Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: YOUTH, IMPROVING NON-PROFITS FOR CHILDREN

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 535 EIGHTH AVENUE, SUITE 1400

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10018

D Employer identification number: 52-1936144

E Telephone number: (212) 401-4039

G Gross receipts $: 7,842,765.

F Name and address of principal officer: REHANA S. FARRELL
535 EIGHTH AVENUE, SUITE 1400 NEW YORK, NY 10018

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.YOUTHINC-USA.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1995 M State of legal domicile: DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE LIVES OF NYC'S KIDS THROUGH A UNIQUE VENTURE PHILANTHROPY MODEL THAT EMPOWERS, DEVELOPS, AND EDUCATES NONPROFIT ORGANIZATIONS SERVING YOUNG PEOPLE.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	36.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36.
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	26.
6	Total number of volunteers (estimate if necessary)	6	331.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,654,342.	7,733,860.
9	Program service revenue (Part VIII, line 2g)	68,100.	33,560.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,497.	-1,185.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,612.	-1,497.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,715,333.	7,764,738.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,562,044.	2,255,696.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,349,515.	1,745,260.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	7,800.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,166,997.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,907,162.	3,581,070.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,826,521.	7,582,026.
19	Revenue less expenses. Subtract line 18 from line 12	-111,188.	182,712.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,221,802.	3,821,768.
21	Total liabilities (Part X, line 26)	398,078.	788,789.
22	Net assets or fund balances. Subtract line 21 from line 20	2,823,724.	3,032,979.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ REHANA S. FARRELL EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JOEL C SUSCO	Preparer's signature: Joel C. Susco, CPA	Date: 5/17/2016	Check [ ] if self-employed; PTIN: P00189961
Firm's name ▶ BOND BEEBE PC			Firm's EIN ▶ 52-1044197
Firm's address ▶ 4600 EAST-WEST HIGHWAY SUITE 900 BETHESDA, MD 20814-3423			Phone no. 301-272-6000

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate Instructions. Form **990** (2015)

JSA
5E1010 1.000

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

2015

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at *www.irs.gov/form8879eo.*

Department of the Treasury
Internal Revenue Service

Name of exempt organization

YOUTH, IMPROVING NON-PROFITS FOR CHILDREN

Employer identification number

52-1936144

Name and title of officer

REHANA S. FARRELL, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶ [X]	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 7,764,738.
2a	Form 990-EZ check here ▶ [ ]	b	Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ▶ [ ]	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here ▶ [ ]	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a	Form 8868 check here ▶ [ ]	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[ ] I authorize _____ to enter my PIN [ ][ ][ ][ ][ ] as my signature
ERO firm name — Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[X] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Rehana Farrell — Date ▶ 5/9/16

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5 2 7 4 6 5 5 2 1 0 4
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Joel C. Lusco — Date ▶ 5/10/2016

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (2015)

JSA
5E1676 1 000

Cumulative E-File History 2015

Federal

Locator:	OF2016
Taxpayer Name:	YOUTH, IMPROVING NON-PROFITS FOR CHILDREN
Return Type:	990, 990

Submitted Date	5/16/2016 3:22:06 PM
Acknowledgement Date	5/16/2016 3:56:47 PM
Status	Accepted
Submission ID	52746520161375000019

Print Close

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . X Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes X No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.

4a (Code:) (Expenses $ 2,173,856. including grants of $ 1,328,262.) (Revenue $)

THE CELEBRATION PROGRAM ENABLES PARTICIPATING NONPROFITS TO INCREASE THEIR DONOR BASES, RAISE UNRESTRICTED FUNDS, AND LEARN HOW TO BETTER MARKET THEIR ORGANIZATIONS. THROUGH MONTHLY WORKSHOPS AND INDIVIDUALIZED COACHING, YOUTH INC EMPOWERS YOUTH ORGANIZATIONS TO DEVELOP AND IMPLEMENT A SUCCESSFUL FUNDRAISING CAMPAIGN. THE YEARLONG PROGRAM CULMINATES IN A COLLABORATIVE FUNDRAISING EVENT PRODUCED AND PAID FOR BY YOUTH INC IN 2015, PARTNER NONPROFITS RAISED OVER $1,281,350 AND IMPACTED THE LIVES OF MORE THAN 400,000 YOUTH.

4b (Code:) (Expenses $ 1,195,826. including grants of $ 648,390.) (Revenue $)

RBC RACE FOR THE KIDS IS A NEW PROGRAM BEGUN IN 2015 AND SUPPORTED BY ROYAL BANK OF CANADA. THE PROGRAM SERVES AS A VEHICLE FOR INDIVIDUALS TO RAISE FUNDS FOR 7 YOUTH-SERVING NONPROFIT ORGANIZATIONS, INCLUDING YOUTH, INC AS THE LEAD CHARITY PARTNER.

4c (Code:) (Expenses $ 408,567. including grants of $ 250,000.) (Revenue $)

BRIDEGFUND (FORMERLY KNOWN AS FUND OF FUNDS) PROVIDES CAPACITY-BUILDING GRANTS TO PARTNER NONPROFITS. APPLICANTS ARE RANKED ACCORDING TO THE YOUTH INC SCORECARD THAT ASSESSES ORGANIZATIONAL STRENGTH, FINANCIAL STABILITY, AND PROGRAM EFFICACY. THE TOP-PERFORMING ORGANIZATIONS ARE INTERVIEWED BY THE BOARD'S GRANTS COMMITTEE, WHICH DECIDES ON THE RECIPIENTS AND GRANT AMOUNTS. IN 2015, SIX ORGANIZATIONS WERE AWARDED GRANTS RANGING FROM $30,000 TO $60,000 AND TOTALING $250,000.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2

(Expenses $ 1,892,597. including grants of $ 29,044.) (Revenue $ 33,560.)

4e Total program service expenses ▶ 5,670,846.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A.*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	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 Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H.*	20a		X
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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III.*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV.*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M.*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I.*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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 1a 36			
	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 1b 36			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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?	10a		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CT, DE, DC, NJ, NY,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
YOUTH INC 535 EIGHTH AVENUE, SUITE 1400 NEW YORK, NY 10018 (212)401-4039

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 X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD PAUL SCHIFTER	2.00									
CO-CHAIRMAN	0.	X		X				0.	0.	0.
(2) JOHN E. WALDRON	2.00									
CO-CHAIRMAN (EFF 2/2015)	0.	X		X				0.	0.	0.
(3) JONATHAN GEOFFREY WEISS	2.00									
CO-CHAIRMAN (THRU 2/2015)	0.	X		X				0.	0.	0.
(4) KATHLEEN MCCABE	2.00									
CO-PRESIDENT (EFF 2/2015)	0.	X		X				0.	0.	0.
(5) WRAY THOMPSON THORN IV	2.00									
CO-PRESIDENT	0.	X		X				0.	0.	0.
(6) EVAN WILDSTEIN	2.00									
CO-VICE PRESIDENT	0.	X		X				0.	0.	0.
(7) JOHN TRACY CONNOR	2.00									
CO-VICE PRESIDENT	0.	X		X				0.	0.	0.
(8) RONALD E. BLAYLOCK	2.00									
CO-VICE PRESIDENT	0.	X		X				0.	0.	0.
(9) GEOFFREY W. LEVIN	2.00									
SECRETARY	0.	X		X				0.	0.	0.
(10) DEAN FRANK STUMVOLL	2.00									
TREASURER	0.	X		X				0.	0.	0.
(11) CATHERINE HELDEGARD AMBROSE	1.00									
DIRECTOR (EFF 7/2015)	0.	X						0.	0.	0.
(12) STUART ARONSON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13) PAUL J. AVERSANO	1.00									
DIRECTOR	0.	X						0.	0.	0.
(14) KRISTIN M. KOHLER BURROWS	1.00									
DIRECTOR (EFF 2/2015)	0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) ANTHONY M. CIVALE	1.00									
DIRECTOR	0.	X						0.	0.	0.
16) SANFORD COCKRELL, III	1.00									
DIRECTOR	0.	X						0.	0.	0.
17) PAIGE A. COSTIGAN DEFUSCO	1.00									
DIRECTOR (EFF 7/2015)	0.	X						0.	0.	0.
18) DANIEL DAVIAU	1.00									
DIRECTOR (THRU 2/2015)	0.	X						0.	0.	0.
19) WILLIAM Q. DERROUGH	1.00									
DIRECTOR	0.	X						0.	0.	0.
20) DANIEL SHIELDS EVANS	1.00									
DIRECTOR (EFF 7/2015)	0.	X						0.	0.	0.
21) ROBERT HOUCK	1.00									
DIRECTOR	0.	X						0.	0.	0.
22) DOUGLAS M. KADEN	1.00									
DIRECTOR	0.	X						0.	0.	0.
23) EMMETT MCCANN	1.00									
DIRECTOR	0.	X						0.	0.	0.
24) ROBERT H. MCCOOEY, JR.	1.00									
DIRECTOR	0.	X						0.	0.	0.
25) CHYMEKA OLFONSE	1.00									
DIRECTOR (THRU 7/2015)	0.	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								625,637.	0.	44,641.
d Total (add lines 1b and 1c) ▶								625,637.	0.	44,641.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 3

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DHANANJAY M. PAI	1.00									
DIRECTOR	0.	X						0.	0.	0.
(27) MARK G. PEDRETTI	1.00									
DIRECTOR	0.	X						0.	0.	0.
(28) DANIEL PINE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(29) STANCEL RILEY	1.00									
DIRECTOR	0.	X						0.	0.	0.
(30) AMY ROSENBERG	1.00									
DIRECTOR	0.	X						0.	0.	0.
(31) RACHEL L. ROSENBLATT	1.00									
DIRECTOR	0.	X						0.	0.	0.
(32) KAREN SIMON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(33) GEORGE P. STAMAS	1.00									
DIRECTOR (THRU 7/2015)	0.	X						0.	0.	0.
(34) MATTHEW ROSS STOPNIK	1.00									
DIRECTOR (EFF 7/2015)	0.	X						0.	0.	0.
(35) DAVID TAYEH	1.00									
DIRECTOR	0.	X						0.	0.	0.
(36) JOHN L. THOMSON	1.00									
DIRECTOR (THRU 2/2015)	0.	X						0.	0.	0.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) KAREN BELDY TORBORG	1.00									
DIRECTOR	0.	X						0.	0.	0.
(38) LAURA L TORRADO-MALLEY	1.00									
DIRECTOR (EFF 2/2015)	0.	X						0.	0.	0.
(39) TIMOTHY VINCENT	1.00									
DIRECTOR (THRU 2/2015)	0.	X						0.	0.	0.
(40) MARK D. WHALING	1.00									
DIRECTOR (EFF 2/2015)	0.	X						0.	0.	0.
(41) HARRY J. WILSON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(42) LARRY E. ZIMMERMAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(43) REHANA S. FARRELL	40.00									
EXECUTIVE DIRECTOR(EFF 1/2015)	0.			X				292,800.	0.	8,487.
(44) ARIEL INGBER	32.00									
DIRECTOR OF ADVANCEMENT	0.					X		115,363.	0.	3,461.
(45) KATRINA HUFFMAN	40.00									
DIRECTOR OF PROGRAMS & PEOPLE	0.					X		110,279.	0.	20,736.
(46) WILLIAM KELLY	40.00									
DIRECTOR	0.					X		107,195.	0.	11,957.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	1,800.			
	c	Fundraising events	1c	56,840.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,675,220.			
	g	Noncash contributions included in lines 1a-1f: $ 55,880.					
	h	Total. Add lines 1a-1f		7,733,860.			
Program Service Revenue			Business Code				
	2a	STATE OF THE MARKET CONFERENCE	900099	33,560.	33,560.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		33,560.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		296.			296.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	31,019.				
	b	Less: cost or other basis and sales expenses	32,500.				
	c	Gain or (loss)	-1,481.				
	d	Net gain or (loss)		-1,481.			-1,481.
	8a	Gross income from fundraising events (not including $ 56,840. of contributions reported on line 1c). See Part IV, line 18	a ATCH 4	44,030.			
	b	Less: direct expenses	b	45,527.			
	c	Net income or (loss) from fundraising events	ATCH 5	-1,497.			-1,497.
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		7,764,738.	33,560.		-2,682.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21	2,255,696.	2,255,696.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	404,584.	251,894.	34,228.	118,462.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,081,022.	673,074.	91,435.	316,513.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,389.	20,166.	2,740.	9,483.
9 Other employee benefits	124,555.	77,550.	10,536.	36,469.
10 Payroll taxes	102,710.	63,949.	8,688.	30,073.
11 Fees for services (non-employees):				
a Management	1,137,364.	602,320.	273,743.	261,301.
b Legal	0.			
c Accounting	71,372.	41,396.	29,976.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	618,432.	427,691.	103,425.	87,316.
12 Advertising and promotion	12,070.	6,143.	2,693.	3,234.
13 Office expenses	174,867.	74,563.	81,801.	18,503.
14 Information technology	94,857.	73,010.	8,729.	13,118.
15 Royalties	0.			
16 Occupancy	220,417.	135,872.	20,650.	63,895.
17 Travel	103,188.	42,299.	25,489.	35,400.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	12,543.	2,345.	9,823.	375.
23 Insurance	8,219.		8,219.	
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.)				
a EVENT PRODUCTION COSTS	1,076,954.	901,722.	10,921.	164,311.
b STAFF DEVELOPMENT	41,579.	19,660.	13,507.	8,412.
c BOOKS, SUBSCRIPTIONS, REFERENC	3,229.	1,788.	1,340.	101.
d LICENSE AND REGISTRATION FEE	1,924.		1,924.	
e All other expenses	4,055.	-292.	4,316.	31.
25 Total functional expenses. Add lines 1 through 24e	7,582,026.	5,670,846.	744,183.	1,166,997.
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 ▶ [X] if following SOP 98-2 (ASC 958-720)	419,361.	268,137.	53,088.	98,136.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		0.	1	0.
	2	Savings and temporary cash investments		2,501,855.	2	3,010,312.
	3	Pledges and grants receivable, net		657,812.	3	730,568.
	4	Accounts receivable, net		0.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0.	6	0.
	7	Notes and loans receivable, net		0.	7	0.
	8	Inventories for sale or use		435.	8	2,705.
	9	Prepaid expenses and deferred charges		4,500.	9	17,386.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 172,903.			
	b	Less: accumulated depreciation	10b 142,106.	27,200.	10c	30,797.
	11	Investments - publicly traded securities		0.	11	0.
	12	Investments - other securities. See Part IV, line 11		0.	12	0.
	13	Investments - program-related. See Part IV, line 11		0.	13	0.
	14	Intangible assets		0.	14	0.
	15	Other assets. See Part IV, line 11		30,000.	15	30,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,221,802.	16	3,821,768.
Liabilities	17	Accounts payable and accrued expenses		398,078.	17	788,789.
	18	Grants payable		0.	18	0.
	19	Deferred revenue		0.	19	0.
	20	Tax-exempt bond liabilities		0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties		0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0.	25	0.
	26	**Total liabilities.** Add lines 17 through 25		398,078.	26	788,789.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,510,386.	27	2,832,768.
	28	Temporarily restricted net assets		313,338.	28	200,211.
	29	Permanently restricted net assets		0.	29	0.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,823,724.	33	3,032,979.
	34	Total liabilities and net assets/fund balances		3,221,802.	34	3,821,768.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,764,738.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,582,026.
3	Revenue less expenses. Subtract line 2 from line 1	3	182,712.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,823,724.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	26,543.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,032,979.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
YOUTH, IMPROVING NON-PROFITS FOR CHILDREN	52-1936144

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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, city, and state: _____

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).**

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **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.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

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.**

d ☐ **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.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,005,364.	4,389,106.	4,670,658.	5,654,342.	7,733,860.	27,453,330.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	5,005,364.	4,389,106.	4,670,658.	5,654,342.	7,733,860.	27,453,330.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,308,248.
6 **Public support.** Subtract line 5 from line 4.						21,144,082.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	5,005,364.	4,389,106.	4,670,658.	5,654,342.	7,733,860.	27,453,330.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,623.	1,659.	344.	258.	296.	4,180.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 **Total support.** Add lines 7 through 10						27,457,510.
12 Gross receipts from related activities, etc. (see instructions)					12	177,560.

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 ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	77.01%
15	Public support percentage from 2014 Schedule A, Part II, line 14	15	80.20%

16a **33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.*	6		
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).*	7		
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).*	8		
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.*	9a		
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.*	9b		
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.*	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section 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 purposes 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 organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2015 from Section **C**, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2016.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

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

SCHEDULE 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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

YOUTH, IMPROVING NON-PROFITS FOR CHILDREN

Employer identification number

52-1936144

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %
The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment				
e	Other		172,903.	142,106.	30,797.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶					30,797.

Schedule D (Form 990) 2015

JSA
5E1269 1.000

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,251,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	457,905.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	28,790.		
e	Add lines 2a through 2d			2e	486,695.
3	Subtract line 2e from line 1			3	7,764,738.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	7,764,738.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	8,042,178.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	457,905.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,247.		
e	Add lines 2a through 2d			2e	460,152.
3	Subtract line 2e from line 1			3	7,582,026.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	7,582,026.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

PART X, LINE 2 - FIN 48 FOOTNOTE - LIABILITY FOR UNCERTAIN TAX POSITIONS:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE INCOME TAX POSITIONS TAKEN AND RECOGNIZE AN INCOME TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS EVALUATED THE INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION AND CONCLUDED THAT AS OF DECEMBER 31, 2015 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS.

PART XI,LINE 2D- REVENUES INCLUDED ON FINANCIAL STATEMENTS, NOT FORM 990:

$ 43,790	SPECIAL EVENT EXPENSES
$(90,000)	LOSS ON UNCOLLECTIBLE PLEDGES
$ 75,000	RECOVERY OF PREVIOUS GRANT PAYMENT
$ 28,790	

PART XII,LINE 2D- EXPENSES INCLUDED ON FINANCIAL STATEMENTS, NOT FORM 990:

$ 43,790	SPECIAL EVENT EXPENSES
$(41,543)	BAD DEBT ALLOWANCE
$ 2,247	

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
YOUTH, IMPROVING NON-PROFITS FOR CHILDREN	52-1936144

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **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 AUCTION (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	100,870.			100,870.
	2 Less: Contributions	56,840.			56,840.
	3 Gross income (line 1 minus line 2)	44,030.			44,030.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	45,527.			45,527.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				45,527.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,497.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . . 13a %

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:

Name ▶ _____

Address ▶ _____

15 a 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 ▶ _____

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? . . . . . ☐ Yes ☐ 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 explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

PART II, LINE 9 - OTHER DIRECT EXPENSES - RECEPTION:

OTHER DIRECT EXPENSES INCLUDE VENUE AND CATERING EXPENSES FOR RECEPTION,

AS PER CONTRACT WITH PARTY PROVIDING SPACE AND CATERING, NO SEPARATION OF

CHARGES IS SUPPLIED.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

YOUTH, IMPROVING NON-PROFITS FOR CHILDREN

Employer identification number

52-1936144

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARTS TO GROW 289 MONMOUTH STREET JERSEY CITY, NJ 07302	22-3914508	501(C)(3)	13,460.				SEE PART IV
(2) BEHIND THE BOOK, INC. 216 WEST 135TH STREET NEW YORK, NY 10030	32-0086097	501(C)(3)	67,573.				SEE PART IV
(3) BIG BROTHERS BIG SISTERS NY 40 RECTOR STREET NEW YORK, NY 10006	13-5600383	501(C)(3)	111,974.				SEE PART IV
(4) CORNELIA CONNELLY CENTER 220 EAST 4TH STREET NEW YORK, NY 10009	13-3735244	501(C)(3)	15,635.				SEE PART IV
(5) DANCING CLASSROOMS 25 WEST 31ST STREET NEW YORK, NY 10001	22-2542960	501(C)(3)	145,576.				SEE PART IV
(6) FIVER CHILDREN'S FOUNDATION INC 519 8TH AVE, 624 NEW YORK, NY 10018	13-3993633	501(C)(3)	26,882.				SEE PART IV
(7) FRESH YOUTH INITIATIVES 505 WEST 171 STREET NEW YORK, NY 10032	13-3723207	501(C)(3)	105,489.				SEE PART IV
(8) FUTURES AND OPTIONS, INC. 120 BROADWAY SUITE 913 NEW YORK, NY 10271	13-4063658	501(C)(3)	30,000.				SEE PART IV
(9) GALLOPNYC 540 PRESIDENT STREET BROOKLYN, NY 11215	05-0615958	501(C)(3)	128,456.				SEE PART IV
(10) GIRLS FOR GENDER EQUITY 30 3RD AVENUE BROOKLYN, NY 11217	04-3697166	501(C)(3)	30,616.				SEE PART IV
(11) GIRLS WRITE NOW 247 WEST 37 STREET NEW YORK, NY 10018	54-2115054	501(C)(3)	60,000.				SEE PART IV
(12) GLOBAL POTENTIAL 39 ELDRIDGE STREET NEW YORK, NY 10002	20-8679614	501(C)(3)	76,283.				SEE PART IV

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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

YOUTH, IMPROVING NON-PROFITS FOR CHILDREN

Employer identification number

52-1936144

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HANDS IN 4 YOUTH 256 MACOPIN RD WEST WEST MILFORD, NJ 07480	13-5641852	501(C)(3)	269,168.				SEE PART IV
(2) HARLEM RBI 333 E 100TH STREET NEW YORK, NY 10029	13-4025290	501(C)(3)	46,193.				SEE PART IV
(3) HOUR CHILDREN, INC 13-07 37TH AVE. LONG ISLAND CITY, NY 11101	13-3647412	501(C)(3)	30,000.				SEE PART IV
(4) KIDS CREATIVE 404, INC 71 FIFTH AVENUE NEW YORK, NY 10003	75-3139502	501(C)(3)	42,996.				SEE PART IV
(5) MEMORIAL SLOAN-KETTERING CANCER 1275 YORK AVENUE NEW YORK, NY 10065	91-2154267	501(C)(3)	216,525.				SEE PART IV
(6) MOUSE, INC 50 WEST 23RD STREET NEW YORK, NY 10010	13-3973196	501(C)(3)	65,100.				SEE PART IV
(7) MOVE THIS WORLD, INC 424 BROADWAY NEW YORK, NY 10013	27-3175002	501(C)(3)	73,776.				SEE PART IV
(8) PARRIS FOUNDATION, INC 414 WEST 145TH STREET NEW YORK, NY 10031	27-1408011	501(C)(3)	274,178.				SEE PART IV
(9) PLAY RUGBY USA 6390 9TH AVENUE NEW YORK, NY 10036	20-0029252	501(C)(3)	60,787.				SEE PART IV
(10) RONALD MCDONALD HOUSE OF NY, INC 405 E 73RD STREET NEW YORK, NY 10021	13-2933654	501(C)(3)	106,752.				SEE PART IV
(11) ROW NEW YORK 10-27 46TH AVE. LONG ISLAND CITY, NY 11101	11-3632924	501(C)(3)	60,000.				SEE PART IV
(12) THE OPPORTUNITY NETWORK 85 BROAD STREET NEW YORK, NY 10004	43-1984494	501(C)(3)	46,193.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

YOUTH, IMPROVING NON-PROFITS FOR CHILDREN

Employer identification number

52-1936144

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE TEAK FELLOWSHIP 16 WEST 22ND STREET NEW YORK, NY 10010	13-4011465	501(C)(3)	46,193.				SEE PART IV
(2) YOU GOTTA BELIEVE 3114 MERMAID AVENUE BROOKLYN, NY 11224	11-3272603	501(C)(3)	102,137.				SEE PART IV
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 26.

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - GRANTS AND OTHER ASSISTANCE MONITORING PROCEDURES:

IN THE CELEBRATION PROGRAM, EACH PARTICIPATING ORGANIZATION RAISES UNRESTRICTED FUNDS AND SPENDS THE FUNDS AS NEEDED. YOUTH INC DOES NOT MONITOR THE DECISION-MAKING PROCESS. FOR THE BRIDGEFUND PROGRAM, YOUTH INC DOES MONITOR THE GRANTS. AT THE BEGINNING OF THE GRANT CYCLE, TWO YOUTH INC BOARD MEMBERS AND ONE STAFF PERSON MEET WITH THE GRANTEE TO DETERMINE OUTCOMES FOR THE GRANT. THEN, AT SIX AND TWELVE MONTHS, THE GROUP MEETS AGAIN TO REVIEW THE ACTUAL PROGRESS AGAINST THE PROJECTED GOALS AND DISCUSS ANY DISCREPANCIES. THE MONITORING PROCESS IS DESIGNED TO HELP THE GRANTEE THINK STRATEGICALLY AND ACHIEVE THE DESIRED RESULTS

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

WITH THE GRANT:

PART II, COLUMN 1(H) - PURPOSE OF GRANT OR ASSISTANCE:

TO SUPPORT CELEBRATION NONPROFIT PARTNERS WITH DEVELOPMENT AND EXPANSION

OF FUNDRAISING AND MANAGEMENT CAPACITIES.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
YOUTH, IMPROVING NON-PROFITS FOR CHILDREN

Employer identification number
52-1936144

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . 2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☐ Compensation committee		
	☐ Independent compensation consultant		
	☒ Form 990 of other organizations		
	☒ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? . . . 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? . . . 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? . . . 5a		X
b	Any related organization? . . . 5b		X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? . . . 6a		X
b	Any related organization? . . . 6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . 8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . 9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
REHANA S. FARRELL	(i)	292,500.	0.	300.	8,487.	0.	301,287.	0.
1 EXECUTIVE DIRECTOR(EFF 1/2015)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2015

Open To Public Inspection

Name of the organization: YOUTH, IMPROVING NON-PROFITS FOR CHILDREN

Employer identification number: 52-1936144

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Yes	(d) No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						▶ $							

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Schedule L (Form 990 or 990-EZ) 2015 Page 2

Part IV Business Transactions Involving Interested Persons.
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 person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)	ORR ASSOCIATES INC	SEE PART V	1,463,735.	MGT FEES, RENT, COMM. SERVICES		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

PART IV, COLUMN (B) - RELATIONSHIP BETWEEN INTERESTED PERSON & ORG:

THE ORGANIZATION ENTERED INTO VARIOUS MANAGEMENT SERVICES AGREEMENTS WITH ORR ASSOCIATES, INC. (OAI) AND WITH STEPHEN K. ORR, THE CO-OWNER OF OAI, THE FOUNDER OF THE ORGANIZATION, AND A MEMBER OF THE BOARD OF DIRECTORS OF THE ORGANIZATION IN 2014 AND PRIOR YEARS. UNDER TERMS OF THE AGREEMENTS, PERFORMED MANAGEMENT DUTIES ON BEHALF OF YOUTH INC BY PROVIDING NONPROFIT MANAGEMENT FUNCTIONS INCLUDING BUT NOT LIMITED TO BOARD MANAGEMENT; EVENT MANAGEMENT; FINANCE, BUDGETING, REPORTING AND ANALYSIS; HUMAN RESOURCES AND PERSONNEL MANAGEMENT; INFORMATION TECHNOLOGY SUPPORT; MAJOR GIFTS COUNSEL; AND REGULATORY/LEGAL ADMINISTRATION. STEPHEN K. ORR WAS COMPENSATED DIRECTLY BY YOUTH INC UNDER CONTRACT WITH ORR ASSOCIATES. YOUTH INC PAID MR. ORR $81,875 FOR SERVICES PROVIDED IN 2015 AND YOUTH INC PAID ORR ASSOCIATES $1,137,365 FOR SERVICES PROVIDED IN 2015.

OAI IS 100% OWNED BY STEPHEN K. ORR AND HIS FAMILY.

CONTRACTS AND AGREEMENTS WITH OAI WERE REVIEWED AND APPROVED BY OFFICERS AND DIRECTORS UNAFFILIATED WITH OAI.

Schedule L (Form 990 or 990-EZ) 2015 Page 2

Part IV Business Transactions Involving Interested Persons.

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 person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

FOR THE YEAR ENDED DECEMBER 31, 2015, THE ORGANIZATION INCURRED FEES IN CONNECTION WITH OAI AND STEPHEN K. ORR TOTALING $1,219,240.

THE ORGANIZATION LEASED FACILITIES IN 2015 UNDER AN AGREEMENT WITH OAI. FOR THE YEAR ENDED DECEMBER 31, 2015, THE ORGANIZATION INCURRED RENT EXPENSES IN CONNECTION WITH OAI TOTALING $218,227.

UNDER THE TERMS OF THE MANAGEMENT SERVICES AND RENTAL AGREEMENTS, THE ORGANIZATION REIMBURSED OAI FOR REIMBURSABLE EXPENSES.

Part IV Business Transactions Involving Interested Persons.

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 person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

FY 2015

DIRECT S.K. ORR MANAGEMENT SERVICES FEES	$ 81,875
INDIRECT FEES ALLOCABLE TO EXECUTIVE DIRECTOR MANAGEMENT SERVICES	$ 261,555
ALL OTHER ORR ASSOCIATES MANAGEMENT SERVICES FEES	$ 875,810
TOTAL OAI + S.K. ORR MANAGEMENT SERVICES AGREEMENT FEES	$1,219,240
600 LEXINGTON AVENUE RENT	$ 218,227
TOTAL OAI FEES + S.K. ORR FEES + RENT	$1,437,466
REIMBURSED SUPPLIES, TELECOMM, IT, POSTAGE, PRINTING, TRAVEL, ETC.	$ 108,144

Schedule L (Form 990 or 990-EZ) 2015 Page 2

Part IV Business Transactions Involving Interested Persons.

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 person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

OAI FEES + RENT + REIMBURSED EXPENSES

EXCLUDING S.K. ORR FEES $1,463,735

FORM 1099 AND FORM 990 REPORTABLE S.K. ORR FEES $ 81,875

UNDER THE TERMS OF THE MANAGEMENT SERVICES EXECUTED JANUARY 1, 2016 AND UNDER THE EXISTING RENTAL AGREEMENT, THE ORGANIZATION WILL PAY OAI $250,000 FOR MANAGEMENT FEES AND $106,510 FOR RENT IN FY 2016.

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

OMB No. 1545-0047

2015

Open To Public Inspection

Name of the organization
YOUTH, IMPROVING NON-PROFITS FOR CHILDREN

Employer identification number
52-1936144

Part 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 determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3.	32,500.	MARKET QUOTE
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 ▶(ATCH 1)		63.	23,380.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT CARDS AND CERTIFICAT	X	10.	1,718.	DONOR VALUE
TRAVEL EXPENSES	X	5.	4,518.	DONOR VALUE
SPORTING EVENT TICKETS	X	6.	2,250.	DONOR VALUE
CLOTHING, ACCESSORIES	X	7.	3,927.	DONOR VALUE
AUTOGRAPHED SPORTS MEMORA	X	5.	1,260.	DONOR VALUE
TV/RADIO/THEATRE SHOW TIC	X	2.	340.	DONOR VALUE
MISCELLANEOUS	X	28.	9,367.	DONOR VALUE
TOTALS		63.	23,380.	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
YOUTH, IMPROVING NON-PROFITS FOR CHILDREN

Employer identification number
52-1936144

PART III, LINE 4D - OTHER PROGRAM SERVICES:

ADDITIONAL PROGRAMS FOR PARTNER NONPROFITS

YOUTH, INC'S METRICS PROGRAM WILL HELP ORGANIZATIONS NOT ONLY QUANTIFY THEIR PROGRAM MEASURES, BUT FIND SOPHISTICATED WAYS TO QUALIFY THEIR IMPACT. EACH PROGRAM COHORT WILL FOCUS ON A PARTICULAR FIELD OF SERVICE (THE PROGRAM'S FIRST COHORT WILL FOCUS ON OUTDOOR EDUCATION ORGANIZATIONS). TOGETHER, THESE PARTNERS WILL DEVELOP SHARED EVALUATION TOOLS AND ENGAGE IN COLLABORATIVE DISCUSSION. THE PROGRAM IS A COMBINATION OF IN-PERSON WORKSHOPS, ONE-ON-ONE COACHING, TECHNICAL ASSISTANCE, AND PEER LEARNING DESIGNED TO BUILD THEIR EVALUATIVE CAPACITY. STAFF AND EXECUTIVE LEADERSHIP WILL RECEIVE TRAINING ON BEST PRACTICES IN PROGRAM EVALUATION, INCLUDING THE COLLECTION AND ANALYSIS OF PROGRAM DATA. TOGETHER WITH TOP EVALUATION CONSULTANTS, PARTNERS WILL DEVELOP AND DISSEMINATE A SHARED SURVEY TOOL, CAPTURE FEEDBACK, AND MAKE MEANING OF THE DATA.

THE FINDINGS OF THE EVALUATION ARE INTENDED TO INFORM PROGRAM DESIGN AND PLANNING. KEY MANAGEMENT STAFF WILL BE ARMED WITH THE METRICS NEEDED TO MAKE INFORMED PROGRAMMATIC DECISIONS AND ENSURE THE DELIVERY OF HIGH QUALITY PROGRAMS. WITH CLEAR AND QUANTIFIABLE METRICS AT HAND, PARTNERS WILL ALSO HAVE THE ABILITY TO COMMUNICATE THEIR IMPACT TO VARIED STAKEHOLDERS, ENGAGE FUNDERS, AND ULTIMATELY BUILD FINANCIAL SUSTAINABILITY AND GROWTH.

Name of the organization	Employer identification number
YOUTH, IMPROVING NON-PROFITS FOR CHILDREN	52-1936144

"TRADING DAY FOR KIDS" ENGAGE OVER 130 HEDGE FUND FIRMS IN THE NONPROFIT SECTOR. COMMUNICATIONS HIGHLIGHTED WHAT NONPROFITS ARE DOING TO FILL THE VOID IN PROGRAMS AND SERVICES FOR ECONOMICALLY DISADVANTAGED YOUTH AND HOW YOUTH INC HELPS THESE ORGANIZATIONS ACHIEVE LONG TERM SUSTAINABILITY. SPONSORING BROKERAGE FIRM CANACCORD GENUITY ALSO PARTICIPATED IN A YOUTH MENTORING DAY. AS A RESULT OF THE OUTREACH, EDUCATION, AND VOLUNTEER OPPORTUNITIES, YOUTH INC RAISED $600,000 DURING THE "TRADING DAY FOR KIDS" ON OCTOBER 20, 2015. THESE FUNDS, IN TURN, ENABLE YOUTH INC TO PROVIDE ALL ITS PROGRAMS FREE OF CHARGE TO THE NONPROFIT SECTOR.

RBC TRADE FOR THE KIDS, A ONE-DAY CHARITY EVENT HOSTED BY RBC CAPITAL MARKETS AND BENEFITTING YOUTH INC, IS A NEW PROGRAM IN 2015. 100% OF NET COMMISSIONS ON RBC US EQUITIES WERE DONATED TO YOUTH, INC ON JUNE 11, 2015, RESULTING IN $984,000 BENEFITTING OVER 150,000 KIDS SERVED BY YOUTH, INC PARTNER NONPROFITS.

YOUTH INC'S ANNUAL STATE OF THE MARKET CONFERENCE IS A SIGNATURE FUNDRAISING EVENT THAT OFFERS FINANCIAL LEADERS A FORUM TO ADDRESS THE MOST PRESSING ISSUES FACING WALL STREET, WHILE RAISING CRITICAL FUNDS FOR YOUTH, INC THROUGH EVENT SPONSORSHIPS. ALL PROCEEDS FROM THE CONFERENCE GO DIRECTLY TO FUND YOUTH INC'S OPERATING BUDGET. IN 2015, STATE OF THE MARKET CONFERENCE RAISED OVER $600,000 FOR YOUTH, INC.

Name of the organization	Employer identification number
YOUTH, IMPROVING NON-PROFITS FOR CHILDREN	52-1936144

PROGRAMS FOR CORPORATIONS: THE CORPORATE PHILANTHROPY PARTNERSHIP PROGRAM (FORMERLY CALLED STRATEGIC ALLIANCE PARTNERSHIP PROGRAM) CULTIVATES RELATIONSHIPS WITH CORPORATIONS FOR THE PURPOSE OF PROVIDING EXECUTIVES OPPORTUNITIES TO GIVE BACK TO THE COMMUNITY THROUGH NONPROFIT BOARD SERVICE. YOUTH, INC PROVIDES TRAINING SESSIONS ON THE BASICS OF NONPROFIT BOARD GOVERNANCE AND ACCESS TO BECOMING A BOARD MEMBER OF A PARTNER NONPROFIT. DEVELOPING LEADERS THROUGH NONPROFIT BOARD SERVICE SEMINARS ARE OFFERED THROUGHOUT THE YEAR TO BETTER EQUIP AND PREPARE CORPORATE EXECUTIVES WHO WANT TO SERVE ON NONPROFIT BOARDS. BY BECOMING A BOARD MEMBER AND UTILIZING THEIR RELEVANT SKILLS, THESE INDIVIDUALS ARE ABLE TO GIVE BACK TO THE COMMUNITY AND FURTHER DEVELOP THEIR LEADERSHIP SKILLS.

THE BOARD ADVANCEMENT PROGRAM EXPANDS THE CAPACITY AND EFFECTIVENESS OF OUR PARTNER NONPROFITS' BOARDS THROUGH FORMAL BOARD ASSESSMENT, A FACILITATED BOARD RETREAT, A CUSTOMIZED IMPLEMENTATION PLAN, MONTHLY COACHING CALLS AND BOARD PLACEMENTS FROM THE CORPORATE SECTOR.

PART VI, LINE 1A - EXECUTIVE COMMITTEE:
PER YOUTH INC BYLAWS, THE BOARD HAS DELEGATED CERTAIN OF ITS AUTHORITY AND RESPONSIBILITY TO ITS EXECUTIVE COMMITTEE. THE YOUTH INC EXECUTIVE COMMITTEE IS COMPRISED OF THE ORGANIZATION'S OFFICERS LISTED BELOW: CHAIR/CO-CHAIRS PRESIDENT/CO-PRESIDENTS VICE PRESIDENT/CO-VICE PRESIDENTS TREASURER SECRETARY EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE IS PRIMARILY RESPONSIBLE FOR BUDGET REVIEW AND APPROVAL, FOR STAFF COMPENSATION ISSUES AND FOR VENDOR NEGOTIATIONS THAT MIGHT INVOLVE CONFLICTS OF INTEREST. THE EXECUTIVE COMMITTEE MET ON AN AD HOC BASIS AS

Name of the organization: YOUTH, IMPROVING NON-PROFITS FOR CHILDREN

Employer identification number: 52-1936144

NEEDED.

PART VI, SECTION A, LINE 3-USE OF MANAGEMENT COMPANY FOR DELEGATED DUTIES: ORR ASSOCIATES, INC. PERFORMED MANAGEMENT DUTIES ON BEHALF OF YOUTH INC BY PROVIDING NONPROFIT MANAGEMENT FUNCTIONS INCLUDING BUT NOT LIMITED TO BOARD MANAGEMENT; EVENT MANAGEMENT; FINANCE, BUDGETING, REPORTING AND ANALYSIS; HUMAN RESOURCES AND PERSONNEL MANAGEMENT; INFORMATION TECHNOLOGY SUPPORT; MAJOR GIFTS COUNSEL; AND REGULATORY/LEGAL ADMINISTRATION. STEPHEN K. ORR WAS COMPENSATED DIRECTLY BY YOUTH INC UNDER CONTRACT WITH ORR ASSOCIATES. YOUTH, I.N.C. PAID MR. ORR $81,875 FOR SERVICES PROVIDED IN 2015 AND YOUTH INC PAID ORR ASSOCIATES $1,137,365 FOR SERVICES PROVIDED IN 2015.

PART VI, SECTION B, LINE 11B - REVIEW PROCESS OF FORM 990:
TO COMPLY WITH BEST PRACTICES REGARDING FORM 990 PREPARATION AND SUBMISSION, YOUTH INC USES THE FOLLOWING PROCEDURES:
1. PREPARATION OF FORM 990 BY AN INDEPENDENT CPA FIRM.
2. INTERNAL STAFF REVIEW AND CORRECTIONS OF DRAFT 990 PREPARED BY AN INDEPENDENT CPA FIRM.
3. AUDIT COMMITTEE REVIEW AND APPROVAL:
* FORM 990 SENT VIA EMAIL.
* AUDIT COMMITTEE CONFERENCE CALL FOR FORM 990 QUESTIONS AND ANSWERS REVIEW.
* AUDIT COMMITTEE APPROVAL.
4. EXECUTIVE COMMITTEE REVIEW AND APPROVAL:
* FORM 990 AND COVER EMAIL DESCRIBING PROCESS AND AUDIT COMMITTEE

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APPROVAL SENT TO EXECUTIVE COMMITTEE.

* EXECUTIVE COMMITTEE CONFERENCE CALL FOR FORM 990 QUESTIONS AND ANSWERS REVIEW.

* EXECUTIVE COMMITTEE REVIEW AND APPROVAL.

5. FORM 990 AND COVER EMAIL DESCRIBING PROCESS AND AUDIT AND EXECUTIVE COMMITTEE APPROVALS SENT TO BOARD.

6. SIGNATURE BY YOUTH INC EXECUTIVE DIRECTOR.

7. SUBMISSION OF FORM 990 TO IRS BY DEADLINE.

PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST:
THE YOUTH INC CONFLICT OF INTEREST (COI) POLICY REQUIRES YOUTH INC OFFICERS, DIRECTORS AND KEY EMPLOYEES TO FILE ANNUAL CONFLICT OF INTEREST REPORTS WITH THE ORGANIZATION. YOUTH INC USES THE FOLLOWING PROCESS TO GATHER, REVIEW AND RESOLVE CONFLICT OF INTEREST REPORTS.

1. YOUTH INC STAFF SEND CONFLICT OF INTEREST FORMS TO EACH OFFICER, DIRECTOR AND KEY EMPLOYEE EACH FISCAL YEAR.

2. YOUTH INC STAFF GATHER ALL CONFLICT OF INTEREST REPORTS, REVIEW THE REPORT AND WRITE A CONFLICT OF INTEREST MEMO THAT:

A. STATES THE NUMBER OF COI REPORTS THAT IDENTIFY "NO" CONFLICT OF INTEREST.

B. SUMMARIZES ANY OUTSTANDING OR MISSING COI REPORTS.

C. SUMMARIZES THE COI REPORTS THAT IDENTIFY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST.

I. PROVIDES IN-DEPTH INFORMATION REGARDING THE ACTUAL CONFLICTS OF INTERESTS.

II. PROVIDES PRELIMINARY RECOMMENDATION FOR RESOLUTION REGARDING THE

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POTENTIAL OR ACTUAL CONFLICTS OF INTEREST.

3. YOUTH INC STAFF SENDS THE COI MEMO AND COPIES OF REPORTS WITH POTENTIAL OR ACTUAL CONFLICTS OF INTEREST TO AUDIT COMMITTEE.

4. AUDIT COMMITTEE REVIEWS THE COI MEMO AND POTENTIAL OR ACTUAL CONFLICTS OF INTEREST REPORTS AND STAFF RECOMMENDATION FOR RESOLUTION AND THEN DETERMINES THE APPROPRIATE COURSE OF ACTION UNDER THE GUIDELINES OF YOUTH INC CONFLICT OF INTEREST POLICY.

5. AUDIT COMMITTEE REPORTS ITS COI COURSES OF ACTION TO INTERESTED PARTIES.

6. AUDIT COMMITTEE REPORTS ON STATUS OF CONFLICT OF INTEREST REPORTS AND ITS COURSE OF ACTION TO THE DIRECTORS OF YOUTH INC AT SUBSEQUENT BOARD MEETING.

PART VI, SECTION B, LINE 15A - COMPENSATION POLICY:
THE PROCESS INCLUDES ALL OF THESE ELEMENTS: (1) REVIEW AND APPROVAL BY THE YOUTH INC EXECUTIVE COMMITTEE; (2) USE OF DATA AS TO COMPARABLE COMPENSATION; AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.

1. REVIEW AND APPROVAL: THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE YOUTH INC EXECUTIVE COMMITTEE. ANY MEMBER OF THE EXECUTIVE COMMITTEE THAT HAS A FAMILY OR BUSINESS RELATIONSHIP WITH THE EXECUTIVE DIRECTOR THAT IS DEEMED A CONFLICT OF INTEREST WILL BE EXCUSED FROM THE COMPENSATION APPROVAL PROCESS.

2. USE OF DATA AS TO COMPARABLE COMPENSATION: THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS EVALUATED, REVIEWED AND APPROVED USING COMPARABLE

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COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

3. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING: THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. THE REVIEW PROCESS IS CONDUCTED ANNUALLY.

PART VI, SECTION C, LINES 18 & 19-AVAILABILITY OF ORG. DOCUMENTS AND F/S: YOUTH INC MAKES ITS PRIVACY POLICY, FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE YOUTH INC WEBSITE. WWW.YOUTHINC-USA.ORG YOUTH INC MAKES ITS FORM 1023 AND ITS CONFLICTS OF INTEREST POLICY AVAILABLE, UPON REQUEST, TO THE PUBLIC. YOUTH INC DOES NOT CHARGE THE PUBLIC FOR THESE DOCUMENTS AND PROVIDES SUCH DOCUMENTS TO THE PUBLIC VIA A SCANNED COPY SENT VIA EMAIL. YOUTH INC DOES NOT MAKE AVAILABLE ITS GOVERNING DOCUMENTS TO THE GENERAL PUBLIC.

PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

$ 75,000	RETURN OF PRIOR YEAR GRANT PAYMENT
$ (48,457)	ALLOWANCE FOR DOUBTFUL ACCOUNTS
$ 26,543	TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART III, LINE 2 - NEW PROGRAM SERVICES:
YOUTH INC AND ROYAL BANK OF CANADA ("RBC") PARTNERED IN 2015 WITH TWO

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ACTIVITIES FOCUSED ON HELPING NYC YOUTH; RBC TRADE FOR KIDS AND RBC RACE FOR THE KIDS, WHOSE DETAILS CAN BE FOUND IN PART III, LINE 4B AND SCHEDULE O, PAGE 49.

ATTACHMENT 1

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

TO IMPROVE THE LIVES OF YOUTH THROUGH A UNIQUE VENTURE PHILANTHROPY MODEL THAT EMPOWERS, DEVELOPS, AND EDUCATES NONPROFIT ORGANIZATIONS SERVING YOUNG PEOPLE. SINCE OUR FOUNDING AS A 501(C)(3) IN 1995, WE'VE TAKEN A HOLISTIC APPROACH TO ADDRESS THE MANY DIFFERENT NEEDS OF NONPROFITS, FROM IMPROVING FUNDRAISING PRACTICES AND BUILDING BOARDS, TO FUNDING CRITICAL ELEMENTS OF INFRASTRUCTURE. YOUTH INC HAS ALSO DEVELOPED A CUTTING-EDGE METRICS PROGRAM THAT HELPS ORGANIZATIONS IMPROVE THEIR PROGRAMS TO DRIVE THE SOCIO-EMOTIONAL LEARNING (SEL) OUTCOMES OF THE YOUTH THEY SERVE. THIS LEADS TO INCREASED ACADEMIC SUCCESS AND REDUCED RISKY BEHAVIORS, WHICH MEANS THRIVING YOUTH! CURRENTLY, WE PARTNER WITH MORE THAN 60 YOUTH-SERVING NONPROFITS THAT SERVE OVER 300,000 KIDS EACH YEAR.

ATTACHMENT 2

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER ALL PROGRAMS	29,044.	1,892,597.	33,560.
TOTALS	29,044.	1,892,597.	33,560.

ATTACHMENT 3

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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ORR ASSOCIATES, INC. 2801 M STREET, N.W. WASHINGTON, DC 20007	MANAGEMENT SERVICES	1,137,365.
WASSERMAN MEDIA GROUP 10960 WILSHIRE BLVD, STE 2200 LOS ANGELES, CA 90024	EVENT MANAGEMENT	439,837.
NET@WORK 575 8TH AVENUE, 10TH FLOOR NEW YORK, NY 10018	COMPUTER SERVICES	112,919.

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
AUCTION	56,840.
TOTAL	56,840.

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
AUCTION	44,030.	45,527.	-1,497.
TOTALS	44,030.	45,527.	-1,497.