EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

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

Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

SVANSTON, T.L. 60.201	<u>A I</u>	For the	\simeq 2017 calendar year, or tax year beginning $$ JUL $1,$ 2017 $$ and $$	ending J	JUN 30, 2018		
Doing business as a Doing business and business bu	В	Check if applicabl	C Name of organization		D Employer identifi	cation number	
Tax-exemple Service		chang	YOUTH & OPPORTUNITY UNITED, INC.				
Number of order of province Felephone number S47 866-1200		chang	Doing business as		36-2	734966	
City or town, state or province, country, and 2IP or foreign postal code G. Green exceptions A. 996, 9.24		return Final		Room/suite	VIX.e.V		
SVANSTON, T.L. 60.201		termin	City or town, state or province, country, and ZIP or foreign postal code		4,996,924.		
Fame and address of principal officer. MARGUERITE BLINN		Amen			H(a) Is this a group re		
SAME AS C ABOVE		Applic	F Name and address of principal officer: MARGUERITE BLINN				
Taxe-exempt status:		pendir	SAME AS C ABOVE				
Websites WWW YOUTHOPPORTUNITY ORG	1	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527			
	JI	Websit				•	
Briefly describe the organization's mission or most significant activities: YOUTH & OPPORTUNITY UNITED, INC 15 A YOUTH DEVELOPMENT AGENCY THAT PROVIDES SERVICES AND LEADERSHIP Check this box			organization: X Corporation	L Year			
TS A YOUTH DEVELOPMENT AGENCY THAT PROVIDES SERVICES AND LEADERSHIP Check this box	Pa	art I	Summary				
TS A YOUTH DEVELOPMENT AGENCY THAT PROVIDES SERVICES AND LEADERSHIP Check this box		1	Briefly describe the organization's mission or most significant activities: YOUTH	I & OP	PORTUNITY U	NITED, INC	
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Preparer Firm's name COHNREZNICK LLP Firm's EIN 22-1478099 Use Only Firm's address 200 SOUTH WACKER DRIVE, SUITE 2600 Phone no. 312-508-5900	Paid			0	2/20/19 self-employ	P00851654	
Use Only Firm's address 200 SOUTH WACKER DRIVE, SUITE 2600 CHICAGO, IL 60606 Phone no.312-508-5900	Prep	arer					
CHICAGO, IL 60606 Phone no.312-508-5900				00			
					Phone no. 31	2-508-5900	
May the IHS discuss this return with the preparer shown above? (see instructions)	May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No	

Form 990 (2017)

YOUTH & OPPORTUNITY UNITED, INC. 36-2734966 Page 2 Form 990 (2017) Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the 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 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 3, 196, 305. including grants of \$ 133,249.) (Revenue \$ 88,924.) (Code:) (Expenses \$ Y.O.U. PROVIDES A HOLISTIC SET OF SERVICES - INCLUDING ENRICHMENT, SUMMER LEARNING, PARENTAL ENGAGEMENT, CLINICAL COUNSELING, AND STREET OUTREACH - TO REALIZE THE FULL POTENTIAL OF EVERY YOUNG PERSON. Y.O.U. PARTNERS WITH FAMILIES, SCHOOLS, AND THE COMMUNITY TO PROVIDE ACADEMIC, SOCIAL, AND EMOTIONAL SUPPORT TO CLOSE THE OPPORTUNITY GAP AND PREPARE ALL YOUTH FOR POST-SECONDARY AND LIFE SUCCESS. (Code: _____) (Expenses \$____ _____including grants of \$ ___) (Revenue \$ (Code:) (Expenses \$) (Revenue \$

4e

Other program services (Describe in Schedule O.)

Total program service expenses

) (Revenue \$

including grants of \$

3,196,305.

		-	res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			١.,
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l uz.
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1.8.		
	as applicable.			W
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			١,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
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			۱.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
	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		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	_X_	
ю	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
				v
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	_	<u> </u>
13		45		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	,,		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	16		<u>X</u>
17	• • • • • • • • • • • • • • • • • • • •			Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	_X_	_
		,,		Х
	complete Schedule G. Part III	19 Eorm	990	(2017)
		LOLIU	220	(2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	j.e	
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	1	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
00	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,"	_		17
27	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	_		v
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
20	instructions for applicable filing thresholds, conditions, and exceptions):	NIPS 1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-	-0.4	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	х	Λ_
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	Λ	
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	-	- 11
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form		2047

Form 990 (2017) YOUTH & OPPORTUNITY UNITED, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
		g. 70			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	53		9.59	163
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С					15	
	(gambling) winnings to prize winners?	Ç	***************************************	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				. 6	EN
	filed for the calendar year ending with or within the year covered by this return		153		- No.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				100
За	g y , y ,			3a		X
b	, in ito, to into ob, provide an explanation in deficultie	0	******************	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					l
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	(1250300000000000000000000000000000000000	4a		X
b	If "Yes," enter the name of the foreign country:					(15)
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	,	,			1000
5a	5 , , , , ,			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_				
	any contributions that were not tax deductible as charitable contributions?			6a	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	9				
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			27.75	37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	_
				7b	X	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?	•		7c		x
d		7d		JIN	II EVV	i ser
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	W. 171 1938 1931 1931	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 a	as required? 💹	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		-17	- 17	
	sponsoring organization have excess business holdings at any time during the year?		***************************************	8		
9	Sponsoring organizations maintaining donor advised funds.					6-1
а				9a		_
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	8 6				3415
а		10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1	137
11	Section 501(c)(12) organizations. Enter:	e i		30		
a	Gross income from members or shareholders	11a		dan	7.16	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			T-1		
40	amounts due or received from them.)	11b		E MIN	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	_ 1		12a	_	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			45		
а	Is the organization licensed to issue qualified health plans in more than one state?		***************************************	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			USP.	3	1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	vot I		100	13.77	28
_	organization is licensed to issue qualified health plans	13b		U S	150	10
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c		440	rain Carrie	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule		****************	14a 14b	_	\triangle
		O			990	(2017)

YOUTH & OPPORTUNITY UNITED, INC. Form 990 (2017) 36-2734966 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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. **b** Enter the number of voting members included in line 1a, above, who are independent 25 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >IL 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 Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records: MARGUERITE BLINN - 847-866-1200 1911 CHURCH STREET, EVANSTON, IL 60201

statements available to the public during the tax year.

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

(A)	(C)						(D)	(É)	(F)	
Name and Title	(dc	Position do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is both	n an	compensation	compensation	amount of
	week		T ar	lu a u	I	I	(ee)	from	from related	other
	(list any hours for	lirecto			l			the organization	organizations (W-2/1099-MISC)	compensation
	related	trustee or director	es es		l	sateo		(W-2/1099-MISC)	(***2/1099***********************************	from the organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(11 2, 1333 111123)		and related
	below	Individual	ution	<u></u>	Key employee	est co oyee	-ia			organizations
	line)	Indiv	Instit	Officer	Key E	High	Former			_
(1) ADELE MARTEL	1.00									
BOARD OF DIRECTORS		X						0.	0	0
(2) AL BUTKUS	1.00									
BOARD OF DIRECTORS		X	_					0.	0.	0.
(3) CINDY WILSON	1.00									
VP GOVERNANCE		X		X				0.	0.	0
(4) CLARENCE D. WEAVER	1.00									
BOARD OF DIRECTORS		X						0.	0.	0
(5) DAVID CUTTER	1.00									
BOARD OF DIRECTORS		X						0.	0.	0.
(6) DAVID MARZAHL	1.00								_	
BOARD OF DIRECTORS	4	Х			_			0.	0.	0.
(7) EAMON KELLY	1.00									_
BOARD OF DIRECTORS	1 00	Х	_	_				0.	0.	0.
(8) JOHN KOSKI	1.00									
BOARD OF DIRECTORS	1 00	Х	_	_				0.	0.	0.
(9) LESLIE LEHNER	1.00									_
BOARD OF DIRECTORS	1 00	X	-	_	_		_	0.	0.	0.
(10) LETITIA MANN	1.00	,,							0	0
BOARD OF DIRECTORS	1 00	Х	\vdash	-	_		_	0.	0.	0.
(11) LINDA BLAKLEY	1.00	,,		,,				0.	0	
VP COMMUNITY PARTNERSHIPS (12) MARTY CLESS	1.00	Х	_	Х	_	\dashv		0.	0.	0.
BOARD OF DIRECTORS	1.00	x						0.	0.	0
(13) MARY FINNEGAN	1.00	^	-	-		\dashv		0.	0.	0.
VP FOR ADVANCEMENT	1.00	х		x				0.	0.	0.
(14) MATTHEW ENGLISH	1.00	^		≏		-	_	0.	0.	0.
BOARD OF DIRECTORS	1.00	х						0.	0.	0.
(15) MICHAEL TURNER	1.00	<u> </u>				\vdash		U.	U.	0.
BOARD OF DIRECTORS	1.00	х						0.	0.	0.
(16) NICKI PEARSON	1.00		\vdash			\vdash		0.	0.	
BOARD OF DIRECTORS	1.50	х						0.	0.	0.
(17) PAUL LEHMAN	1.00		\vdash	\neg		\vdash		J•	0.	<u> </u>
BOARD OF DIRECTORS		x		- 1				0.	0.	0.

Form **990** (2017)

Form 990 (2017) YOUTH & (36-2734	196	6	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) Name and title Average Position Reportable Reportable										_		
	' '			(F)								
Name and title			heck	more	than		Reportable	Reportable		Estima		
	hours per week					is bot or/trus		compensation	compensation from related	1	amour	
	(list any	tot					Ī	the	organizations	00	ompen	
	hours for	or director				pa		organization	(W-2/1099-MISC)	"	from t	
	related	93	ustee			ensat	1	(W-2/1099-MISC)		0	organiz	ation
	organizations below	al trus	nal tr		loyee	d Long					and rela	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0	rganiza	itions
(18) PETER LEWIS	1.00	트	Ë	JO	a _S	宝玉	요			-		
BOARD OF DIRECTORS X 0.												0.
(19) RACHEL HAYMAN	1.00	-			\vdash	\vdash			0.	1		- 0.
VP PROGRAM X X 0.												0.
(20) RICHARD HUBBARD	1.00								0.	T		
SECRETARY		Х		Х				0.	0.	8		0.
(21) SHELLEY GATES	1.00											
BOARD OF DIRECTORS		X						0.	0.	y .		0.
(22) SUE BRENNER	1.00											
PRESIDENT		X		X				0.	0 .			0 .
(23) THOMAS SCOTT	1.00								_			
TREASURER	1 00	Х	ш	Х				0.	0.			0.
(24) TRACY QUATTROCKI BOARD OF DIRECTORS	1.00	.,										•
(25) ZACHARY WILLIAMS	1.00	Х		\vdash				0.	0.	-		0.
BOARD OF DIRECTORS	1.00	x						0.	0.			0.
(26) MELISSA HOHIMER	30.00	-						0.	0.	1		
CFO	33133			x				80,944.	0.		8	309.
1b Sub-total			200-00	_				80,944.	0.			309.
c Total from continuation sheets to Part VII	. Section A					tento		82,834.	0.			531.
d Total (add lines 1b and 1c)							•	163,778.	0.			140.
2 Total number of individuals (including but no							o re		000 of reportable	•		
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer,											100	
line 1a? If "Yes," complete Schedule J for su	ıch individual	11.0		*****				***************************************		3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" coi	mple	te S	che	dule	J fo	or such individual		4	_	<u> </u>
5 Did any person listed on line 1a receive or a									lual for services		1000	\ v
rendered to the organization? If "Yes." comp Section B. Independent Contractors	plete Schedule	JIC	or su	ch p	ersc	on				5		<u> </u>
Complete this table for your five highest corr	nnensated ind	ener	nder	t co	ntra	ctor	e th	at received more than \$	100 000 of componer	tion	from	_
the organization. Report compensation for t										LIOII	ITOITI	
(A)							T	(B)			(C)	
Name and business	address	NC	NE	L				Description of s	ervices		oensati	on
							Т					
¥							_					
							-1					
							-					_
							+					
							+					- "
2 Total number of independent contractors (in	cluding but no	t lim	ited	to t	hose	e list	ed a	above) who received mo	re than	130	WALE.	S
\$100,000 of compensation from the organization	ation >				0						PHE	E APPEN
SEE PART VII SECTION	A CONT	TNI	יאד	rTC	MC	S1	ग्राम	RTP C		Eass	~ aan	(2017)

Form 990 YOUTH &	OPPORTUN	נוו	ĽΥ	UN	ΙI	ED	ï	INC.	36-273	4966
Part VII Section A. Officers, Directors, Tr	rustees, Key Er	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(с	heci		C) sition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) SETH GREEN	40.00			v				02 024	0	C 2.1
UTGOING EXECUTIVE DIRECTOR				Х				82,834.	0.	631
otal to Part VII, Section A, line 1c	**************	*****		*****				82,834.		631

		Check if Schedule O con	tains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ta t	1 a	Federated campaigns	1a	362,243.		A	The Later	THE SWALLS
Contributions, Gifts, Grants	į i	Membership dues						
9	1 .	Fundraising events	1c	303,322.		10 S S 10 S		
# 1	,	d Related organizations						The second second
S, E		Government grants (contribute		246,632.				
50	f	All other contributions, gifts, grad	nts, and			Million State of the state of		Land of Earlies
a pirt		similar amounts not included abo	ove 11 1,	485,228.				
E	9	Noncash contributions included in lines	(Carrier)	270,006.				
8		Total. Add lines 1a-1f			1,397,425.			
				Business Code			THE PURP	THE PERSON
e	2 a	ISBE NUTRITION		611600	86,895.	86,895.		
Ž,	l b	AMERICA READS F	PROGRAM	611600	1,186.	1,186.		
Program Service Revenue	c							
and a	c							
go a	e							
ď.	f	All other program service reve	enue					
	9	Total. Add lines 2a-2f			88,081.		1000	
	3	Investment income (including						
		other similar amounts)		>	75,725.			75,725.
	4	Income from investment of ta		-				
	5	Royalties	-	>				
			(i) Real	(ii) Personal	12 S 1 1 2 1 2 1	The state of the s		A CONTRACTOR OF
	6 a	ACCTPANALTHANAL						
		Less: rental expenses						
	С	Rental income or (loss)						ALCOHOLDEN
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	408,205.		A CONTRACTOR	Carl Land		
	b	Less: cost or other basis						
		and sales expenses	384,834.					Cathy Area
	С	Gain or (loss)	23,3/1.					
	d	Net gain or (loss)		>	23,371.			23,371.
စ္ခု	8 a	Gross income from fundraisin						
evenue		including \$303,3				in the mysteries		
ě		contributions reported on line						A DEVI
<u>.</u>		Part IV, line 18		26,645.				
Other R		Less: direct expenses		30,274.				The second
٦		Net income or (loss) from fund		D	-3,629.			-3,629.
	9 a	Gross income from gaming ac		1				12 2 4 2 2 1
		Part IV, line 19	a					
			b					
		Net income or (loss) from gam	- 2000	>				
- 1	10 a	Gross sales of inventory, less		f f		established the land		
- 1		and allowances	a					
- 1		T 00 000000 00000	b			A Note that the party of		
- 1	С	Net income or (loss) from sale		>				
- 1		Miscellaneous Revenu		Business Code	0.40			
		MISCELLANEOUS R	EVENUE_	900000	843.	843.		
	Ь							
	C							
	d	All other revenue						
		Total. Add lines 11a-11d			843.	00 004		0.5
_	12	Total revenue. See instructions.	***************	> 4	,581,816.	88,924.	0.	95,467.

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	118,414.	118,414.	vs. Granding the	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	14,835.	14,835.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				K TALLEY SE
5	Compensation of current officers, directors,				
	trustees, and key employees	102,169.	9,998.	88,867.	3,304.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,420,663.	1,963,024.	262,045.	195,594.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	18,895.	8,917.	8,766.	1,212.
9	Other employee benefits	178,215.	143,900.	22,903.	11,412.
10	Payroll taxes	207,291.	161,793.	29,164.	16,334.
11	Fees for services (non-employees):				
а	Management				
b					
С	Accounting	26,745.	8,826.	17,919.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,540.		12,540.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	132,897.	30,403.	100,806.	1,688.
12	Advertising and promotion				
13	Office expenses	90,140.	60,055.	9,177.	20,908.
14	Information technology	13,973.	4,569.	9,404.	
15	Royalties				
16	Occupancy	66,024.	54,779.	7,814.	3,431.
17	Travel	15,233.	15,121.	46.	66.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	63,266.	48,734.	12,320.	2,212.
20	Interest				
21	Payments to affiliates	12,104.	6,015.	6,089.	
22	Depreciation, depletion, and amortization	175,820.	136,707.	29,001.	10,112.
23	Insurance	20,067.	14,551.	4,607.	909.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM SUPPLIES	230,277.	229,705.	572.	
b	DIRECT SERVICE PROVIDER	125,286.	124,286.	1,000.	
С	SCHOOL TRANSPORTATION	36,840.	36,840.		
d					
е	All other expenses	43,418.	4,833.	2,257.	36,328.
25	Total functional expenses. Add lines 1 through 24e	4,125,112.	3,196,305.	625,297.	303,510.
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)				

Form **990** (2017)

		Check if Schedule O contains a response or note to any		(A)	T	(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		237,414.	1	372,254
	2	Savings and temporary cash investments	***************************************	947,787.	2	1,270,074
- 1	3	Pledges and grants receivable, net		1,753,886.	3	1,352,760
- 1	4	Accounts receivable, net		18,582.	4	2,061
	5	Loans and other receivables from current and former office				
- 1		trustees, key employees, and highest compensated empl	oyees. Complete		13.5	
- 1		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person			18/8	
- 1		section 4958(f)(1)), persons described in section 4958(c)(3	B)(B), and contributing			
- 1		employers and sponsoring organizations of section 501(c	(9) voluntary		131	
2		employees' beneficiary organizations (see instr). Complete	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	D		23,304.	9	23,528
	10a	Land, buildings, and equipment: cost or other				
-		basis. Complete Part VI of Schedule D 10a	6,543,465.		0.3	
-	b	Less: accumulated depreciation 10b	264,107.	6,418,339.	10c	6,279,358
	11	Investments - publicly traded securities		2,387,231.	11	2,535,049
-	12	Investments - other securities. See Part IV, line 11			12	
- [13	Investments - program-related. See Part IV, line 11			13	
-	14	Intangible assets		14		
-	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		11,786,543.	16	11,835,084
T	17	Accounts payable and accrued expenses		205,021.	17	139,748
-	18	Grants payable			18	24,212
	19	Deferred revenue		60,712.	19	/
-	20	Tax-exempt bond liabilities		20		
-	21	Escrow or custodial account liability. Complete Part IV of		21		
	22	Loans and other payables to current and former officers, of				
		key employees, highest compensated employees, and dis				
		Complete Part II of Schedule L			22	
:	23	Secured mortgages and notes payable to unrelated third	parties	412,127.	23	8,939
- 1		Unsecured notes and loans payable to unrelated third par		,	24	0 / 5 0 5
- 1		Other liabilities (including federal income tax, payables to				
1		parties, and other liabilities not included on lines 17-24). C				
1		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		677,860.	26	172,899
T		Organizations that follow SFAS 117 (ASC 958), check h	nere X and		- 10	
. 1		complete lines 27 through 29, and lines 33 and 34.				
		Unrestricted net assets		6,572,049.	27	7,438,410
	28	Temporarily restricted net assets		2,495,247.	28	2,182,388
				2,041,387.	29	2,041,387
1		Organizations that do not follow SFAS 117 (ASC 958),			e de	
Ш		and complete lines 30 through 34,				
		Capital stock or trust principal, or current funds			30	
		Paid-in or capital surplus, or land, building, or equipment f			31	
1		Retained earnings, endowment, accumulated income, or			32	
		Total net assets or fund balances	CONTRACTOR OF THE PERSON NAMED IN CONTRACTOR OF T	11,108,683.	33	11,662,185
		***************************************		11,786,543.		11,835,084

Form 990 (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Name of the organization

YOUTH & OPPORTUNITY UNITED, INC.

Employer identification number 36-2734966

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E, Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (v) Amount of monetary (ii) EIN (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2017 YOUTH & OPPORTUNITY UNITED, INC. 36-2734 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.)

Calledary year (or fiscal year beginning in) Calledary year (or year) Calleda	Se	ction A. Public Support						
membership fees received, (De not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 3 The value of services or facilities furnished by a governmental unit to the organization 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) 5 Public support & Setaval ties 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 2 Gross receipts from related activities, etc. (see instructions) 1 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(c)) organization, check this box and stop here 5 Section C. Computation of Public Support Percentage 1 Public support percentage for 2017 filth or organization of the list of the organization of the check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 05 and or more, check this box and stop here. The organization of walline or organization or organization or organization or organization or organization organization organization organization organ	Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Tax revenue levied for the organization is benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its expendence of the paid to the organization without charge governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2702611. 5 Public support Satzari line 5 tom line 4 25694844. Section B. Total Support 6 Gross income from interest, dividends, payments received on securities foans, rents, royalties, and income from similar sources on securities foans, rents, royalties, and income from interest, dividends, payments received on securities foans, rents, royalties, and income from interest, dividends, payments received on securities foans, rents, royalties, and income from interest, dividends, payments received on securities foans, rents, royalties, and income from unrelated business as civiles, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 12 Gross recognist from related activities, etc. (see instructions) 12 1, 291, 173. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization stop the check this box and stop here. The organization qualifies as a publicly supported organization stop or more, check this box and stop here. The organization of unlifes as a publicly supported organization and of the organization of the deci	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Setheral time's from line 4 Section B. Total Support Calledar year (or fiscal year beginning in) 7 A mounts from line 4 Section B. Total Support Setheral year (or fiscal year beginning in) 8 Gross income from line 4 Section B. Total Support Calledar year (or fiscal year beginning in) 9 (a) 2013 8 Gross income from line 4 Section B. Total Support Calledar year (or fiscal year beginning in) 1 (a) 2013 8 Gross income from line 4 Section B. Total Support Setheral year (or fiscal year beginning in) 1 (a) 2013 8 Gross income from line 4 Section B. Total Support Section C. Total support of the control the business and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 10 Gross receipts from related activities, etc. (see instructions) 11 Total support. Add lines 7 through 10 Section C. Computation of Public Support Percentage 12 Total support percentage from 901 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 First five years. If the Form 902 is for the organization of Income, to only the section of Public Support Percentage 14 Public support percentage from 2016 Schedule A Part II, line 14 15 88.42 15 88.42 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, rad line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% -facts-and-circumstances test		membership fees received. (Do not						
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organization mosts the "facts and significant and significant and significant and blish association								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18							
Schedule A (Form 990 or 990-EZ) 2017		roundation if the organization	. Gra Hot Officer a L	on on mile 10, 10a	. 100, 172, 01 170			

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	siow, picaso comp	note i dit ii.j				
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		3.04			1	
	membership fees received. (Do not				1		
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-				1	1	
	formed, or facilities furnished in any activity that is related to the			1	1		
	organization's tax-exempt purpose				1		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513				1		
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to				1		
	or expended on its behalf				1		
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the examination without shows						
6	Total. Add lines 1 through 5				·		
	Amounts included on lines 1, 2, and						
′ ′	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received						-
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support					at the second second	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(8) 2010	(0) 2014	(6) 2013	(0) 2010	(6) 2017	(i) Total
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income			-			
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			III			
_	Add lines 10a and 10b					-	
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
40	assets (Explain in Part VI.)						-
	Total support. (Add lines 9, 10c, 11, and 12.)		# · · · · · · ·		4	L	
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
300	check this box and stop heretion C. Computation of Public	Support Per	contago	**************	*********************		
	Public support percentage for 2017 (lin			-l. (man (6))		45	9/
	Public support percentage from 2016			olumn (i))	******************	15	<u>%</u>
Sec	tion D. Computation of Invest	ment Income	Percentage	*****************		16	<u>%</u>
	Investment income percentage for 20			o 12 - column (fl)		47	0/
	Investment income percentage for 20 Investment income percentage from 2					17	<u>%</u>
				un line 14, and line		18 12 1/29/ and line 17	%
ıJd	33 1/3% support tests - 2017. If the					- 4:	
L	more than 33 1/3%, check this box and 33 1/3% support tests - 2016. If the		-				
J							
n n	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						
	ate roundation, il trie organization	GIO HOL GHECK à L	70A OIT III 16 14, 198	i, or rab, check th	na box and see ins	uructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes." provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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9b	-1714	
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9c		
10a		
10b 90 or 99		

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.

	edule A (Form 990 or 990-EZ) 2017 YOUTH & OPPORTUNITY UNI			36-2734966 Page €
1	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			D-+1/11\ O '11'
'	other Type III non-functionally integrated supporting organizations must or			Part VI.) See instructions.
Sec	tion A - Adjusted Net Income	ompiete Sec	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		57" - " T. C. S	The Sales of the S
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			El Maria
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		-
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 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			
·	•	6		
7	emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functional		Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2017

Section	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reason-							
i	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017							
а								
b	From 2013							
С	From 2014							
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
į į	Carryover from 2012 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4 [Distributions for 2017 from Section D,							
- 1	line 7: \$							
a /	Applied to underdistributions of prior years							
b /	Applied to 2017 distributable amount							
c	Remainder, Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, if							
a	any. Subtract lines 3g and 4a from line 2. For result greater							
- 1	than zero, explain in Part VI. See instructions.							
6 F	Remaining underdistributions for 2017. Subtract lines 3h		Ha Transfer					
	and 4b from line 1, For result greater than zero, explain in							
	Part VI. See instructions.	Carana's participal						
7 E	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8 8	Breakdown of line 7:							
	Excess from 2013							
b E	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2013 AMOUNT: \$ 1,580. 2014 AMOUNT: \$ 686. 2015 AMOUNT: \$ 252. 2016 AMOUNT: \$ 909. 2017 AMOUNT: \$ 842. FUNDRAISING 2013 AMOUNT: \$ 54,083. 2014 AMOUNT: \$ 38,789. 2015 AMOUNT: \$ 32,641. 2016 AMOUNT: \$ 26,865. 2017 AMOUNT: \$ 26,645.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

YOUTH & OPPORTUNITY UNITED, INC. Employer identification number 36-2734966

Schedule D (Form 990) 2017

Pa	Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(0)	(=) varies and sine assesses
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 w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad-		
	for charitable purposes and not for the benefit of the donor or		
			1000
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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		***************************************	
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	, ,	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the perio	J	
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserva	tion easements during the year
8	▶ \$	antinfictha various services 170/	LVAVDVS
0			
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	
3	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	ar 3 illianciai statements that describes	the organization's accounting to
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		nent and balance sheet works of art.
	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu-		
	relating to these items:		71
	(i) Revenue included on Form 990, Part VIII, line 1	2002-2004-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	· -	> \$
b	Assets included in Form 990, Part X		> \$

732051 10-09-17

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

-		OPPORTUNI'			74b - u	Cimila	36-27	34966	Р	age 2
-	1 - 3									
3	Using the organization's acquisition, accessi (check all that apply):	ion, and other record	s, cneck any of the f	rollowing that a	re a sigi	nificant u	ise of its o	ollection	items	i
-	Public exhibition		I D Loan or eve	hanao program						
b										
C	Preservation for future generations	е	Other							
4	Provide a description of the organization's co	ollootions and ovalair	how thay further th	o organization'	n ovom	nt nurno	ao in Dart	VIII		
5	During the year, did the organization solicit of			-			se in Fari	AIII.		
3	to be sold to raise funds rather than to be mi						ſ-	Yes		1 81-
Pa	rt IV Escrow and Custodial Arran						Dart IV			No
	reported an amount on Form 990, Pa		ste ii trie Organizatio	ii aliswered i re	35 UIII	OIIII 33C	o, martiv,	iiile 5, Oi		
1a	Is the organization an agent, trustee, custod		iary for contributions	s or other asset	s not in	cluded				
	on Form 990, Part X?		•				-	Yes		No
h	If "Yes," explain the arrangement in Part XIII				190000111014	**********	******	1 163		_ 140
-		and complete the lor	owing table.					Amount		
С	Beginning balance					1c		7 111100111		
d			311-93119319316311531419115		********	1d				
е	Distributions during the year					1e				
f	Ending balance				******	1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	stodial accoun	t liability			Yes		No
	If "Yes," explain the arrangement in Part XIII.						**********			i .
	rt V Endowment Funds. Complete).				
		(a) Current year	(b) Prior year	(c) Two years I	oack (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	2,387,231.	2,132,364.						*******	
b	Contributions		6,000.	1,995,	300.					
С	Net investment earnings, gains, and losses	178,526.	248,867.	137,	064.					
ď	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	30,708.								
f	Administrative expenses									
g	End of year balance	2,535,049.	2,387,231.	2,132,3	364.					
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:			•			
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 79.00	%								
С	Temporarily restricted endowment ▶ 2	1.00 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered	for the	organiza	ation	_		
	by:								Yes	No
	(i) unrelated organizations	*********************					***************************************	3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?	************		**********	***********	3b		
4	Describe in Part XIII the intended uses of the		vment funds.		n construction			/ 52		
Par										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. Se	ee Form 990, P	art X, lir	ne 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Acc	cumulate	ed	(d) Book	value	е
		basis (investm			depr	reciation				
	Land			8,040.		1494		608		
	Buildings		5,55	8,103.	1	78,59	94.	5,379	,5	09.
	Leasehold improvements									
d	Equipment									
	Other			7,322.		<u>85,51</u>		291		
Total	Add lines 1a through 1e. (Column (d) must ex	qual Form 900 Part \	Column (B) line 10	10.1				6.279	. 31	28.

Schedule D (Form 990) 2017

1.	(a) Description of liability	(b) Book value	[12] [14] [14] [14] [15] [15] [15] [15] [15] [15] [15] [15
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	>	

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

Schedule D (Form 990) 2017

732054 10-09-17

Schedule D (Form 990) 2017	YOUTH & OI	PORTUNITY	UNITED,	INC.	36-2734966	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Inf	ormation (continued)				
	10011011000					
			_			
				12		
				11		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

Open to Public Inspection

name of the organization						Employer ide	ntification number
YOUTH &	OPPORTUNITY UNITE	D, :	INC	•		36-2734	966
Part I Fundraising Activities. required to complete this part	 Complete if the organization answett. 	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontribu	utions	or has been notified	it is e	exempt from reg	gistration

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 YOUTH & OPPORTUNITY UNITED, INC. 36-2734966 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL NONE (add col. (a) through DINNER col. (c)) (event type) (total number) (event type) 329,967. 1 Gross receipts 329,967. 303,322. 2 Less: Contributions 303,322. 26,645. 3 Gross income (line 1 minus line 2) 26,645. 4 Cash prizes 14,168. 5 Noncash prizes 14,168. Direct Expenses 6 Rent/facility costs 7 Food and beverages 14,700. 14,700. 8 Entertainment Other direct expenses 1,406. 1,406. 30,274. 10 Direct expense summary. Add lines 4 through 9 in column (d) -3,629. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Noncash prizes Direct Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

732082 09-13-17

b If "Yes." explain:

Schedule G (Form 990 or 990-EZ) 2017

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2017 YOUTH & OPPORTUNITY UNITED, INC. 36-2734966 F	age 3
11 Does the organization conduct gaming activities with nonmembers?	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?	No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	%
b An outside facility 13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
14 Entor the name and address of the person who propares the organization's gaming special events books and records.	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Name -	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	No
b 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 > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 1	5b.
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,

Schedule G	(Form 990 or 990-EZ)	YOUTH &	OPPORTUNITY	UNITED,	INC.	36-2734966	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (contin	ued)				
-							
-							
·							

SCHEDULE I (Form 990)

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

complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

▶ Attach to Form 990.

2017 Open to Public

OMB No. 1545-0047

inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number YOUTH & OPPORTUNITY UNITED, INC. 36-2734966 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes No No criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, FMV, appraisal, other) or government (if applicable) cash grant non-cash or assistance assistance CITY OF EVANSTON 2100 RIDGE AVENUE EVANSTON, IL 60201 36-6005870 40,000 0 YOUTH SERVICES OMNI YOUTH SERVICES 1111 W. LAKE COOK ROAD BUFFALO GROVE IL 60089 36-2777027 501(c)(3) 12,250 0 SCHARP CENTER OPERATIONS THE BRIDGE 721 S. QUENTIN ROAD SUITE 103 PALATINE, IL 60067 23-7093615 501(c)(3) 9,750, 0 SCHARP CENTER OPERATIONS THE HARBOUR 1440 RENAISSANCE DRIVE SUITE 240 SCHARP CENTER & HOUSING PARK RIDGE, IL 60068 36-2827480 501(c)(3) 10,013, FOR INDIVIDUALS 0 YOUTH JOB CENTER 1114 CHURCH STREET EVANSTON, IL 60201 36-3252809 501(c)(3) 45,865 0 YOUTH CAREER COUNSELING 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3	Enter total number of other organizations listed in the line 1 table	00/11000-00
LHA	For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990

Schedule I (Form 990) (2017)

732101 11-01-17

Schedule I (Form 990) (2017) YOUTH & OPPORT					36-2/34966 Page:
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed		organization answ	ered "Yes" on Form	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PERSONAL ASSISTANCE	190	0.	. 10,310	воок	FOOD CLOTHES, GIFTS, SCHOLARSHIPS, AND SUPPLIES
HOUSING/LIVING ASSITANCE	19	0.	4,525.	воок	HOUSING
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other as	dditional information.	
PART I, LINE 2:					
Y.O.U. OVERSEES SUBGRANT AWARDS US	SING MONIT	ORING TOOL	LS PROPORTI	ONATE TO THE	
RISK OF NONCOMPLIANCE WITH GRANT I	TUNDS. THE	SE METHODS	S INCLUDE.	BUT ARE NOT	
LIMITED TO, THE USE OF SUBGRANT AC					
BUDGET TO ACTUALS WHERE RELEVANT,					
		AUDITED I	TIMMCIALD	AND 330	
FORMS, DESK REVIEWS, AND SITE REVI	LEMD.				
ASSISTANCE TO INDIVIDUALS					
ASSISTANCE PROVIDED BY YOUTH & OPP	PORTUNITY	UNITED, IN	C. TO INDI	VIDUALS.	
732102 11-01-17					Schedule I (Form 990) (2017

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury

Go to www.ire.gov/Form990 for instructions and the latest information

lama of the experientian	- 40 tt	WWW.IIS.gov/F	UIIII	0 101 1	nstructions and the	latest information.	TE			speci			
lame of the organization	VOITMU c. /	TIMITAGAGA	.mv	TTNTT	TED, INC.			-	denti		on nu	mber	
Part I Excess Ben	efit Transact	ions (section 5	. 1 I	ONI.	ion 501(c)(4), and 50	1(c)(29) organization:			345	00		_	
						o, or Form 990-EZ, Pa			h				
1	(b)	Relationship bet				, OF LOTHI 990-LZ, F2	art V, II	116 40	U.	(4)	Corre	cted?	
(a) Name of disqualified	person (6)	person and o			(4	(c) Description of transaction					es	No	
											-	140	
2 Enter the amount of tax	incurred by the	organization man	agers	or disc	qualified persons dur	ing the year under							
3 Enter the amount of tax,	, if any, on line 2	, above, reimburs	sed by	the org	ganization			\$					
Sert III Leans to an	d/au Eugus In	towards of Daw											
		terested Per		-									
					, Part V, line 38a or F	form 990, Part IV, line	e 26; o	r if th	e orgar	nizatio	n		
		0, Part X, line 5,							(b) And	roved	40. 10	4.111	
(a) Name of interested person	(b) Relationship with organizatio	ration of loan from the principal amount				(g) In default?		I by buard or I) Written reement?			
	Tittle or gamzatio			ization?	· ·				comm	-	_	Torri	
			1 10	From			Yes	No	Yes	No	Yes	No	
			1				-+		\vdash			 	
	+	1	1	1			-					 	
	-		1						\vdash		_	_	
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			1								_		
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otal					> \$								
Part III Grants or As	ssistance Be	nefiting Inter	este	Per	sons.								
Complete if the	organization ans	wered "Yes" on I	Form 9	90, Pa	rt IV, line 27.								
		(b) Relationship			(c) Amount of	Amount of (d) Type				(e) Purpose of			
		interested pers		d	assistance	assistance assistan					assistance		
		the organiza	ation					_					
								_					
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				_				-					
A Fay Danamusuk Dadus					- 000 000 F7								

Schedule L (Form 990 or 990-EZ) 2017

(a) Name of interested person	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. a) Name of interested person (b) Relationship between interested (c) Amount of				
	person and the organization transaction		transaction	(e) Sha organiz reven	ues?
KATHRYN VARELA	SISTER OF BOARD MEM	38,631.	COMPENSATIO	Yes	No X
Part V Supplemental Information					
	sponses to questions on Schedule L (see in	structions).			
CH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	3 INTERESTE	D PERSONS:		
A) NAME OF PERSON: KATHR	YN VARELA				
B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:		
SISTER OF BOARD MEMBER					
D) DESCRIPTION OF TRANSA	CTION: COMPENSATION OF	F EMPLOYEME	NT		

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No., 1545-0047

Inspection

Name of the organization

YOUTH & OPPORTUNITY UNITED, INC. Employer identification number 36-2734966

Pa	rt I Types of Property							
		(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 det noncash contribut		-	S
1	Art - Works of art			· · ·				
2	Art - Historical treasures							
3	Art - Fractional interests							
4								
5								
6								
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	12	255,838.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy					_		
22	Historical artifacts							
23	Scientific specimens		-				_	
24	Archeological artifacts							
25	Other (OTHER SILENT)	Х	94	14,168.	FMV		_	
26	Other ()		7 4	14,100.	LIIV			
27	Other • (
28	Other • (
29		ation during		natuitu sti ana			_	
29	Number of Forms 8283 received by the organization completed Form 828	_						co-
30a	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for		'es	No
	exempt purposes for the entire holding period?	7				30a	_	X
	If "Yes," describe the arrangement in Part II.						8.0	
31	Does the organization have a gift acceptance p	_			ions?	31	X	
32a	Does the organization hire or use third parties contributions?		•			32a	x	
b	If "Yes," describe in Part II.					-	3	
33	If the organization didn't report an amount in c describe in Part II.	olumn (c) for	a type of property	for which column (a) is chec	ked,			17-0

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

Schedule M (Form 990) 2017

Schedule M (Fo	orm 990) 20	017 Y	COUTH	& OP	PORTU	NITY	UN	ITED,	INC					734966	F	age 2
Part II S	uppleme	ental Ir	nformati	on. Pro	vide the i	nformat	ion req	uired by	Part I, line	es 30k	o, 32b, an	id 33, a	and whet	her the organi both. Also co	zation	-
th	is part for	any addi	tional info	mation.	nber of co	וווטטנו	ions, in	e numbe	r or items	recei	ved, or a	COMBI	nation of	DOIN, AISO CO	mpiete	;
-																
SCHEDULE	EM, L	INE	32B:													
<u>Y.O.U.</u> U	JSES A	THI	RD PA	RTY F	INAN	CIAL	INS	TITU	TION	то	PROC	ESS	ALL	NON-CAS	H	
CONTRIBU	TIONS	OF	SECUR	ITIES	. IT	IS	THE	POLI	CY OF	Ϋ́	O.U.	то	SELI	ALL		
CONTRIBU	TED S	ECUR	ITIES	IMME	DIATI	ELY	UPON	REC	EIPT.							
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

YOUTH & OPPORTUNITY UNITED, INC.	36-2734966
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSIC	ON:
TO MEET THE EMERGING NEEDS OF YOUNG PEOPLE AND THEIR FAMILIE	S IN OUR
COMMUNITY	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
OPPORTUNITY TO PARTICIPATE FULLY, FREELY, AND RESPONSIBLY IN	THE LIFE
OF OUR COMMUNITY.	
FORM 990, PART VI, SECTION A, LINE 1:	
THERE WILL BE AN EXECUTIVE COMMITTEE COMPOSED OF THE OFFICER	S OF THE
CORPORATION, AND ONE OR MORE ADDITIONAL MEMBER(S) OF THE BOA	ARD OF
DIRECTORS, ELECTED AT THE ANNUAL MEETING BY THE BOARD OF DIF	ECTORS OR AT
SUCH OTHER BOARD MEETING DURING THE YEAR. THE PRESIDENT WILI	BE THE
CHAIRPERSON OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMIT	TEE SHALL
EXERCISE THE POWERS OF THE BOARD OF DIRECTORS BETWEEN MEETIN	IGS, EXCEPT FOR
(1) THOSE POWERS NOT AUTHORIZED BY STATUTE; (2) THE HIRING OF	FIRING OF THE
EXECUTIVE DIRECTOR; AND (3) THE AMENDMENT OF THE BY-LAWS, AN	ID SHALL REPORT
AT EACH BOARD MEETING ALL ACTION TAKEN BY THE EXECUTIVE COMM	IITTEE
SUBSEQUENT TO THE PREVIOUS MEETING OF THE BOARD. THE EXECUTI	VE COMMITTEE
SHALL MEET, AT SUCH TIME AND PLACE AS DESIGNATED BY THE PRES	SIDENT.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM WHICH IS	THEN MADE
AVAILABLE FOR REVIEW TO THE FILL BOARD, THE FILL BOARD THEN	AUTHORIZES AN

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

OFFICER TO SIGN ON BEHALF OF THE ORGANIZATION.

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization Employer identification number YOUTH & OPPORTUNITY UNITED, INC. 36-2734966 FORM 990, PART VI, SECTION B, LINE 12C: 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 INDIVIDUAL IS DEEMED TO HAVE A CONFLICT OF INTEREST, THEY WILL NOT VOTE OR PARTICIPATE IN ANY ACTIVITY INVOLVING THAT CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF CEO: THE BOARD EXECUTIVE 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 THE TALENT DEPARTMENT. 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. THE EXECUTIVE DIRECTOR MAY SET COMPENSATION IN EXCEPTIONAL CIRCUMSTANCES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE

ORGANIZATION'S OFFICE DURING NORMAL BUSINESS HOURS.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization YOUTH & OPPORTUNITY UNITED, INC.	Employer identification number 36-2734966
FORM 990 XII LINE 2C	
THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVERS	SIGHT OF THE
AUDIT AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTS	ANT.
PART X, LINE 29	
Y.O.U.'S PERMANENTLY RESTRICTED NET ASSETS CONTAIN FUNDS T	HAT ARE
DESIGNATED BY THE DONORS TO CREATE AN ENDOWMENT FUND.	