	0	on	Return of Organization Exempt			OMB No. 1545-0047
Forr	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	-		<sup>ns)</sup> 2014
		of the Treasury	Do not enter social security numbers on this form a	-	•	Open to Public
		nue Service	Information about Form 990 and its instructions is ar year, or tax year beginning JUL 1, 2014 and	s at <sub>www.irs</sub>	<u>.gov/form990.</u> UN 30, 2015	Inspection
				enaing U		
B C a	heck if pplicab	le: C Name of	forganization		D Employer identifie	cation number
	Addre	YOUT	HZONE, INC.			
	Name Chang		usiness as		84-0	712993
	Initial return		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final		970-	945-9300		
	termir ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1373287.
	Amen return		WOOD SPRINGS, CO 81601		H(a) Is this a group re	
	Applio tion pendi		nd address of principal officer: LORI MUELLER		for subordinates	
	-	SAME	AS C ABOVE		H(b) Are all subordinates in	
		empt status:	$\underline{X}$ 501(c)(3) $\underline{5}$ 501(c) ( ) (insert no.) $\underline{4}$ 4947(a)(1) YOUTHZONE • COM	or 527	1	list. (see instructions)
			X       Corporation       Trust       Association       Other ►	I Voor	H(c) Group exemption	State of legal domicile: CO
	art I	Summary				State of legal dofflictle. CO
	1		be the organization's mission or most significant activities: $(SEE)$	SCHED	ULE O)	
Activities & Governance	•	Drielly describ	$\frac{1}{1}$		022 0,	
rnai	2	Check this bo	x      if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
ove	3		-		3	10
Ğ	4		lependent voting members of the governing body (Part VI, line 1b)			10
8 8	5		of individuals employed in calendar year 2014 (Part V, line 2a)			23
/itie	6		of volunteers (estimate if necessary)			230
Cti	7a	Total unrelated	d business revenue from Part VIII, column (C), line 12			0.
◄			business taxable income from Form 990-T, line 34			0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		1023902.	1118522.
Revenue	9		ce revenue (Part VIII, line 2g)		96863.	116925.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		56389.	25094.
£	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<34297.	> <40835.>
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1142857.	1219706.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		3552.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
S	15	-	r compensation, employee benefits (Part IX, column (A), lines 5-10)		850185.	860415.
Expense			undraising fees (Part IX, column (A), line 11e)		0.	0.
be			ing expenses (Part IX, column (D), line 25)	00.		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		310636.	304536.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1164373.	1164951.
	19		expenses. Subtract line 18 from line 12		<21516.	> 54755.
Net Assets or Fund Balances					ginning of Current Year	End of Year
sets alan	20	Total assets (F	Part X, line 16)		1033747.	1118689.
t As	21	Total liabilities	(Part X, line 26)		23520.	60711.
Fun	22		fund balances. Subtract line 21 from line 20		1010227.	1057978.
	art II	Signature				
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of m	y knowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of whether the second	hich preparer	has any knowledge.	
Sig	n	Signature			Date	

Here		E DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Da	
Paid	ROGER D. MAGGARD, CPA	09	23/15 if self-employed P00740307
Preparer	Firm's name <b>HAYS</b> , <b>MAGGARD</b> &	HOOD, PC	Firm's EIN <b>84-0717842</b>
Use Only	Firm's address 2700 GILSTRAP CC	URT	
	GLENWOOD SPRINGS	5, CO 81601	Phone no. (970)945-8588
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No
432001 11-0	7-14 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form <b>990</b> (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

- orm	990 (2014) YOUTHZONE, INC.	84-0712993	Pag
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[
1	Briefly describe the organization's mission:		NO
	PROVIDING OPPORTUNITIES FOR ALL YOUTH TO BE RESPONSIBLE MEMBERS OF SOCIETY AND WORKING WITH THEIR FAMILIES AND		
	TOWARD THIS END THROUGH PREVENTION, ADVOCACY AND DIRECT		
	EDUCATIONAL PURPOSES.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X
	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?	?	
	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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •	
	revenue, if any, for each program service reported.		unu
4a	(Code: ) (Expenses \$ 225432 • including grants of \$ ) (Rever	nue \$ 2	240
		R HIGH RISK A	ND
	TROUBLED YOUTH; DRUG FREE ACTIVITIES; EDUCATION; PARENT		
	COMMUNITY SERVICE OPPORTUNITIES. (DIRECT PROGRAM FEES	AND DIRECT	
	GOVERNMENT GRANTS ARE REFLECTED ABOVE.)		
4b	(Code: ) (Expenses 738045. including grants of ) (Rever INTERVENTION PROGRAMS - STAFF COUNSELING AND WORK WITH		
	TROUBLED YOUTH AND THEIR FAMILIES TO PROVIDE TOOLS FOR		ШD
	POSITIVE BEHAVIOR CHANGE. PROGRAMS WITH THE JUVENILE C		
	(DIRECT PROGRAM FEES AND DIRECT GOVERNMENT GRANTS ARE R		VE.
4c	(Code: ) (Expenses \$ 20539 • including grants of \$ ) (Rever	nue \$ 11	490
	INSIGHT-TO-IMPACT - AN EVIDENCE BASED SYSTEM FOR POSITI		
		DEL INTEGRAT	ES
	HOLISTIC APPROACH TO YOUTH SERVICES WHILE IDENTIFYING A		
	STRENGTHS AND NURTURING THEIR POTENTIAL. THE SYSTEM IS		
		COMPREHENSIV	
	INTERVENTION STRATEGY AND MEASURE PROGRESS BY MEANS OF LINKAGE FROM ASSESSMENT TO INTERVENTION, WITH BUILT-IN	A COMPREHENS	
	MEASUREMENT, ANALYSIS AND REPORTING OF CLIENT AND OVERA		OR
	SUCCESS.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 0 • including grants of \$ 0 •) (Revenue \$	25232.)	
4e	Total program service expenses ►     984016.		00.
32002		Form <b>9</b>	<b>90</b> (2
1-07-			
40	923 765183 4595 2014.04020 YOUTHZONE, INC.	4595	5
- 0			

Form 990 (	2014)	YOUTI	HZONE,	Ι
Part IV	Checklist o	f Required	Schedule	es

YOUTHZONE, INC.

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6		5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	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	-		
Ũ	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			x
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	10-	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	<u></u>	
D	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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		

Form 990 (2014)

432003 11-07-14

Form 990	(2014)	YOUTHZONE,	INC.
Part IV	Checklist of	f Required Schedul	es (continued)

YOUTHZONE, INC.

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	250		
20	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b		28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ A
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	x	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	- 23	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35d		
U U	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	

Form 990 (2014)

432004 11-07-14

Form	990 (2014) YOUTHZONE, INC.	84-0712	993	F	Page 5
Pa					
	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   15	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C	)		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable 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 23	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
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	0	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 A	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 trans	action?	5b		X
	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 t	he organization solicit			
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			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:	40-1			
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:	440			
a L	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	146			
100	amounts due or received from them.)	10412	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<b>12b</b>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
~	Enter the amount of reserves on hand	130 13c	-		
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu		14a		+
		~ ~		1 990	(2014)

Sec					Σ
	tion A. Governing Body and Management				1
		1.1 1	<u>م</u>	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	1			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	<u>u</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
а	The governing body?		8a	X	Г
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 rea				$\top$
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code )			
				Yes	r
l0a	Did the organization have local chapters, branches, or affiliates?		10a	100	† i
	If "Yes," did the organization have written policies and procedures governing the activities of such c		104		+
D			106		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	x	┢
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y before ming the form?	11a	- 23	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-	x	
	-	to conflictoQ	12a	X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			x	
	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		-
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official				
				X	
b	Other officers or key employees of the organization			X X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	nent with a			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	nent with a	15b		-
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	nent with a te its participation	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	nent with a te its participation nization's	15b		
16a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization follow.	nent with a te its participation nization's	15b 16a		
16a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized the organization to such arrangements?	nent with a te its participation nization's	15b 16a		
16a b Sec	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements?	nent with a te its participation nization's	15b 16a 16b	X	
16a b <b>Sec</b> 17	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>	nent with a te its participation nization's	15b 16a 16b	X	
16a b <b>Sec</b> 17	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply.	nent with a te its participation nization's - (Section 501(c)(3)s only	15b 16a 16b	X	
16a b <b>Sec</b> 17	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explained)	nent with a te its participation nization's (Section 501(c)(3)s only <i>in Schedule O</i> )	15b 16a 16b	X	
16a b Sec 17 18	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- <sup>-</sup> for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website X Upon request □ Other ( <i>explain</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, con-	nent with a te its participation nization's (Section 501(c)(3)s only <i>in Schedule O</i> )	15b 16a 16b	X	
16a b <b>Sec</b> 17 18	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- <sup>-</sup> for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	ment with a te its participation nization's (Section 501(c)(3)s only <i>in Schedule O</i> ) nflict of interest policy, a	15b 16a 16b	X	
16a b Sec 17 18	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's both	ment with a te its participation nization's (Section 501(c)(3)s only <i>in Schedule O</i> ) nflict of interest policy, a	15b 16a 16b	X	2
16a b <b>Sec</b> 17 18	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalual in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bother THE CORPORATION - 970-625-3141	ment with a te its participation nization's (Section 501(c)(3)s only <i>in Schedule O</i> ) nflict of interest policy, a	15b 16a 16b	X	
16a b <u>Sec</u> 17 18 19	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bother THE CORPORATION - 970-625-3141 136 EAST 12TH STREET, RIFLE, CO 81650	ment with a te its participation nization's (Section 501(c)(3)s only <i>in Schedule O</i> ) nflict of interest policy, a	15b 16a 16b	X	
16a b <u>Sec</u> 17 18 19	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalual in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bother THE CORPORATION - 970-625-3141	ment with a te its participation nization's (Section 501(c)(3)s only <i>in Schedule O</i> ) nflict of interest policy, a	15b 16a 16b	X	

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.

YOUTHZONE, INC.

Form 990 (2014)

84-0712993

Page 6

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

<b>(A)</b> Name and Title	(B) Average hours per	Average (do n nours per box, r				(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Offlicer		Highest compensated	,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
(1) DAVE SCRUBY	0.50							0	0	0				
BOARD - CHAIR		X		X				0.	0.	0.				
(2) JIM O'DONNELL	0.50			v					0	0				
BOARD - VICE CHAIR		X		Х				0.	0.	0.				
(3) TED EDMONDS	0.50	v		v				0.	0.	0				
BOARD - SECY/TREAS	0.50	X		X				0.	0.	0.				
(4) STEVE NILSSON BOARD MEMBER	0.50	x						0.	0.	0.				
	0.50	^						0.	0.	0.				
(5) MIKE WEST BOARD MEMBER	0.50	x						0.	0.	0.				
(6) TIM BRAUN	0.50			<u> </u>				0.	•	0.				
BOARD MEMBER	0.50	x						0.	0.	0.				
(7) MARTHA ROBINSON	0.50													
BOARD MEMBER		x						0.	0.	0.				
(8) ALICIA CRANDELL	0.50							•••		<b>•</b> •				
BOARD MEMBER		x						0.	0.	0.				
(9) LINDSEY BUSK	0.50													
BOARD MEMBER		x						0.	0.	0.				
(10) TIM KELLY	0.50													
BOARD MEMBER		X						0.	0.	0.				
(11) LORI MUELLER	40.00													
EXECUTIVE DIRECTOR				X				78705.	0.	0.				
(12) ROBIN TOLAN	40.00													
DEVELOPMENT DIRECTOR				х				70485.	0.	0.				
			<u> </u>		<u> </u>									
			-											
										Form <b>990</b> (2014)				

	1 990 (2014) YOUTHZON									84-07	129	993	Pa	ge <b>8</b>					
Pa	t VII Section A. Officers, Directors, Trus		ploy	vees			ghe	st C		es (continued)									
	Name and title Ave hou			hours per week officer and					(C) Position (do not check more than one pox, unless person is both an officer and a director/trustee)					from	(E) Reportable compensatior from related		Esti amo o	(F) mateo ount c ther	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orga and	ensat m the nizatio relate nizatio	e on ed					
											$\square$								
											$\square$								
											$\square$								
											$\square$								
											-+								
											-+								
											-+								
											$\dashv$								
1b	Sub-total		1						149190.		0.			0.					
С		II, Section A							0. 149190.		0.			0.					
2	Total number of individuals (including but r compensation from the organization				A			no r		0,000 of reportable	-			0					
		dive story on the											Yes	No					
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	such individual										3	_	X					
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000?	" со	mple	ete S	Sche	edule	ə J f	for such individual	-		4	_	Х					
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>con</i> tion <b>B. Independent Contractors</b>					-			-			5		Х					
1	Complete this table for your five highest co										pensa	ation fro	om						
	the organization. Report compensation for (A)					vith	or w	rithir	(B)			(C)							
	Name and business	address	N	ONI	<u> </u>				Description of s	ervices	Co	ompen	sation						
2	Total number of independent contractors ( \$100,000 of compensation from the organi	•	not li	mite	d to		se li: 0	stec	d above) who received m	nore than									
43200 11-07											F	<sup>-</sup> orm <b>9</b>	<b>90</b> (2	014)					

			or note to anv lir	e in this Part VIII			
		Check if Schedule O contains a response		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
		Federated campaigns 1a					
		Membership dues 1b	001000				
		Fundraising events 1c	221060.				
		Related organizations 1d	30691.				
		Government grants (contributions)	591272.				
ŝ	f	All other contributions, gifts, grants, and	075400				
		similar amounts not included above <b>1f</b>	275499.				
		Noncash contributions included in lines 1a-1f: \$		1110500			
1	h	Total. Add lines 1a-1f		1118522.			
	_	CLIENT COUNSELING FEES	Business Code 900099	116925.	116925.		
	2 a	CLIENT COUNSELING FEES	900099	110925.	110925.		
	b						
	C d						
2	d						
	f	All other program service revenue					
		Total. Add lines 2a-2f		116925.			
╈	3	Investment income (including dividends, intere					
		other similar amounts)		17247.	17247.		
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 108965.					
	b	Less: cost or other basis					
		and sales expenses 101078.	40.				
	С	Gain or (loss) 7887.	<40.		7047		
	d	Net gain or (loss)	<b>&gt;</b>	7847.	7847.		
	8 a	Gross income from fundraising events (not					
		including \$ 221060. of					
		contributions reported on line 1c). See	0.				
	<b>b</b>	Part IV, line 18 a	52463.				
		Less: direct expenses <b>b</b> Net income or (loss) from fundraising events	<b>`</b>	<52463.			<52463
		Gross income from gaming activities. See	····· <b>&gt;</b>	(52405)	-		<52405
	9 a	Part IV, line 19 a					
	h	Less: direct expenses b					
		Net income or (loss) from gaming activities	►				
1		Gross sales of inventory, less returns	<b>F</b>				
1		and allowances a					
	b	Less: cost of goods sold <b>b</b>					
		Net income or (loss) from sales of inventory	<b>&gt;</b>				
		Miscellaneous Revenue	Business Code				
1	1 a	INSIGHT TO IMPACT INCO	900099	11490.	11490.		
	b	OTHER INCOME/REIMBURSE	900099	5491.	5491.		
	с	LESS INVESTMENT FEES	900099	<6335.		>	
		All other revenue	900099	982.	982.		
1	е	Total. Add lines 11a-11d		11628.			
		Total revenue. See instructions.		1219706.	153647.	0	<52463

YOUTHZONE, INC.

Form 990 (2014)

14340923 765183 4595

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YOUTHZONE, INC.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	se or note to any line in	this Part IX	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 4 0 1 0 0	110515		0000
	trustees, and key employees	149190.	112715.	7870.	28605
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	570000	F 41 7 0 F		10000
7	Other salaries and wages	578089.	541725.	25558.	10806
8	Pension plan accruals and contributions (include	10654	16705	0.5.7	1 ^ 1 1
_	section 401(k) and 403(b) employer contributions)	18654. 48851.	16786. 39312.	857. 7193.	1011 2346
9	Other employee benefits				
0	Payroll taxes	65631.	52698.	9661.	3272
1	Fees for services (non-employees):				
a	Management				
b		8108.		8108.	
	Accounting	0100.		0100.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4167.	4167.		
~	column (A) amount, list line 11g expenses on Sch 0.)	16952.	2614.	14338.	
2	Advertising and promotion	14487.	13753.	53.	681
3	Office expenses	17753.	694.	17059.	
4 -	Information technology	I//JJ.	094.	17039.	
5	Royalties	84687.	74910.	4714.	5063
6	Occupancy	17042.	12752.	3674.	616
7	Travel	1/042.	12/32.	5074.	010
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials	15675.	13970.	1705.	
9	Conferences, conventions, and meetings	• • • • • • • •	13970.		
0 1	Interest				
1 2	Payments to affiliates	17479.	15618.	771.	1090
		12501.	3361.	8964.	176
3 4	Insurance	12301.	5501.	05010	170
4	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PURCHASED SERVICES	46900.	46541.	0.	359
a b	TELECOMMUNICATIONS	14857.	13674.	528.	655
D C	OTHER EXPENSES	11845.	6467.	4993.	385
c d	PRINTING & PUBLICATIONS	9062.	3180.	5047.	835
		13021.	9079.	3942.	000
е 5	All other expenses	1164951.	984016.	125035.	55900
5 6	Joint costs. Complete this line only if the organization	•	0-10-10-0	123033•	55500
0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	I		I	

432010 11-07-14

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Form **990** (2014)

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Form 990 (2014) YOUTHZONE, INC. Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			138068.	1	178690.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			49531.	3	57610.
	4	Accounts receivable, net			12295.	4	7452.
	5	Loans and other receivables from current and for				•	-
	ľ	trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disguali					
	ľ	section 4958(f)(1)), persons described in section	•	· ·			
		employers and sponsoring organizations of sect					
ß		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				3863.	9	7191.
		Land, buildings, and equipment: cost or other	I			5	, _ , _ , _ ,
		basis. Complete Part VI of Schedule D	102	645088.			
	h	Less: accumulated depreciation	10a	451743.	203919.	10c	193345.
	11	Investments - publicly traded securities			2009190	11	1900100
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		410883.	13	468262.	
	14			215188.	14	206139.	
		Intangible assets			215100.	14	200135.
	15	Other assets. See Part IV, line 11			1033747.	15	1118689.
	16 17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses			21730.	17	18961.
	18				21/50.	18	10501.
	19	Grants payable			1540.	19	41750.
	20	Deferred revenue			10100	20	11/301
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				20	
	22	Loans and other payables to current and former				21	
Liabilities	~~	key employees, highest compensated employee					
iliq		Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrela				22	
	23	Unsecured notes and loans payable to unrelate				23	
	24	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		Schedule D			250.	25	0.
	26	Total liabilities. Add lines 17 through 25		E	23520.	26	60711.
	20	Organizations that follow SFAS 117 (ASC 958				20	
s		complete lines 27 through 29, and lines 33 an					
ЭС	27	Unrestricted net assets			1004227.	27	1000073.
alaı	28	Temporarily restricted net assets			6000.	28	57905.
d B	29					29	
'n		Organizations that do not follow SFAS 117 (A					
ъ Ц		and complete lines 30 through 34.	,	, <u> </u>			
ts	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances		E	1010227.	33	1057978.
	34	Total liabilities and net assets/fund balances			1033747.	34	1118689.

Form **990** (2014)

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       1219706.         2       Total expenses (must equal Part X, column (A), line 25)       2       1164951.         3       547755.       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       1010227.         5       Het assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       5       6         6       Donated services and use of facilities       6       7         7       Investment expenses       7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       <7004.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       1057978.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X         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	Form	990 (2014) YOUTHZONE, INC.	84-071	2993	Pa	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1 219706.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1164951.         3       54755.       1       1 010227.         5       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       1010227.         5       Net unrealized gains (losses) on investments       5       6         6       7	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       1164951.         3       Revenue less expenses. Subtract line 2 from line 1       3       54755.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       1010227.         5       5       5       5       5         6       0       7       5         7       8       6       7         8       9       <7004.       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       <7004.         10       1057978.       10       1057978.         Part Particial Statements and Reporting       X       X         7       10       10577978.         9       Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       ft "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, or both:       2a       X         11       ft "Yes," check a box below to indicate whether the financial statements for the year w		Check if Schedule O contains a response or note to any line in this Part XI				X
2       Total expenses (must equal Part IX, column (A), line 25)       2       1164951.         3       Revenue less expenses. Subtract line 2 from line 1       3       54755.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       1010227.         5       5       5       5       5         6       0       7       5         7       8       6       7         8       9       <7004.       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       <7004.         10       1057978.       10       1057978.         Part Particial Statements and Reporting       X       X         7       10       10577978.         9       Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       ft "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, or both:       2a       X         11       ft "Yes," check a box below to indicate whether the financial statements for the year w				1 0	107	06
3       Revenue less expenses. Subtract line 2 from line 1       3       54755.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       1010227.         5       Net unrealized gains (losses) on investments       5       5         6       0       7       5         7       8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       <7004.       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       1057978.         Part XII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       SA haccrual       Other       2a						
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       1010227.         5       Net unrealized gains (losses) on investments       6         6       7       7         7       8       6         7       8       7         9       0ther changes in net assets or fund balances (explain in Schedule O)       9       <7004.         10       1057978.       9       <7004.         10       1057978.       10       1057978.         Part XII       Financial Statements and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       the organization sinancial statements compiled or reviewed by an independent accountant?       Yes       No         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         11       the organization sinancial statements compiled or reviewed by an independent accountant?       Yes       No       2a       X         12       Separate basis, consolidated basis, or both:       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       X       X       X       X       X						
5       Net unrealized gains (losses) on investments       5         6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9       <7004.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       <7004.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       1057978.         Part XII       Financial Statements and Reporting       X       X       10       1057978.         Part XII       Financial Statements and Reporting       X       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       1         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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:       2a       X         2       Separate basis       Consolidated basis       Both consolidated and separate basis.       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for	-	1				
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       1057978.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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:       2a       X         Separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review,	-		· ·	10	102	47.
7       Investment expenses       7       8         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       <7004.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       1057978.         Part XII       Financial Statements and Reporting       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       2a       X         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X       I         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X       I         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis						
8Prior period adjustments89Other changes in net assets or fund balances (explain in Schedule O)9<7004.:10Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))101057978.Part XIIFinancial Statements and ReportingXXXCheck if Schedule O contains a response or note to any line in this Part XIIXX1Accounting method used to prepare the Form 990:CashXAccrualOtherIf the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.2aX2Were the organization's financial statements compiled or reviewed by an independent accountant?2aXIf "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basisBoth consolidated and separate basis2bXbWere the organization's financial statements and/ted by an independent accountant?2bXIf "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis2bXbWere the organization's financial statements and/ted by an independent accountant?2bXIf "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:2bXIf "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:2bXIf "Yes," check a box below to indi	-		-			
9 Other changes in net assets or fund balances (explain in Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, columm (B))   10 1057978.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X I Accounting method used to prepare the Form 990: Cash A Account 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. Deter 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. Deter the organization is 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: Image: Separate basis Consolidated basis Consolidated basis Determine that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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. 3a As a result of a federal award, was the organization nequire		<b>-</b>				
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       1057978.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       X       X       Za       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X       2b       X         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:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements audited and separate basis       Consolidated basis, or both:       2b<	-				-70	$\overline{01}$
column (B))       10       1057978.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Vere the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X         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:       2b       X         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:       2b       X         If "Yes," theck a box below to indicate whether the financial statements and sependent a			9		< 70	<u>04.</u> /
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         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:       2b       X         If "Yes," the k a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," the k a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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?	10			10	570	78
Check if Schedule O contains a response or note to any line in this Part XII   1   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Main Schedule O.   2a   X   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   D   Separate basis   Consolidated basis   D   Separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis <tr< th=""><td>Pa</td><td></td><td></td><td>10</td><td>575</td><td>70.</td></tr<>	Pa			10	575	70.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Iu					Y
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X </th <td></td> <td>Check if Schedule O contains a response or note to any line in this Part XII</td> <td></td> <td></td> <td></td> <td></td>		Check if Schedule O contains a response or note to any line in this Part XII				
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   Devere 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 compiled or reviewed on a separate basis   Devere 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:   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:   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:   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.   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?	4	Accounting method used to propare the Form 990: Cash X Accrual Other			105	
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       X         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:       2b       X         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:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a       X	•	<u> </u>				
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:       Image: Consolidated basis	22			22		x
separate basis, consolidated basis, or both:   Separate basis   Separate basis   Consolidated basis   Both consolidated and separate basis   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:   X   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basi	Za			. <u>Za</u>		
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>consolidated basis<td></td><td></td><td>uona</td><td></td><td></td><td></td></li></ul>			uona			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         3a       X						
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:       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:       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:       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:       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:       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:       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:       If "Yes," check a box below to indicate whether the financial statements and separate basis, consolidated and separate basis       If "Yes," check a box below to indicate whether the 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.       If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       If the organization changed award, was the organization required to undergo an audit or audits as set forth in the Single Audit       If the organization changed award, was the organization required to undergo an audit or audits as set forth in the Single Audit       If the organization changed award,	h			2h	x	
<ul> <li>consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> </ul>	D.			. 20		
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis			10 04313,			
<ul> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>a 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?</li> </ul>						
review, or compilation of its financial statements and selection of an independent accountant? <u>2c X</u> If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. <b>3a</b> 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? <u>3a X</u>	c		e audit			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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	Ŭ			20	Х	
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       3a       X         Act and OMB Circular A-133?       3a       X						
Act and OMB Circular A-133?	3a					
				3a		Х
<b>b</b> If "Yes" did the organization undergo the required audit or audits? If the organization did not undergo the required audit	h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	2			3b		
Form 990 (2014)					990	2014)

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(Form	990	or	990-	·EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

4947(a)(1) nonexempt	charitable trust.
Attach to Form 990	or Form 990-EZ.

OMB No. 1545-0047
2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e of t	the organization					E		identification number
Pa	rt I	Reason for Public	HZONE, INC		omploto th	via part ) S			4-0712993
	organ	ization is not a private found				,			
1		A church, convention of ch			a in sectio	)(a)011 nd	I)(A)(I).		
2		A school described in sect				\L\/d\/A\/:	::)		
3		A hospital or a cooperative						iii) Entord	the heapital's name
4		A medical research organiz city, and state:	allon operated in co	injunction with a nospita	li describe			III). Enter t	ine nospital s name,
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ited by a d	overnmental ur	nit describ	ed in
5		section 170(b)(1)(A)(iv). (C		mege of university owne		lieu by a g	ovenimentarui	in describ	
6		A federal, state, or local go		mental unit described in	section 1	70(b)(1)(A)	(14)		
	X	An organization that norma						o gonoral	nublic described in
'		section 170(b)(1)(A)(vi). (C		antial part of its support	nom a gov	ennenta		s general	
8		A community trust describe			+ 11 )				
9	$\square$	An organization that norma			· · · ·	contributi	ons membersh	in fees a	nd aross receipts from
Ū		activities related to its exen		•			-	•	•
		income and unrelated busin							
		See section 509(a)(2). (Con							
10		An organization organized a		sively to test for public sa	afety. See	section 50	<b>09(a)(4).</b>		
11		An organization organized a						ry out the	purposes of one or
		more publicly supported or							
		lines 11a through 11d that	describes the type of	of supporting organization	on and con	nplete line	s 11e, 11f, and	11g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trustee	s of the s	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	ction with i	ts support	ed organization	ı(s), by ha	ving
		control or management o	of the supporting org	anization vested in the s	same pers	ons that co	ontrol or manag	e the sup	ported
		_ organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally interpretent of the second	egrated. A supportin	g organization operated	in connec	tion with,	and functionally	/ integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	porting organization ope	rated in co	nnection v	with its support	ed organiz	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	an attenti	veness
		requirement (see instruct	-						
е		Check this box if the orga					a Type I, Type I	, Type III	
		functionally integrated, or							
f	Ente	er the number of supported of	organizations						
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) is the c	organization	(v) Amount of n	nonotany I	(vi) Amount of
	(	organization		(described on lines 1-9	listed	in your	support (s		other support (see
		0		above or IRC section	governing Yes	document?	Instructio		Instructions)
				(see instructions))	Tes	NO			
Tota	I								
-		Paperwork Reduction Act N	Notice, see the Instr	ructions for			Schedu	le A (Forr	m 990 or 990-EZ) 2014

Form 990 or 990-EZ. 432021 09-17-14

# Schedule A (Form 990 or 990-EZ) 2014 YOUTHZONE, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	919424.	844861.	835085.	894636.	915901.	4409907.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$	60336.	60636.	60636.	60636.	60636.	302880.
4	Total. Add lines 1 through 3	979760.	905497.	895721.	955272.	976537.	4712787.
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)						49864.
	Public support. Subtract line 5 from line 4.						4662923.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a)2010 979760.	(b) 2011 905497.	(c) 2012 895721.	(d) 2013 955272.	(e)2014 976537.	(f) Total 4712787.
	Amounts from line 4	9/9/60.	905497.	095/21.	955474.	9/055/.	4/12/0/.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	92067.	<332.	<b>76281</b> .	44213.	12777.	225006.
•	and income from similar sources	92007.	<354.	> /0201.	44213.	12///•	225000.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	9000.	8527.	6912.	8516.	16941.	49896.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	5000.	0527.	09120	0510.	109410	4987689.
12		oto (coo instructio	one)			12	518256.
13				d fourth or fifth ta			0101000
	organization check this box and <b>stor</b>	here				1001(0)(0)	
Sec	organization, check this box and <b>stor</b> ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (I					14	93.49 %
	Public support percentage from 2013					15	93.12 %
	<b>33 1/3% support test - 2014.</b> If the c						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2013. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization		
b	10% -facts-and-circumstances tes	<b>t - 2013.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	heck this box and <b>s</b>	<b>stop here.</b> Explair	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►
					Sche	dule A (Form 990	or 990-EZ) 2014

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# 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.)

Calendar year (or fiscal year beginning in) 🕨 🔤	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and		+			1	
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6				. ,		
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	he organization'	s first, second, thir	d. fourth. or fifth ta	x vear as a section	on 501(c)(3) ora	anization.
Section C. Computation of Public						
<b>15</b> Public support percentage for 2014 (lin			column (f))		15	
16 Public support percentage for 2013 S					16	
Section D. Computation of Invest						
Section D. Computation of invest						
17 Investment income new start for out	4 (IINE TUC, COlU				17	
1 5					18	
18 Investment income percentage from 20	013 Schedule A,					
<ul><li>18 Investment income percentage from 20</li><li>19a 33 1/3% support tests - 2014. If the c</li></ul>	<b>013</b> Schedule A, organization did r	not check the box	on line 14, and line			. r
<ul> <li>18 Investment income percentage from 20</li> <li>19a 33 1/3% support tests - 2014. If the comore than 33 1/3%, check this box and</li> </ul>	<b>013</b> Schedule A, organization did r d <b>stop here.</b> The	not check the box e organization qual	on line 14, and line lifies as a publicly s	upported organiz	zation	▶[
<ul> <li>18 Investment income percentage from 20</li> <li>19a 33 1/3% support tests - 2014. If the ormore than 33 1/3%, check this box and b 33 1/3% support tests - 2013. If the ormore tests - 2013. If the ormore tests - 2013.</li> </ul>	<b>013</b> Schedule A, organization did r d <b>stop here.</b> The organization did r	not check the box e organization qual not check a box or	on line 14, and line lifies as a publicly s n line 14 or line 19a	upported organiz , and line 16 is m	zation ore than 33 1/3	▶[ %, and
<ul> <li>18 Investment income percentage from 20</li> <li>19a 33 1/3% support tests - 2014. If the comore than 33 1/3%, check this box and</li> </ul>	<b>013</b> Schedule A, organization did r d <b>stop here.</b> The organization did r	not check the box e organization qual not check a box or	on line 14, and line lifies as a publicly s n line 14 or line 19a	upported organiz , and line 16 is m	zation ore than 33 1/3	▶[ %, and
<ul> <li>18 Investment income percentage from 20</li> <li>19a 33 1/3% support tests - 2014. If the comore than 33 1/3%, check this box and b 33 1/3% support tests - 2013. If the colline 18 is not more than 33 1/3%, check</li> </ul>	<b>D13</b> Schedule A, organization did r d <b>stop here.</b> The organization did r sk this box and <b>s</b>	not check the box e organization qual not check a box or stop here. The orga	on line 14, and line ifies as a publicly s n line 14 or line 19a anization qualifies a	upported organiz , and line 16 is m is a publicly supp	zation ore than 33 1/3 ported organizat	
<ul> <li>18 Investment income percentage from 20</li> <li>19a 33 1/3% support tests - 2014. If the ormore than 33 1/3%, check this box and b 33 1/3% support tests - 2013. If the ormore tests - 2013. If the ormore tests - 2013.</li> </ul>	<b>D13</b> Schedule A, organization did r d <b>stop here.</b> The organization did r sk this box and <b>s</b>	not check the box e organization qual not check a box or stop here. The orga	on line 14, and line ifies as a publicly s n line 14 or line 19a anization qualifies a	upported organiz , and line 16 is m is a publicly supp is box and see in	zation ore than 33 1/3 ported organizat istructions	w, and tion ▶

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **P***art* **V***I what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 10b | | Schedule A (Form 990 or 990-EZ) 2014

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	tion 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 <b>Part VI</b> 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		
Sec	tion 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		
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	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		
Sec	tion 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)			
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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.			
а	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 <i>Part VI</i> .	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 <i>Part VI</i> the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule A (Form S	າສບ or 99	v∪-ヒZ)	2014

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Schedule A (Form 990 or 990 EZ) 2014 YOUTHZONE, INC.

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

Net short-term capital gain			(optional)
	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	з		
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
	Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter stop of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Let the current year is the organization's first as a non-functionally-	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) Other expenses (see instructions) <b>7</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4) <b>8</b> on <b>B</b> - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities <b>1a</b> Average monthly value of securities <b>1a</b> Average monthly cash balances <b>1b</b> Fair market value of other non-exempt-use assets <b>1c</b> <b>Total</b> (add lines 1a, 1b, and 1c) <b>11d</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ): Acquisition indebtedness applicable to non-exempt-use assets <b>2</b> Subtract line 2 from line 1d <b>3</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). <b>4</b> Net value of non-exempt-use assets (subtract line 4 from line 3) <b>5</b> Multiply line 5 by .035 <b>6</b> Recoveries of prior-year distributions <b>7</b> Minimum Asset Amount (add line 7 to line 6) <b>8</b> on <b>C</b> - <b>Distributable Amount</b> Adjusted net income for prior year (from Section A, line 8, Column A) <b>1</b> Enter greater of line 2 or line 3 <b>4</b> Income tax imposed in prior year (from Section B, line 8, Column A) <b>3</b> Enter greater of line 2 or line 3 <b>4</b> Income tax imposed in prior year (from Section B, line 8, Column A) <b>3</b> Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) <b>6</b>	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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Multiply line 5 by .035 Multiply line 2 form fine 1 Minimum Asset Amount (add line 7 to line 6) Multiply line 2 or prior year (from Section A, line 8, Column A) Enter greater of line 2 or line 3 Enter greater of line 2 or line 3 Distributable Amount. Subtract line 4, unless subject to

instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

Part VI Supplemental Information	<b>ON.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).
32028 09-17-14	Schedule A (Form 990 or 990-EZ) 20
40923 765183 4595	2014.04020 YOUTHZONE, INC. 4595

Name of the organization

# Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2014

Employer identification number

84-0712993

-	 	

# YOUTHZONE, INC.

Organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

YOUTHZONE, INC.

Page 2

84-0712993

		al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
1	C.H. BERNKLAU CHARITABLE LEAD TRUST 2956 CR 320 RIFLE, CO 81650	\$34000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
2	DIANE & BRUCE T HALLE FOUNDATION 20225 N SCOTTSDALE RD SCOTTSDALE, AZ 85255	\$50000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
3	EMBREY FAMILY FOUNDATION 3625 N HALL #720 DALLAS, TX 75219	\$30000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash

2014.04020 YOUTHZONE, INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)
Name of organization

Employer identification number

YOUTHZONE, INC.

84-0712993

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
23453 11-05	-14 23	Scheanle R (Form	990, 990-EZ, or 990-PF)

	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or I	n section 501(c)(7), (8), or (10) that total more than \$1,00 ing line entry. For organizations ess for the year. (Enter this info. once.) \$\$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part I -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-  		(e) Transfer of gift	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee

<ul> <li>relating to these items:</li> <li>(i) Revenue included in Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>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:</li> <li>a Revenue included in Form 990, Part VIII, line 1</li> <li>b \$</li> <li>c \$</li> <lic \$<="" li=""> <lic \$<="" li=""> <li>c \$</li> <lic \$<="" <="" th=""><th>90</th><th></th><th>Supplement</th><th>al Financial Statements</th><th></th><th>L</th><th>OMB No. 1545-0047</th></lic></lic></lic></ul>	90		Supplement	al Financial Statements		L	OMB No. 1545-0047
Part N. Vine 6, 7, 8, 9, 80, Ha, 116, 116, 116, 117, 120, 120, 117, 120, 120, 117, 120, 120, 117, 120, 120, 117, 120, 120, 117, 120, 120, 120, 120, 120, 120, 120, 120							2014
Internation about Schedule D (form 990) and its instructions is at <u>unow is conformation</u> Inspection           Name of the organization         Employee (destification number 8 - 0.712393)           Part1         Organization asswered 'Yes' to Form 980, Part V, Ine 6.         (e) Funds or Accounts. Complete if the organization asswered 'Yes' to Form 980, Part V, Ine 6.           1         Total number at end of year         (e) Donor advised funds         (b) Funds and other accounts           3         Aggregate value of contributions to (during year)         (e) Donor advised funds         (b) Funds and other accounts           4         Aggregate value of dams from (during year)         (e) Donor advised funds         (b) Funds and other accounts           4         Aggregate value of dams from (during year)         (c) Funds and other accounts         (b) Funds and other accounts           5         Date the organization inform all grantess, donors, and donor advisor, or for any other purpose conterring impormability private benefits. Complete if the organization answered Yes' to Form 980, Part N, Ine 7.         (c) Part No           Perpreted(d) or oonervation essements held by the organization or advisors fund and apply and the fact of the tax year.         (c) advisor of a non before structure accounts held by the organization contribution in the form of a conservation assement on the last drift of the tax year.           6         Data number of conservation essements modified, transferred, relates (d), orterminated by the organizatin or advisor orelation in the form	•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			Open to Public
YOUTHIZONE, INC.       104-0712993         Part II organizations Ministaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.       (a) Donor advised funds       (b) Funds and other accounts         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of cents from (during year)       (a) Donor advised funds       (b) Funds and other accounts         3       Aggregate value of ends from (during year)       (a) Donor advised funds       (b) Funds and other accounts         4       Aggregate value of ends from (during year)       (c) Donor advised funds       (c) Funds and other accounts         4       Dod the organization inform all donors and donor advisor, or for any other purpose conferring impermissible purposes and not for the banefit of the donor or oducation, or for any other purpose conferring       Yes       No         Percestion of and for public use (e.g., recreation or education)       Preferention of a conservation easements ind by the organization index all that apply.       (c) Interval       Preferention of a conservation easements       (c) Interval       (c) Interva			Information about Schedule D (Formation about Schedule D)	rm 990) and its instructions is at <sub>www.irs.gov/r</sub>	form99	<i>.</i>	Inspection
PertI       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)       (a) degregate value of antistom form all donor advisors in writing that the assets held in donor advised funds       yes       No         5       Ddf the organization inform all donor advisors in writing that grant funds can be used only for charabia benefit?       Yes       No         6       Ddf the organization inform all donor advisors in writing that grant funds can be used only for charabia benefit?       Yes       No         7       Purpose(s) of conservation easements be donor or donor advisor, or or any other purposes and nor advisor or or any other purposes and nor abutat       Yes       No         1       Purpose(s) of conservation easements held by the organization (neck all that app).       Preservation of a dor public use (e.g., necreation or education)       Preservation of a conservation easements.       2a         2       Complete inse 2a through 2d if the organization held a qualified conservation conservation easements on the last day of the tax year.       2a       2a         3       Number of conservation easements.       2a       2a       2a       2a       2a       2a       2a       2a       2a       2a<	Nam	e of the organizati			Em		
organization answered "Yes" to Form 900, Part IV, line 6.       (a) Donor advised funds       (b) Funds and other accounts         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of constructions to (during year)       (a) Aggregate value of ants form (during year)       (b) Funds and other accounts         3       Aggregate value of ants from (during year)       (c) Funds and other accounts       (c) Funds and other accounts         4       Aggregate value of ants from (during year)       (c) Funds and other accounts       (c) Funds and other accounts         5       Did the organization inform all denors and donor advisors in writing that the assets held in donor advised funds       (c) Funds and other accounts         6       Did the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the organization inform apply.       (c) Fault (C) Funds and funds       (c) Funds and funds         1       Purpose(s) of conservation easements. Complete if the organization contribution of a cettified historic structure       (c) Fault (f) Funds and funds       (c) Fault (f) Funds and funds         2       Complete ims 2a through 2d if the organization held a qualified conservation casement on a cettified historic structure       (c) Fault (f) F	Da	t I Organiza	-	d Funds or Other Similar Funds or A			
	Pa		-		CCOL	unts.c	complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of anothold control during year) 4 Aggregate value of anothold control during year) 5 Dotte to organization informal during year) 6 Dotte to organization informal during year) 9 Post III Conservation Easements. Complete if the organization answered "Yes' to Form 920. Part IV, line 7. P Property of conservation easements hold by the organization (check at that apply). Preservation of along the organization heid a qualified conservation contribution in the form of a certified historic structure Preservation of conservation easements included in (a) 1 Total accesser testicided by conservation easements 2 Complete lines 2a through 2d if the organization heid a qualified conservation contribution in the form of a censervation easement in cluded in (a) 1 Total accesser testicided by conservation easements 2 Number of conservation easements included at (a) caquied at the (A/TOR), and not on a historic structure 2 Does the organization have a written policy regarding the genergic monitoring, inspection, and or conservation easements included in (a) 1 Number of conservation easements included at (A/TOR), and not on a historic structure is during the year > s 2 Number of conservation easements included at (A/TOR), and not on a historic structure is during the year > s 3 Number of conservation easements included at (A/TOR), and not on a historic structure is during the year > s 3 Number of conservation easements included at (A/TOR),		organizatio	Tanswered fes to form 990, Fart IV, in		<b>b)</b> Fur	nds and	other accounts
Agregate value of contributions to (during year)     Agregate value of contributions to (during year)     Agregate value of anst ton (during year)     Det the organization is properly, subject to the organization exclusive liqal control?     Det the organization is properly, subject to the organization ackets we liqal control?     Det the organization is not for the benefit to the door or down advisors in writing that grant thads can be used only for charable purposes and not for the benefit to the door or down advisor. For your of ther purpose of the fore the organization is exclusive liqal control?     Purpose(s) of conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.     Purpose(s) of conservation easements hold by the organization (check all that apply).     Protection of natural habitat     Protection of natural habitat     Protection of natural habitat     Protection of conservation easements hold by the organization contribution in the form of a conservation easement on the last day of the tax year.     Tetal number of conservation easements may advisor structure included in (8)     Number of conservation easements included in (2) acquired after 47706, and not on a historic structure     Number of conservation easements included in (2) acquired after 47706, and not on a historic structure     Number of conservation easements included in (2) acquired after 47706, and not on a historic structure     Number of conservation easements included in (2) acquired after 47706, and not on a historic structure     Number of conservation easements included in (2) acquired after 47706, and not on a historic structure     Number of conservation easements included in (2) acquired after 47706, and not on a historic structure     Dees the organization have a written policy regarding the period monoring, inspecting, and enforcing conservation easements during the year      Number of subsense to the organization have a written policy regarding the period monoring, inspectin	1	Total number at er	nd of vear				
a Aggregate value of grants from (during year b Aggregate value at on dy year b Aggregate value at on dy year b Aggregate value at on dy year b Dd the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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 banefit of the donor of donor advisor, or for any other purpose conferring impermissible private banefit? b Purposet[0] conservation Easements. Complete if the organization answered 'Yest' to Form 900, Part IV, line 7. b Purposet[0] conservation easements held by the organization complete lines 2a through 2d if the organization networks or for any other purposes complete lines 2a through 2d if the organization networks or advisor of a conservation easement on the last day of the tay year. b Total acrosper structure by oneswration easements in a dorified historic structure beted in the National Register b Total acrosper other conservation easements in a dorified history conservation easements in a dorified ref /17/06, and not on a historic structure b total acrosper other conservation easements in located ▶ c Number of conservation easements included in (a) acquired after B/17/06, and not on a historic structure b total acrosper structure of the conservation easements in located ▶ c Number of states where property subject to conservation easements in located ▶ c Number of states where property subject in conservation easements to and propersite during the year ▶ c Number of the conservation easements in tho doring inspecting, and enforing inspecting, inspecting, inspecting, and enforing conservation	-						
A aggregate value at end of year     A aggregate value at end of year     Did the organization inform all donors advisors in writing that the assets held in donor advisor funds     are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     tor charatabon's property, subject to the organization's exclusive legal control?     Did the organization inform all grantees, donors, and donor advisor, of to rany other purpose conferring     meperitisable purposes and not tor the benefit of the donor of donor advisor, of to rany other purposes conferring     meperitisable proteins and to tor the benefit of the donor of or any other purposes conferring     Perservation of and tor public use (e.g., recreation or education)     Preservation of and tor public use (e.g., recreation or education)     Preservation of a conservation easements held by the organization (check all that apply).     Preservation of open space     Complete lines 2 at through 2 df the organization held a qualified conservation contribution in the form of a conservation easement on the last     day of the tax year.     Total number of conservation easements     Total acreage restricted by conservation easements     Total acreage restricted by conservation easements     Total acreage restricted by conservation easements in cluded in (a) experimental end area entities in the thational Register     Number of conservation easements included in (c) eacquired after d/17/06, and not on a historic structure     a Total number of conservation easements in local # df # degrees entities     year \screece enganization have a written policy regarding the pendof montioning, inspection, handling of     visations, and donore and the conservation easement is localed     Number of states where property subject to conservation easements funding the year \screece enganization is second by the organization is second by the organization is second by the organization is execused     nobus degrees incurred in mono							
<ul> <li>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?</li> <li>6 Did the organization inform all grantes, donors, and donor advisor, or for any other purpose conferring impermissible private barefiel?</li> <li>Part Def the organization all grantes, 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 barefiel?</li> <li>Perservation of land for public use (e.g., recreation or education)</li> <li>Preservation of and for public use (e.g., recreation or education)</li> <li>Preservation of a conservation easements in bid by the organization answered Ytes' to Form 990, Part IV, line 7.</li> <li>Purpose(e) conservation easements in bid by the organization (advisor, or for any other purpose)</li> <li>Preservation of and for public use (e.g., recreation or education)</li> <li>Preservation of a conservation easements in bid a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</li> <li>a Total number of conservation easements included in (2) acquired affer 8/17/06, and not on a historic structure lasted in the National Register</li> <li>Number of states where property subject to conservation easement is located ▶</li> <li>Staff and volumeer hour devided to molified, inspecting, and enforcing conservation easements and balance sheet, and includes, and enforcing conservation easements in this revenue and expinese statement, and balance sheet, and includes, a peritable nave are there of the organization's FAA TIB (QAB) above satisty the requirements of section 1700(HQB)(B) and section 170</li></ul>	4						
bit 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	5				nds		
increminable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring		are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes No
Impermissible private benefit?       Yes       No         Part II       Conservation Easements. Complete if the organization answered "Yes' to Form 990, Part IV, line 7.       Procession of land for public use (e.g., recreation or education)       Preservation of a historically important land area         Procession of land for public use (e.g., recreation or education)       Preservation of a certified historic structure         Preservation of pen space       Preservation of a conservation easement on the last day of the tax year.         a Total number of conservation easements       2         b Total acreage restricted by conservation easements       2         c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         c Number of econservation easements in biolds?         d Number of econservation easements in biolds?         d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         a Number of econservation easements in biolds?         d Number of econservation easements in biolds?         d Number of econservation easements modified, transferred, released, extinguished, or terminated	6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only		
Part II       Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         □       Preservation of and for public use (e.g., recreation or education)       □         □       Preservation of and for public use (e.g., recreation or education)       □         □       Preservation of on fatural habitat       □         □       Preservation of on organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         2       Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a)         2       1       Total acreage restricted by conservation easements         0       Number of conservation easements included in (a) acquired after 4/1706(, and not on a historic structure         2       2       2         3       Number of states where property subject to conservation easement is located ▶         2       2       2         4       Number of states where property subject to conservation easements during the requirements of section 170(h)(4)(B)(0)         3       Number of states where property subject to conservation easements of section 170(h)(4)(B)(0)         4       Number of states where property subject to c				or donor advisor, or for any other purpose confe	rring		
Purpose(s) of conservation easements held by the organization (check all that apply).     Preservation of land for public use (e.g., recreation or education)     Preservation of a certified historic structure     Preservation easements included in (a) aquified conservation contribution in the form of a conservation easement on the last     day of the tax year.     Total acreage restricted by conservation easements     to knumber of conservation easements included in (a) aquified after (A1706, and not on a historic structure     isted in the National Pegister     isted on the Conservation easements included in (a) aquified after (A1706, and not on a historic structure     isted in the National Pegister     isted on the National Pegister     isted in the National Pegister     ister on conservation easements included in (a) aquified after (A1706, and not on a historic structure     isted in the National Pegister     ister on conservation easements included in (b) acquired after (A1706, and not on a historic structure     ister or conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax     year     // A nount of states where property subject to conservation easements is located      // A nount of expenses incrured in monitoring, inspecting, and enforcing conservation easements during the year      // A nount of expenses incrured in monitoring, inspecting, and enforcing conservation easements during the year      // A nount of expenses incrured in monitor	De						Ves No
Preservation of and for public use (e.g., recreation or education)     Preservation of a historically important land area     Preservation of a certified historic structure     Total number of conservation easements     Total areage restricted by conservation easements     Total number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure     Total number of conservation easements modified, transferred, refeased, extinguished, or terminated by the organization during the tax     Year >     Total number of states where property subject to conservation easements is located >     Total number of states where property subject to conservation easements in holds?     Number of states where property subject to conservation easements funding the year >     Amount of sepenses incurred in monitoring, inspecting, and enforcing conservation easements during the year >     Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year >     Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year >     Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year >     Amount of expenses incured in monitoring, inspecting, and enforcing conservatine easements during the year >     Amount of expenses incurred in				-	line /	•	
Protection of natural habitat Preservation of a certified historic structure Preservation of a conservation easements and a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total anome of conservation easements and conservation contribution in the form of a conservation easement on the last day of the tax year. a Total acreage restricted by conservation easements. b Total acreage restricted by conservation easements and conservation easements included in (a) d Number of conservation easements and conservation easements included in (a) acquired after 8/17/06, and not on a historic structure a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b c and conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is located b C Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year b \$ A nount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year b \$ A anount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year b \$ 9 In Part XIII, describe how the organization reports conservation easements in the revenue and expense statement, and balance sheet, and include, if applicable, the tax of the foronbe to the organization's financial statements that describes the organization's accounting for conservation easements. Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes' to Form 990, Part X, line 8. I If the organization elected, as permitted under SFAS 116 (ASC 958), not report in its revenue statement and balance sheet works of art, historic	1		, ,		imno	rtant la	ad area
Preservation of open space   2   2   Complete lines 2 a 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.   a   a   Total number of conservation easements   b   c   Number of conservation easements included in (a) caquired after 0/17/06, and not on a historic structure   d   Number of conservation easements included in (c) acquired after 0/17/06, and not on a historic structure   d   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >					•		
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.					ISTOLIC	Siluciu	
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       2a         c Number of conservation easements included in (c) acquired after \$/17/06, and not on a historic structure       2a         d Number of conservation easements included in (c) acquired after \$/17/06, and not on a historic structure       2d         d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax         year >	2		• •	fied conservation contribution in the form of a co	nserv	ation e	asement on the last
a Total number of conservation easements     b Total acreage restricted by conservation easements     c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure   listed in the National Register   3 Number of conservation easements modified, transferred, refeased, extinguished, or terminated by the organization during the tax   year I   4 Number of states where property subject to conservation easements is located IV   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of   violations, and enforcement of the conservation easements is holds?   7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year IV   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)?   9 In Part XII, 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 Organization Baintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered Yes' to Form 190, Part IV, line 8.   1a 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:   b If the organizat	-				511361 V	ation ea	asement on the last
a Total number of conservation easements		day of the tax yea				Held a	t the End of the Tax Year
b       Total acreage restricted by conservation easements       20         c       Number of conservation easements on a certified historic structure included in (a)       22         d       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b	а	Total number of co	onservation easements		2a		
c       Number of conservation easements included in (a) acquired after 8/17/06, and not on a historic structure       2c         3       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       2d         4       Number of states where property subject to conservation easement is located ▶	b						
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure isted in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	с	٠.			2c		
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>							
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>		listed in the Natior	nal Register		2d		
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<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶</li> <li>7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>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.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.</li> <li>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.</li> <li>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:</li> <li>i) Revenue included in Form 990, Part X</li> <li>ii) Assets included in Form 990, Part X</li> <li>jii Assets included in Form 990, Part X</li> <li>jii Assets included in Form 990, Part X</li> <li>jii Assets included in Form 990, Part X</li> <li>jiii Assets included in</li></ul>		year 🕨					
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year </li> <li>Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year </li> <li>S</li></ul>	4	Number of states	where property subject to conservation ea	sement is located ►			
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶</li> <li>7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>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.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.</li> <li>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.</li> <li>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, in Part XIII, the text of these items: <ul> <li>(i) Revenue included in Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>\$</li> </ul> </li> <li>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: <ul> <li>a Revenue included in Form</li></ul></li></ul>	5						
<ul> <li>7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$</li></ul>		,					Yes No
<ul> <li>Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes</li> <li>No</li> <li>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.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.</li> <li>In 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.</li> <li>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, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>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:</li> <li>(i) Revenue included in Form 990, Part X</li> <li>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:</li> <li>a Revenue included in</li></ul>	6					_	
and section 170(h)(4)(B)(ii)?       Image: Conservation Provide 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" to 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, 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 X       \$         2       If the organization received or held works of art, historical trea				<b>o o j</b>		\$	
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<ul> <li>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.</li> <li>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: <ul> <li>(i) Revenue included in Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>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: <ul> <li>a Revenue included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> <li>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.</li> </ul>	1a	If the organization	elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statement a	nd bal	ance sh	neet works of art,
<ul> <li>the text of the footnote to its financial statements that describes these items.</li> <li>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: <ul> <li>(i) Revenue included in Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>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: <ul> <li>a Revenue included in Form 990, Part X</li> <li>\$</li> <li>Setes included in Form 990, Part X</li> </ul> </li> <li>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.</li> </ul>		-					
<ul> <li>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: <ul> <li>(i) Revenue included in Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>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: <ul> <li>a Revenue included in Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> <li>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2014</li> </ul>		the text of the foot	tnote to its financial statements that descr	ibes these items.	-		
<ul> <li>relating to these items:</li> <li>(i) Revenue included in Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>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:</li> <li>a Revenue included in Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>c S</li> <lic li="" s<=""> <li>c S</li> <li>c S</li> <lic li="" s<=""> <li>c S</li> <lic li="" s<=""> <li>c S</li> <li>c S</li> <li>c S</li> <li>c S</li> <lic li="" s<=""> <li>c S</li> <li>c S</li> <li>c S</li> <lic li="" s<=""> <li>c S</li> <li>c S</li> <li>c S</li> <li>c S</li> <li>c S</li> <li>c S</li> <lic li="" s<=""> <li>c S</li> <lic li="" s<=""> <li>c S</li> <lic li="" s<=""> <li>c S</li> <lic li="" s<=""> <lic li="" s<=""> <li>c S</li> <lic li="" s<=""> <li>c S</li> &lt;</lic></lic></lic></lic></lic></lic></lic></lic></lic></lic></lic></lic></lic></lic></ul>	b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and b	alanc	e sheet	works of art, historical
<ul> <li>(i) Revenue included in Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>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: <ul> <li>a Revenue included in Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> <li>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2014</li> </ul>		treasures, or other	r similar assets held for public exhibition, e	ducation, or research in furtherance of public se	rvice,	provide	the following amounts
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>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:</li> <li>a Revenue included in Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.</li> <li>Schedule D (Form 990) 2014</li> </ul>		-					
<ul> <li>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:</li> <li>a Revenue included in Form 990, Part VIII, line 1</li></ul>						\$	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: <ul> <li>a Revenue included in Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul> <li>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2014</li>						·	
a Revenue included in Form 990, Part VIII, line 1 <ul> <li>b Assets included in Form 990, Part X</li> <li>k</li> <li>k</li></ul>	2				provid	de	
b Assets included in Form 990, Part X         LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.         Schedule D (Form 990) 2014		•				•	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2014						\$	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2014	b	Assets included in	Form 990, Part X		. 🕨	\$	
Link         For Faperwork network network of Notice, see the instructions for Form 990.         Schedule D (Form 990) 2014           432051         10-01-14		For Donorsert D	aduation Act Nation and the Instruction	a for Form 000		Sahad	ulo D (Earm 000) 0044
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Sche	dule D (Form 990) 2014 YOUTHZO	NE, INC.					8	84-07	1299:	3 Pa	age <b>2</b>
Par	t III   Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, o	or Oth	er Simila	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, check	any of the	following that	it are a s	significant u	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d	ւլելն	oan or exc	hange progra	ams					
b	Scholarly research	е	l l o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizati	on's exe	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his <sup>.</sup>	torical trea	sures, or oth	er simila	r assets	_	-		-
_	to be sold to raise funds rather than to be ma		<u> </u>						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:			<b></b> _				
									Amount		
	Beginning balance										
	Additions during the year										
e 4	Distributions during the year										
20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •				]
Par											
		(a) Current year		ior year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	(u) ourrone your	(,	ion your		o suon	(u)	ouro puon	(0) ! 0	jeure	Buon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses			7							
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administe	ered for t	the organiz	ation	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the	<u> </u>	wment fu	unds.							
Par	<b>t VI</b> Land, Buildings, and Equipm				<b>F</b> 000	<b>B</b> 1.V					
	Complete if the organization answere							.	(-1) [2]	1	
	Description of property	(a) Cost or o basis (investn		.,	or other (other)	• •	ccumulate preciation	d	(d) Bool	< value	9
	Land				0.004		1100		4		<u></u>
	Buildings			2	86847.		11832	44.	10	585	23.
	Leasehold improvements										
	Equipment			<u> </u>	E0011		22244			240	<u></u>
	Other				58241.		33341	<u>.</u>		248	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columi	n (B), line 1	0c.)				1.	933	43.

Schedule D (Form 990) 2014

432052 10-01-14

Complete if the organization answered "Yes"	to Form 990 Part IV line 1	1b 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 o	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990 Part IV line 1	1c. 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) U.S. GOVT OBLIGATIONS	55222.	END-OF-YEAR MARKE	-
(1) COLLECTION CONTROL (2) HIGH-GRADE CORPORATE			
(3) BONDS	82366.	END-OF-YEAR MARKE	
(4) MUTUAL FUNDS/CORPORATE	02000		
	330674.	END-OF-YEAR MARKE	
	550074.		
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	468262.		
	+00202•]		
Part IX Other Assets.		1d See Form 990, Part X, line 15	
Part IX         Other Assets.           Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (1)       (2)         (3)       (4)         (5)       (6)	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX         Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX         Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX         Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)	to Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX         Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line	to Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.	to Form 990, Part IV, line 1 Description		
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"	to Form 990, Part IV, line 1 Description e 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
Part IX         Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line           Part X         Other Liabilities.	to Form 990, Part IV, line 1 Description e 15.) to Form 990, Part IV, line 1		
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) lime         Part X         Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1)       Federal income taxes	to Form 990, Part IV, line 1 Description e 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability	to Form 990, Part IV, line 1 Description e 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) lime         Part X         Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1)       Federal income taxes	to Form 990, Part IV, line 1 Description e 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1) Federal income taxes       (2)	to Form 990, Part IV, line 1 Description e 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)	to Form 990, Part IV, line 1 Description e 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (4)	to Form 990, Part IV, line 1 Description e 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)	to Form 990, Part IV, line 1 Description e 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (6)	to Form 990, Part IV, line 1 Description e 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1) Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)	to Form 990, Part IV, line 1 Description e 15.) to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)	to Form 990, Part IV, line 1 Description	1e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)	to Form 990, Part IV, line 1 Description	1e or 11f. See Form 990, Part X, line  ) Book value	25.

Schedule D (Form 990) 2014

Sche	edule D (Form 990) 2014 YOUTHZONE , INC .			84-0	712993 Page 4
-	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per F		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		-		
1	Total revenue, gains, and other support per audited financial statements			1	1265165.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	<7004.	.>	
b					
с	Recoveries of prior year grants				
d					
е				2e	<7004.>
3	Subtract line 2e from line 1			3	1272169.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	<52463.		
	Add lines <b>4a</b> and <b>4b</b>	-		4c	<52463.>
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	1219706.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With	n Expenses per	r <b>Retur</b>	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1217414.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d	52463.	•	
е	Add lines 2a through 2d			2e	52463.
3	Subtract line 2e from line 1			3	1164951.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1164951.
Pa	rt 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.

### PART XI, LINE 4B - OTHER ADJUSTMENTS:

### PRE-CONTRIB FUNDRAISING EVENTS IN FORM 990 REVENUES/AUDIT

#### EXPENSES

# PART XII, LINE 2D - OTHER ADJUSTMENTS:

# PRE-CONTRIB FUNDRAISING EVENTS IN FORM 990 REVENUES/AUDIT

# EXPENSES

432054 10-01-14

Schedule D (Form 990) 2014

(Form 990 or 990-EZ) Department of the Treasury Internal Reviews Service	nplete if the o	ntal Information Regarding organization answered "Yes" to organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 9 5,000 ) or Fo	990, P on Fo rm 99	art IV, lines 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the	OMB No. 1545-0047
Name of the organization	OUTHZO	NE, INC.			•		Employer i 84-071	dentification number
	Activities.	Complete if the organization answe	ered "Y	'es" to	9 Form 990, Part IV, li	ne 1		
<ol> <li>Indicate whether the orga</li> <li>Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email</li> <li>Phone solicitations</li> <li>In-person solicitation</li> <li>Did the organization have key employees listed in F</li> </ol>	nization rais solicitations s ons e a written o Form 990, P est paid indi	ed funds through any of the followi e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p ividuals or entities (fundraisers) pure	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	<b>Y</b>	f <b>es No</b> to be
(i) Name and address of in or entity (fundraiser		<b>(ii)</b> Activity	(iii) fundr have c or con contrib	ustody	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	y) to (or retained by)
			Yes					
S List all states in which the or licensing.	e organizatio	n is registered or licensed to solicit			s or has been notified		exempt fron	
LHA For Paperwork Reducti	ion Act Noti	ice, see the Instructions for Form	990 or	990-	EZ. S	cheo	lule G (Form	n 990 or 990-EZ) 2014

432081 08-28-14

#### Schedule G (Form 990 or 990-EZ) 2014 YOUTHZONE, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 KISS-N- SQUEAL (event type)	(b) Event #2 (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
	Gross receipts	188345.		631.	188976
	Less: Contributions	188345.		631.	188976
3	Gross income (line 1 minus line 2)				
4	Cash prizes	3000.			3000
5	Noncash prizes				
	Rent/facility costs				
7 7	Food and beverages				
8	Entertainment				40462
9	Other direct expenses				49463 52463
10					<52463
Part	Net income summary. Subtract line 10 from I <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.				
erine		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	Gross revenue	(a) Bingo		<b>(c)</b> Other gaming	(d) Total gaming (add col. (a) through col. (c)
1	Gross revenue	(a) Bingo		(c) Other gaming	
1	Cash prizes	C		(c) Other gaming	
1	Cash prizes	C		(c) Other gaming	
1 2 3 4	Cash prizes			(c) Other gaming	

**b** If "No," explain: \_\_\_\_\_

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:

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No b If "Yes," explain:

7 Direct expense summary. Add lines 2 through 5 in column (d)

a Is the organization licensed to conduct gaming activities in each of these states?

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

\_ Yes

\_ No

Sch	nedule G (Form 990 or 990-EZ) 2014 YOUTHZONE, INC.	34-07	12993	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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 No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	1	3a	%
	• An outside facility		3b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	····· ∟		,-
•••				
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amou	nt		
	of gaming revenue retained by the third party ►\$			
с	If "Yes," enter name and address of the third party:			
	, , , , , , , , , , , , , , , , , , , ,			
	Name 🕨			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_	
	retain the state gaming license?	L	Yes	└── No
b	D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pa	art III, lines	s 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
4320	N83 08-28-14 Schedule G	i (Form 9	90 or 990	)-EZ) 2014
	31	,		., <u>_</u>

4595\_\_\_1

32084		Schedule G (Form 990 or 990-
2084 i-01-14	20	
	32	
40923 765183 4595	2014.04020 YOUTHZONE, INC.	4595

SCHEDULE I (Form 990)	Grante and ether / teoletanee to erganizatione,									
Department of the Treasury Internal Revenue Service		-	-	Attach to For	m 990.	nt www.irs.gov/form99	00	2014 Open to Public Inspection		
Name of the organizat	ion YOUTHZONE							Employer identification number 84-0712993		
Part I General II	nformation on Grants a									
1 Does the organi	zation maintain records	to substantiate the	amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or as	sistance, and the seled			
	award the grants or assis							X Yes N		
	IV the organization's pro									
	d Other Assistance to	-				anization answered "	Yes" to Form 990, Parl	t IV, line 21, for any		
1 (a) Name and ad	ddress of organization vernment	(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		
					8					
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table		•	•	<b>&gt;</b>		
	per of other organization									
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (201		

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

(b) Number of

recipients

PART I, LINE 2:

THE BOARD OF DIRECTORS INITIATES ANY CONTRIBUTIONS TO THE YOUTHZONE

FOUNDATION, INC., A RELATED ENTITY, DOCUMENTATION OF WHICH IS MAINTAINED IN

THE ORGANIZATION'S RECORDS AND BOARD MINUTES.

(f) Description of non-cash assistance

(e) Method of valuation (book, FMV, appraisal, other)

Page 2

YOUTHZONE, INC.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

Schedule I (Form 990) (2014) Part III

SCHEDULE L       Transactions With Interested Persons         (Form 990 or 990-EZ)       Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.         Department of the Treasury Internal Revenue Service       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.											0	OMB No. 1545-0047			
ame of the organization	YOUTHZ	ONE	TNC .									ident		on nu	mbe
Part I Excess Be				01(c)(	3), sect	ion 50	1(c)(4), and 50	01(c)	(29) organizatio	-	-		55		
Complete if th	ne organizatio		vered "Yes" on Relationship bet				ine 25a or 25	b, or	Form 990-EZ, F	Part V,	line 40	Db.	(4)	Corre	etod
(a) Name of disqualifie	d person		person and o				(*	<b>c)</b> De	escription of trar	nsactio	on			es	No
			-												
<b>3</b> Enter the amount of ta	ax, if any, on I	line 2, a	above, reimbur	sed by	/ the or	ganiza	tion				▶ \$				
Complete if th	ne organizatio	on ansv rm 990 onship	, Part X, line 5,	Form 6, or 2 (d) La	990-EZ	(e	V, line 38a or ) Original ipal amount		n 990, Part IV, lii Balance due	(g	or if th ) In ault?	ne orga (h) Ap by bo comm	proved ard or		/ritte emen
				То	From					Yes	No	Yes	No	Yes	No
															$\vdash$
								-							┢
otal							► \$				I				L
Part III Grants or			nefiting Inte				6.								
Complete if th (a) Name of intereste			vered "Yes" on (b) Relationship interested per the organiz	betwo son ar	een		ine 27. c) Amount of assistance		<b>(d)</b> Type assistar			•	) Purp assista		f

Schedule L (Form 990 or 990 EZ) 2014 YOUTHZONE, INC.

#### 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' revenues?	
				Yes	No
INSIGHT TO IMPACT, INC.	SHAREHOLDERS OF INS	0.	YOUTHZONE H		X

#### Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: INSIGHT TO IMPACT, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SHAREHOLDERS OF INSIGHT TO IMPACT INCLUDE FORMER OFFICERS/DIRECTORS (BELOW)

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: YOUTHZONE HAS ENTERED INTO AN EXCLUSIVE

5-YEAR SUBLICENSING AGREEMENT WITH INSIGHT TO IMPACT, INC., IN WHICH

DEBRA WILDE, A FORMER EXECUTIVE DIRECTOR OF YOUTHZONE, AND MARY RIPPY, A

FORMER BOARD MEMBER OF YOUTHZONE, ARE SHAREHOLDERS.

INSIGHT TO IMPACT IS AUTHORIZED TO SUBLICENSE CERTAIN PROPRIETARY

INTELLECTUAL PROPERTY METHODOLOGIES (THE "YOUTHZONE IP") TO OTHER YOUTH

SERVING ENTITIES; THE "YOUTHZONE IP" WAS DEVELOPED BY YOUTHZONE AT A

TOTAL CAPITALIZED COST OF \$232,111 AND IS BEING AMORTIZED OVER A PERIOD

OF 15 YEARS.

UNDER THE AGREEMENT, AFTER AN INITIAL TWO YEAR STARTUP PERIOD, INSIGHT TO

IMPACT SHALL PAY ROYALTY PAYMENTS TO YOUTHZONE AS A PERCENTAGE OF ANNUAL

GROSS REVENUES COLLECTED FROM THE "YOUTHZONE IP" UNDER A TIERED SCHEDULE

WITH PERCENTAGES RANGING FROM 5% TO 10% UP TO A TOTAL OF \$250,000 AND 2%

#### THEREAFTER.

(E) SHARING OF ORGANIZATION REVENUES? = NO

432132 10-06-14

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

20

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

14

N	lame	of	the	orga	iniza	tion
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Information about Schedule M (Form 990) and its instructions is at www.irs.gov/	
	Employ

Employer identification number 84 - 0712993

YOU	THZONE ,	INC.

Par	t I Types of Property							
		<b>(a)</b> 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 de noncash contribu		•	s
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							
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			60626			<del></del>	
25	Other ( RENTAL SPACE )	X	1		FAIR MARKET			
26	Other ( $\overline{IN-KIND ADVER}$ )	X	13	32084.	FAIR MARKET	VA.	LUE	OF
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			×	
20-				antal in Dart I. Jinaa 1 thuau	ah 00 that it		Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date					20-2		х
<b>h</b>	exempt purposes for the entire holding period	۲				30a		- 23
	If "Yes," describe the arrangement in Part II.	policy that r	auiros tho roview	of any non standard contrib	utions?	21	x	
31 32a	Does the organization have a gift acceptance Does the organization hire or use third parties					31		
JZd			-			32a		x
h	If "Yes," describe in Part II.					JZa		
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	necked			
	describe in Part II.							

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

Schedule M (Form 990) (2014)

432141 08-12-14

14340923 765183 4595

Part II Supplemental Information. 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.

### SCHEDULE M, LINE 32B:

ACCEPTANCE POLICY FOR NON-CASH CONTRIBUTIONS: APPROPRIATE PERSONNEL

EXAMINES AND DETERMINES THE USEFULNESS AND APPROPRIATENESS FOR NON-CASH

CONTRIBUTIONS; IF DETERMINED TO BE USEFUL AND APPROPRIATE THE

ORGANIZATION WILL ACCEPT SUCH DONATIONS, PROVIDED AN UNDERSTANDING AND

AGREEMENT IS REACHED CONCERNING DISPOSITION OF SUCH ITEMS.

	A	
432142 08-12-14		Schedule M (Form 990) (2014)
	38 2014.04020 YOUTHZONE, INC.	
14340923 765183 4595	2014.04020 YOUTHZONE, INC.	4595 1

SCHEDULE O         (Form 990 or 990-EZ)         Department of the Treasury         Internal Revenue Service	<b>ZU14</b> Open to Public
Name of the organization YOUTHZONE, INC.	Employer identification number 84-0712993
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
PROVIDING OPPORTUNIES FOR ALL YOUTH TO BE RESPONSIBLE, CO	NTRIBUTING
MEMBERS OF SOCIETY AND WORKING WITH THEIR FAMILIES AND TH	E COMMUNITY
TOWARD THIS END THROUGH PREVENTION, ADVOCACY AND DIRECT C	HARITABLE AND
EDUCATIONAL PURPOSES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
HIGHER EDUCATION SCHOLARSHIPS / OTHER REVENUES & INVESTME	NT INCOME.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2523	2.
FORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE APP	ROVAL, SIGNATURE
AND FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE W	ITH CONFLICT OF
INTEREST POLICY THROUGH ANNUAL CONFLICT OF INTEREST DISCL	OSURE STATEMENTS
BY DIRECTORS, OFFICERS AND KEY EMPLOYEES WITH REGULAR REV	IEW BY THE BOARD
OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUAL COMPENSATION OF EXECUTIVE DIRECTOR AND KEY MANAGEM	ENT ARE DETERMINED
THROUGH INDUSTRY COMPARISON, AND JOB PERFORMANCE, WITH RE	VIEW AND APPROVAL
BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 18:	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	ule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Page 2 Employer identification number
YOUTHZONE, INC.	84-0712993
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANC	IAL STATEMENTS ARE
MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANC	IAL STATEMENTS ARE
MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN (LOSS) ON INVESTMENTS	-7004.
PART XI, LINE 2C	
THERE HAVE BEEN NO CHANGES TO THE AUDIT SUPERVISION, REVI	EW AND
APPROVAL PROCESS.	
	_
432212 08-27-14 Scher 4 0	dule O (Form 990 or 990-EZ) (2014)

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SCHEDULE R (Form 990) Department of the Trea Internal Revenue Servi	Related Organizations and Unrelated Partnerships         ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         ▶ Attach to Form 990.         ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.									
Name of the orga					11330.		ployer identif 84-0712		umber	
Part I Ident	fication of Disregarded Entities Com	plete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.						
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state o foreign country)	(d) or Total inco	(e) me End-of-year			<b>(f)</b> controlling entity	g	
		_								
Part II Identiorgan	fication of Related Tax-Exempt Orga izations during the tax year.	nizations Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34 b	ecause it had one o	or more r	related tax-exe	empt		
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	egal domicile (state or Exempt Code Public charity		code Public charity Direct contr		cont	<b>g)</b> 512(b)(13) trolled tity?	
	-				501(c)(3))		-	Yes	No	
	JNDATION, NIC.									
803 SCHOOL ST		FUNDRAISING FOUNDATION	COLORADO	501(C)(3)	LINE 9				x	
GIENWOOD SPR	1105, CO 01001	FUNDRAISING FOUNDATION	COTOKADO	501(C)(3)	лтис 2					
								_		

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

Schedule R (Form 990) 2014

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income Share of total		Share of total Share of		Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	<sup>l or</sup> Percentage <sup>ing</sup> ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(I contr ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		233613		Yes	No

## Schedule R (Form 990) 2014 YOUTHZONE, INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

vte. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
o Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)			2
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			
Reimbursement paid to related organization(s) for expenses	1p		
a Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) YOUTHZONE FOUNDATION	С	30691.	CASH DONATION
_(2)			
<u>(</u> 3)			
<u>(</u> 4)			
_(5)			
<u>(6)</u>	13		

## Schedule R (Form 990) 2014 YOUTHZONE, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)		<i>.</i>	(f)	(g)	()	)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partner 501 (c org:	all	Share of			• <b>·</b>	Code V-UBI	General	
of entity	r milary dottily	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c	c)(3)	total	end-of-year	Dispr tion allocat	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	ownership
,		country)	sections 512-514)	Yes	5.7 No	income		Yes	No	(Form 1065)	Yes N	
				res	NO			res	INO	(************	Tes N	<b>'</b>
						4						

Schedule R (Form 990) 2014

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chedule R (	Form 990) 2014	YOUTHZONE	, INC.	84-0712993 Page
Part VII	Form 990) 2014 Supplemental Inf	ormation		
	Provide additional infor	mation for responses t	o questions on Schedule R (see instructions).	
165 08-14-14	4			Schedule R (Form 990) 201

## Depreciation and Amortization Detail FORM 990 PAGE 10

Asset					Description o	f property		
Number		Method/ IRC sec.		Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	GLENWOOD		EASEHC		MPROVEMENTS		000504	
<u> </u>	06 <sub>1</sub> 30 <sub>1</sub> 94		20.00	<u>рте</u> [	239534.		239534.	0.
0 I	GWS - CAP		10.00		5581.		1674.	558.
	ENTRY SIC				0.1056		10/4.	220.
1			10.00		1425.		143.	142.
92	WATER HEA		(GWS)		11231		1100	1121
	06,15,15		10.00		1445.			145.
	* 990 PAC							
					247985.	0.	241351.	845.
2	RIFLE - P							
	0 6 <sub>1</sub> 3 0 <sub>1</sub> 9 8		40.00		286847.		111152.	7172.
62	RIFLE - I							
	06 <sub>1</sub> 30 <u>1</u> 2		10.00		3900.		1170.	390.
	* 990 PAC	E IU	TOTA	<u>г –</u>	200747	0.	112322.	7562.
	AIR CONDI				290747.	0.	112322.	/502.
9				16	2064.		2064.	0.
21	APPLE POV				2004.		2004.	0.
	06,30,04		5.00	16	3252.		3252.	0.
24	(D)NEC X						01011	
	04,30,04			16	1996.		1996.	0.
27	FURNITURI			· ·			· · · · · · · · · · · · · · · · · · ·	
	03,31,94		5.00	16	1438.		1437.	1.
28	FURNITURE							
	0 2 <sub>1</sub> 2 8 <sub>1</sub> 9 4		5.00	16	2502.		2502.	0.
29	FURNITURI							
- 20	03 <sub>1</sub> 31 <sub>9</sub> 4		5.00	16	2918.		2918.	0.
30			5.00		2670.		2670.	
21	DELL COME				2070.		2070.	0.
71			5.00		1158.		1158.	0.
32	FAX MACHI		<b>D</b> •00		11000		1100	0.
52	042606		5.00	16	858.		858.	0.
37	SHARP COP		1	<u> </u>				
	06,15,07		5.00	16	3450.		3450.	0.
41	UPS BACKU				·			
	041509		5.00	16	527.		527.	0.
42	LASER PRI			1				
	04,15,09		5.00		652.		652.	0.
45	(4) FLATS		EN MON	IITOR			1000	0
10	051509 DELL VOST		5.00		1727. P (SB94)		1727.	0.
40			5.00		799.		799.	0.
49	LEXMARK B						199•	0.
	05,15,10		5.00		651.		650.	1.
50	LCD PROJE			<u> </u>	0011			
	06,15,10		5.00	16	819.		819.	0.
51	QUARKEXPI	RESS	8 MAC	2				
	061510		5.00		716.		716.	0.
52	HP LASER		CARBC					
	09 <u>15</u> 10		5.00		413.		330.	83.
53	LASER PRI				0.10		400	
416261	11,15,10	зL	5.00		240.	(D) A ' '	192.	48.
416261 05-01-14				#-(	Current year section 179	(D) - Asset dispos 45 • 1	seu	
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2014.04020 YOUTHZONE, INC.

## Depreciation and Amortization Detail FORM 990 PAGE 10

Deprec		mortiza		lan F		10		990
Asset					Description	of property		
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
55	SANYO LC				RIFLE)		319.	79.
56	011511 BROTHER			<u>16</u> (вт	398. FLE)		519.	19.
50	05,15,11			$\frac{16}{16}$	298.		239.	60.
58	DELL OPT	IPLEX		(GL	ENWOOD)			
	01,15,11			16	716.		572.	144.
59	DELL OPT				PEN)		E70	1 4 4
60	01,15,11 (D)SANYO			16 CAR	BONDALE)		572.	144.
00	01,15,11		-	$\frac{0.111}{16}$	398.		320.	38.
63	BATTERY	BACKU	P UNI	-	RIFLE)			
	10,15,11		5.00		460.		276.	92.
64	BATTERY				GWS) 388.		234.	76.
65	10,15,11 LAPTOP (		5.00 ORDIN				234.	/0.
0.5	05,15,12			$\frac{110}{16}$	635.		381.	127.
67	ADOBE CR				5 MASTER COLL			
	121511			16	599.		360.	119.
68	DIGITAL			10	205		100	F0
69	121511 SB94 APP		5.00		295.		177.	58.
09				16	383.		230.	77.
70	FIREPROO				· · · · · · · · · · · · · · · · · · ·			
	01,15,12		5.00		503.		302.	100.
71	GWS OFFI				5000			4.0.0
70	061512 COMPUTER			16 10	5038.		3023.	1007.
13				16	591.		236.	118.
74	APPLE IP			<u> </u>	3511		2000	110.
	07,15,13			16	760.		152.	152.
75	CONFEREN							
76	071513 DELL OPT		5.00		404. IFLE 1)		81.	80.
/0			5.00		687.		137.	138.
77	DELL OPT						107.	150.
	06,15,14		5.00	-	687.		138.	137.
78	DELL OPT				IFLE 4)			
70	061514		5.00		687.		137.	138.
79	DELL OPT		<u> </u>		IFLE 5) 613.		122.	123.
80	DELL OPT				IFLE 6)			125
	06,15,14		5.00		687.		138.	137.
81	DELL OPT				WS1)			
	06,15,14		5.00		687.		137.	138.
82	DELL OPT		5.00		WS2) 687.		138.	137.
83	DELL OPT				WS3)		130.	137.
00	06,15,14		5.00		687.		137.	138.
84	DELL OPT	IPLEX	7010	(G	WS4)			
	06,15,14		5.00		687.		138.	137.
85	DELL OPT				WS5)		100	120
86	061514 DELL OPT		5.00 7010		688. WS6)		137.	138.
00			5.00		687.		137.	138.
416261 05-01-14					- Current year section 179	(D) - Asset dis		
						45.2		

14340923 765183 4595

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2014.04020 YOUTHZONE, INC.

# Depreciation and Amortization Detail FORM 990 PAGE 10

Asset					Description of	of property		
umber	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
87					WS8)		102	122
88	061514 DELL OPT		5.00 7010	16	613. CARB1)		123.	122
00			5.00	116	688.		137.	138
89	LENOVO I		(LM)		I		II.	
	06,15,14			16	1023.		205.	204
90	LENOVO I		(KC)	10	1002			
03	061514 SHARP CC		5.00 (GWS)	16	1023.		205.	204
55	071514			, 16	1250.			250
94	THINKPAL				E SB94)		<u> </u>	
	07,15,14		5.00	16	1023.			205
95	DELL OPT				IFLE PALS)			
0.6	061515 DELL OPT		5.00	16	629.			120
90			x 3020	16	IFLE PALS)		<u>г</u>	120
97		SMARI		RIF				120
	06,15,15		5.00	16	982.			195
98		SMART		GWS				
	06,15,15		5.00	16	986.			19
	* 990 PA	GE 10	) TOTA	ΑL –	57762.	0	38357.	5872
72	WEBSITE				57762.	0.	30357.	2012
, 2	12,15,11	SL	5.00	16	16000.		9600.	3200
	* 990 PA							
					16000.	0.	9600.	3200
25	DATABASE			10	2750			
30	12,31,04 ETO ENTE		<u> </u> 5.00	16 ГАВА	3750.		3750.	
50				16	25000.		25000.	(
46					INSE/SETUP			
	12¦15¦08			16	6238.		6238.	(
	* 990 PA	<u>GE 10</u>	) TOTA	<u>\L -</u>				
					34988. E 10 DEPR	0.	34988.	
			1 990	PAG	647482.	0.	436618.	17479
					01,1021		1000100	±, ±,
			-					
			1				<u>г</u>	
		-	-	-	1 1		ı	
		1						
		1	1	1			1	

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45.3 2014.04020 YOUTHZONE, INC.

## - CURRENT YEAR FEDERAL - YOUTHZONE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	GLENWOOD - LEASEHOLD IMPROVEME	063094	SL	20.00	16	239534.			239534.	239534.		0.
61	GWS - CARPETING	063012	SL	10.00	16	5581.			5581.	1674.		558.
91	ENTRY SIGN (GWS)	031514	SL	10.00	16	1425.			1425.	143.		142.
92		061515	SL	10.00	16	1445.			1445.			145.
	* 990 PAGE 10 TOTAL -					247985.		0.	247985.	241351.	0.	845.
		063098	SL	40.00	16	286847.			286847.	111152.		7172.
	-	063012	SL	10.00	16	3900.			3900.	1170.		390.
	* 990 PAGE 10 TOTAL -					290747.		0.	290747.	112322.	0.	7562.
9	AIR CONDITIONER	053194	SL	5.00	16	2064.			2064.	2064.		0.
21		063004	SL	5.00	16	3252.			3252.	3252.		0.
24	(D)NEC XGA PROJECTOR	043004	SL	5.00	16	1996.			1996.	1996.		Ο.
27	FURNITURE	033194	SL	5.00	16	1438.			1438.	1437.		1.
28	FURNITURE	022894	SL	5.00	16	2502.			2502.	2502.		0.
29	FURNITURE	033194	SL	5.00	16	2918.			2918.	2918.		Ο.
		043094	SL	5.00	16	2670.			2670.	2670.		0.
	DELL COMPUTER/PRINTER	033106	SL	5.00	16	1158.			1158.	1158.		0.
32	FAX MACHINE	042606	SL	5.00	16	858.			858.	858.		0.
37	SHARP COPIER	061507	SL	5.00	16	3450.			3450.	3450.		0.

(D) - Asset disposed

## - CURRENT YEAR FEDERAL - YOUTHZONE, INC.

Asset No.	Description	Date Acquir		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
41	UPS BACKUP	0415	09	SL	5.00	16	527.			527.	527.		0.
42		0415	09	SL	5.00	16	652.			652.	652.		0.
		0515	09	SL	5.00	16	1727.			1727.	1727.		0.
48		0615	10	SL	5.00	16	799.			799.	799.		0.
	LEXMARK PRINTER (RIFLE)	0515	10	SL	5.00	16	651.			651.	650.		1.
50	LCD PROJECTOR	0615	10	SL	5.00	16	819.			819.	819.		0.
	QUARKEXPRESS 8 MAC	0615	10	SL	5.00	16	716.			716.	716.		0.
52	-	0915	10	SL	5.00	16	413.			413.	330.		83.
53	. ,	1115	10	SL	5.00	16	240.			240.	192.		48.
55	SANYO LCD/DVD COMBO (RIFLE) BROTHER LASER FAX	0115	11	SL	5.00	16	398.			398.	319.		79.
56		0515	11	SL	5.00	16	298.			298.	239.		60.
58		0115	11	SL	5.00	16	716.			716.	572.		144.
		0115	11	SL	5.00	16	716.			716.	572.		144.
		0115	11	SL	5.00	16	398.			398.	320.		38.
63		1015	11	SL	5.00	16	460.			460.	276.		92.
64		1015	11	SL	5.00	16	388.			388.	234.		76.
65		0515	12	SL	5.00	16	635.			635.	381.		127.
	ADOBE CREATIVE SUITE 5 MASTER COLL	1215	11	SL	5.00	16	599.			599.	360.		119.

428102 05-01-14

(D) - Asset disposed

## - CURRENT YEAR FEDERAL - YOUTHZONE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	DIGITAL CAMERA	121511	SL	5.00	16	295.			295.	177.		58.
69	SB94 APPLE CELL PHONE	031512	SL	5.00	16	383.			383.	230.		77.
70	FIREPROOF FILE CABINET	011512	SL	5.00	16	503.			503.	302.		100.
	GWS OFFICE FURNITURE	061512	SL	5.00	16	5038.			5038.	3023.		1007.
73	COMPUTER - RIFLE FRONT DESK	011513	SL	5.00	16	591.			591.	236.		118.
74	APPLE IPAD	071513	SL	5.00	16	760.			760.	152.		152.
	CONFERENCE TELEPHONE	071513	SL	5.00	16	404.			404.	81.		80.
76	DELL OPTIPLEX 7010 (RIFLE 1)	061514	SL	5.00	16	687.			687.	137.		138.
77	DELL OPTIPLEX 7010 (RIFLE 3) DELL OPTIPLEX 7010	061514	SL	5.00	16	687.			687.	138.		137.
78	(RIFLE 4) DELL OPTIPLEX 3020	061514	SL	5.00	16	687.			687.	137.		138.
79	(RIFLE 5) DELL OPTIPLEX 7010	061514	SL	5.00	16	613.			613.	122.		123.
80	(RIFLE 6) DELL OPTIPLEX 7010	061514	SL	5.00	16	687.			687.	138.		137.
81	(GWS1) DELL OPTIPLEX 7010	061514	SL	5.00	16	687.			687.	137.		138.
82	(GWS2) DELL OPTIPLEX 7010	061514	SL	5.00	16	687.			687.	138.		137.
83	(GWS3) DELL OPTIPLEX 7010	061514	SL	5.00	16	687.			687.	137.		138.
84	(GWS4) DELL OPTIPLEX 7010	061514	SL	5.00	16	687.			687.	138.		137.
85	(GWS5) DELL OPTIPLEX 7010	061514	SL	5.00	16	688.			688.	137.		138.
	(GWS6)	061514	SL	5.00	16	687.			687.	137.		138.

428102 05-01-14

(D) - Asset disposed

## - CURRENT YEAR FEDERAL - YOUTHZONE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
87	DELL OPTIPLEX 3020 (GWS8)	061514	SL	5.00	16	613.			613.	123.		122.
	DELL OPTIPLEX 7010 (CARB1)	061514	SL	5.00	16	688.			688.	137.		138.
89	LENOVO T540P (LM)	061514	SL	5.00	16	1023.			1023.	205.		204.
90	LENOVO T540P (KC)	061514	SL	5.00	16	1023.			1023.	205.		204.
		071514	SL	5.00	16	1250.			1250.			250.
94	THINKPAD LAPTOP (RIFLE SB94)	071514	SL	5.00	16	1023.			1023.			205.
95		061515	SL	5.00	16	629.			629.			126.
96	DELL OPTIPLEX 3020 (RIFLE PALS)	061515	SL	5.00	16	629.			629.			126.
97	50" LED SMART TV (RIFLE)	061515	SL	5.00	16	982.			982.			197.
	50" LED SMART TV (GWS)	061515	SL	5.00	16	986.			986.			197.
	* 990 PAGE 10 TOTAL -					57762.		0.	57762.	38357.	0.	5872.
72	WEBSITE	121511	SL	5.00	16	16000.			16000.	9600.		3200.
	* 990 PAGE 10 TOTAL -					16000.		0.	16000.	9600.	0.	3200.
25	DATABASE SOFTWARE	123104	SL	5.00	16	3750.			3750.	3750.		0.
	ETO ENTERPRISE DATABASE	041508			16	25000.			25000.	25000.		0.
	VIRTUAL DATABASE	121508			16	6238.			6238.	6238.		0.
	* 990 PAGE 10 TOTAL				_ •	34988.		0.	34988.	34988.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					647482.		0.	647482.		0.	17479.

428102 05-01-14

(D) - Asset disposed