, INC.

Employer identification number 36-2734966

	III a orrowing on and,	11.0.			30 2734300
Par	t I Types of Property				
j rey pvÇ		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1,165.	85,723.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14					
	contribution - Other				
15	Real estate - Residential			<u></u>	
16	Real estate - Commercial				
17	Real estate - Other	Х	1	608,040.	FMV
18	Collectibles				
19	Food inventory				<u> </u>
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts		126	22 714	
25	Other ►(ATCH 1)		136.	23,714.	
26	Other ►()				
27	Other ►()	· · · · · · · · · · · · · · · · · · ·			
28	Other ►()		<u> </u>	L	<u> </u>
29	Number of Forms 8283 received				
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	
20-	District the constraint the constraint		h		Yes No
30a	During the year, did the organizat				
	28, that it must hold for at least the	•		· ·	· · · · · · · · · · · · · · · · · · ·
h	to be used for exempt purposes for		olding period?		
31	If "Yes," describe the arrangement in Does the organization have a		topos policy that require	a the review of any	standard
31					
222	Contributions?				
JZd	Does the organization hire or use	•	-		r I I
h	contributions?				32a X
	If the organization did not report an	amount in	column (c) for a type of are	marty for which column (c	a) is chacked
JJ	describe in Part II	amount II)	column (c) for a type of pro	perty for which column (a	i) is checked,

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

Schedule M (Form 990) (2014)

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

FORM 990, SCH M, PART I, LINE 32B

Y.O.U. USES A THIRD PARTY FINANCIAL INSTITUTION TO PROCESS ALL NON-CASH CONTRIBUTIONS OF SECURITIES. IT IS THE POLICY OF Y.O.U. TO SELL ALL CONTRIBUTED SECURITIES IMMEDIATELY UPON RECEIPT.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SILENT AUCTION ITEMS	х	136.	23,714.	FAIR MARKET VALUE
TOTALS	=	136.	23,714.	

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.

OMB No 1545-0047
2014

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

YOUTH & OPPORTUNITY UNITED, INC.

Employer identification number 36-2734966

PART VI, SECTION B, LINE 15A & 15B COMPENSATION OF CEO·

THE BOARD GOVERNANCE COMMITTEE ANNUALLY REVIEWS THE EXECUTIVE DIRECTOR AND UTILIZES BOTH PERFORMANCE DATA AND COMPARABILITY DATA TO MAKE COMPENSATION DECISIONS.

COMPENSATION OF EMPLOYEES:

THE EXECUTIVE DIRECTOR IS CHARGED WITH MAKING SALARY DECISIONS FOR

EXECUTIVE STAFF WHICH MAY INCLUDE INPUT FROM HUMAN RESOURCES. THESE

SALARY DECISIONS MUST BE WITHIN THE BUDGET SET AND OVERSEEN BY THE

FINANCE COMMITTEE. COMPENSATION FOR NON-EXECUTIVE STAFF AT Y.O.U. IS

GENERALLY SET BY THE STAFF EXECUTIVE TEAM, COMPRISED OF THE CHIEF

FINANCIAL OFFICER, CHIEF PROGRAM OFFICER, CHIEF OPERATIONS OFFICER,

DEVELOPMENT DIRECTOR, EXECUTIVE DIRECTOR, AND HR DIRECTOR. THE EXECUTIVE

DIRECTOR MAY SET COMPENSATION IN EXCEPTIONAL CIRCUMSTANCES.

PART VI, SECTION B, LINE 12A CONFLICT OF INTEREST POLICY

BOARD MEMBERS COMPLETE AND REMIT A SIGNED STATEMENT DISCLOSING ANY REAL

OR POTENTIAL CONFLICTS OF INTEREST ANNUALLY. THE GOVERNANCE COMMITTEE

REVIEWS ANY CONFLICTS AND DETERMINES WHETHER ANY ACTION NEEDS TO BE TAKEN

RE: A SPECIFIC INDIVIDUAL'S PARTICIPATION IN DECISION MAKING. IF AN

Name of the organization

YOUTH & OPPORTUNITY UNITED, INC.

Employer identification number

36-2734966

INDIVIDUAL IS DEEMED TO HAVE A CONFLICT OF INTEREST, THEY WILL NOT VOTE
OR PARTICIPATE IN ANY ACTIVITY INVOLVING THAT CONFLICT.

PART VI, SECTION B, LINE 11B

COPY OF THE FORM 990

THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM WHICH IS THEN MADE

AVAILABLE FOR REVIEW TO THE FULL BOARD. THE FULL BOARD THEN AUTHORIZES AN

OFFICER TO SIGN ON BEHALF OF THE ORGANIZATION.

PART VI, SECTION C, LINE 19

PUBLIC DISCLOSURE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST AT THE ORGANIZATION'S OFFICE DURING NORMAL BUSINESS HOURS.

PART VI, SECTION A, LINE 1A

EXECUTIVE COMMITTEE

THERE WILL BE AN EXECUTIVE COMMITTEE COMPOSED OF THE OFFICERS OF THE CORPORATION, AND ONE OR MORE ADDITIONAL MEMBER(S) OF THE BOARD OF DIRECTORS, ELECTED AT THE ANNUAL MEETING BY THE BOARD OF DIRECTORS OR AT SUCH OTHER BOARD MEETING DURING THE YEAR. THE PRESIDENT WILL BE THE CHAIRPERSON OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL EXERCISE THE POWERS OF THE BOARD OF DIRECTORS BETWEEN MEETINGS, EXCEPT

Schedule O (Form 990 or 990-EZ) 2014

Page 2

Name of the organization YOUTH & OPPORTUNITY UNITED, INC. Employer identification number 36-2734966

FOR (1) THOSE POWERS NOT AUTHORIZED BY STATUTE; (2) THE HIRING OR FIRING OF THE EXECUTIVE DIRECTOR; AND (3) THE AMENDMENT OF THE BY-LAWS, AND SHALL REPORT AT EACH BOARD MEETING ALL ACTION TAKEN BY THE EXECUTIVE COMMITTEE SUBSEQUENT TO THE PREVIOUS MEETING OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL MEET, AT SUCH TIME AND PLACE AS DESIGNATED BY THE PRESIDENT.

PART X, LINE 29

Y.O.U.'S PERMANENTLY RESTRICTED NET ASSETS CONTAIN FUNDS THAT ARE DESIGNATED BY THE DONORS TO CREATE AN ENDOWMENT FUND

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

YOUTH & OPPORTUNITY UNITED INC. IS A NOT-FOR-PROFIT, YOUTH DEVELOPMENT AGENCY THAT PROVIDES SERVICES AND LEADERSHIP TO MEET THE EMERGING NEEDS OF YOUNG PEOPLE AND THEIR FAMILIES IN OUR COMMUNITY. Y O.U.'S GOAL IS THAT ALL YOUNG PEOPLE ACQUIRE THE SKILLS, SELF-CONFIDENCE, AND OPPORTUNITY TO PARTICIPATE FULLY, FREELY, AND RESPONSIBLY IN THE LIFE OF OUR COMMUNITY

Schedule O	(Form	990 or	990-EZ) 2014	
			,	

Name of the organization YOUTH & OPPORTUNITY UNITED, INC. Employer identification number 36-2734966

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

PREPAID EXPENSES

TOTALS

ENDING

BOOK VALUE

18,222.

18,222.

Schedule O (Form 990 or 990-EZ) 2014



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JULY 31, 2015

4989-170-9

SERVICE PARTNERS INFORMATION CO 520 S 2ND ST SPRINGFIELD, IL 62701

RE YOUTH & OPPORTUNITY UNITED, INC.

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF AMENDMENT FOR THE ABOVE NAMED CORPORATION.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

SINCERELY,

JESSE WHITE SECRETARY OF STATE DEPARTMENT OF BUSINESS SERVICES CORPORATION DIVISION

FILED

FORM NFP 110.30 (rev. Dec. 2003)
ARTICLES OF AMENDMENT
General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1832
www.cyberdriveillinols.com

JUL 3 1 2015

JESSE WHITE SECRETARY OF STATE

Remit payment in the form of a check or money order payable to Secretary of State 4989-1709 Filing Fee: \$25 ---- Submit in duplicate ---- Type or Print clearly in black ink ---- Do not write above this line 1. Corporate Name (See Note 1 on back.). Youth Organizations Umbrella, Inc. Manner of Adoption of Amendment: The following amendment to the Articles of Incorporation was adopted on Februrary 24, 2015 Month Day, Year indicated below (check one only): 🗹 By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. (See Note 2 on back.) ☐ By written consent, signed by all the directors in office, in compliance with Sections 110 15 and 108.45. (See Note 3 on back.) ☐ By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation or the bylaws, in accordance with Section 110.20. (See Note 4 on back.) ☐ By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20. (See Note 5 on back.) 3. Text of Amendment. (a.) When an amendment affects a name change, insert the new corporate name below. Use 3(b.) below for all other amendments. 'Article 1: The Name of the Corporation is: Youth & Opportunity United, Inc. New Name

(b.) All amendments other than name change.

If the amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. If there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.

The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

All signatures must be in BLACK INK.

	Dated July 30 2015	Youth Organizations Umbrella, Inc.
	Minch Day Year Will Any Authorized Officer's Signature	Exact Name of Corporation
	Tom Scott, President	
	Name and Title (type or print)	
5.	If there are no duly authorized officers, the persons des name and title.	ignated under Section 101.10(b)(2) must sign below and print
	The undersigned affirms, under penalties of perjury, that	t the facts stated herein are true.
	Dated Month Day Year	
-	Signature	Name and Title (print)
	Signature	Name and Title (print)
~	Signature	Name and Title (print)
-	Signature	Name and Title (print)

NOTES

- State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
- Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110 15.
- 3. Director approval may be
 - a. by vote at a director's meeting (either annual or special), or
 - b. by consent, in writing, without a meeting
- 4. All amendments not adopted under Sec. 110.15 require that:
 - a. the board of directors adopt a resolution setting forth the proposed amendment, and
 - b. the members approve the amendment.

Member approval may be:

- a. by vote at a members meeting (either annual or special), or
- b. by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each class when class voting applies. (Sec. 110 20)

5. When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)