For Off		HARITABLE ORGANIZATION ANN		Form AG990-IL Revised 04/24
PMT		llinois Attorney General Kwame Ra aritable Trust Bureau, 115 S. LaSa		
		Chicago, IL 60603		# 01-014138
	.	Report for the Fiscal Period:	V	Check all items attached:
AMT	·	Report for the Fiscal Feriod.	Make Checks X	
		Beginning 07/01/2023	Make Checks	Reviewed Financial Statements
INIT	r l	<u> </u>	Illinois Charity	Copy of Form IFC
		& Ending 06/30/2024	Bureau Fund	
				\$100 Late Report Filing Fee
Feder	ral ID # 36-3297629	MO DAY YR D	ate organization was create	
	contributions to the organization tax deductible?	X Yes No		MO DAY YR
Lega	al Name: YOUTH OUTREACH SERV	ICES INC	YEAR-END	
			AMOUNTS	
	Address: 2411 W CONGRESS PKW	ſŶ	A) ASSETS	A) \$ 4,822,135.
	ty, State: CHICAGO, IL		B) LIABILITIES	B) \$ 2,287,677.
	Zip Code: 60612		C) NET ASSETS	C) \$ 2,534,458.
1.	SUMMARY OF ALL REVENUE ITEI	AS DURING THE YEAR	PERCENTAGE	AMOUNT
.	D) PUBLIC SUPPORT, CONTRIBUTIONS AND PR		98.832%	D) \$ 10,697,504.
	E) GOVERNMENT GRANTS AND MEMBERSHIP D		%	E) \$
	F) OTHER REVENUES		1.168%	F) \$ 126,448.
	.,			
	G) TOTAL REVENUES, INCOME AND CONTRIBUT	IONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 10,823,952.
11.	SUMMARY OF ALL EXPENDITURE	S DURING THE YEAR:		
	H) OPERATING CHARITABLE PROGRAM EXPENS	έE	79.400%	H)\$ 8,541,526.
	I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$
			70 400 ~	
	J) TOTAL CHARITABLE PROGRAM SERVICE EXF	ENSE (ADD H & I)	79.400%	J) \$ 8,541,526.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SEF			
	K) GRANTS TO OTHER CHARITABLE ORGANIZAT	IONS	2.291%	к) \$ 246,479.
	,			
	L) TOTAL CHARITABLE PROGRAM SERVICE EXF	'ENDITURE (ADD J & K)	81.691%	L) \$ 8,788,005.
	M) MANAGEMENT AND GENERAL EXPENSE		16.747%	M)\$ 1,801,539.
			1 5 6 0	1.00.000
	N) FUNDRAISING EXPENSE		1.562%	N)\$ 168,077.
		M 0 N)	100 %	0) \$ 10,757,621.
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, SUMMARY OF ALL PAID FUNDRAI			
1	(Attach Attorney General Report of Individual Fundr			
	PROFESSIONAL FUNDRAISERS:			
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIO)NAL FUNDRAISERS	100 %	P) \$ 0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q		%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:			
	 S) TOTAL AMOUNT PAID TO PROFESSIONAL FU COMPENSATION TO THE (3) HIGH 			S) \$ 0.
1.	T) NAME, TITLE: JAMIE L. NOTO			T) \$ 170,448.
	U) NAME, TITLE: BETH A. SPALLO		THROPY	U) \$ 80,448.
	V) NAME, TITLE: YOTL RAMIREZ S			V) \$ 124,358.
v.	CHARITABLE PROGRAM DESCRI			List on back side of instructions
		CODE CATEGORIES		CODE
398091 07-15-24	W) DESCRIPTION: SERVICES FOR Y	OUTH		W)# 111
091 (X) DESCRIPTION:			X) #
398	Y) DESCRIPTION:			Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	2.		X
3.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.		X
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		X
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		X
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? IF "YES", ENTER (1) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (11) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (111) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; (112) THE AMOUNT ALLOCATED TO FUNDRAISING \$	6.		X
7.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.		X
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		X
9.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	9.		X
10.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: PROVIDENCE BANK, PO BOX 706, SOUTH HOLLAND, IL 60473 HUNTINGTON NATIONAL BANK, 17 SOUTH HIGH ST, COLUMBUS, OH 43216			
11.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: QUATTRO FPO SOLUTIONS - 847-939-4210			

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	KARL STARK		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	CHARLES KRUGEL		
 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. 	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
ψ100.001 ENAL11.	TIMOTHY G. GRIFFITH		
	PREPARER (PRINT NAME)	SIGNATURE	DATE

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 23

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information			•	Open to Public Inspection				
-				JUN 30, 2024	mepeeden			
в	Check if applicab	C Name of	me of organization D Employer identificat					
	Chang		H OUTREACH SERVICES INC					
Ļ	chang	ge Doing bi	isiness as	36-329762				
	returr Final	n Number	and street (or P.O. box if mail is not delivered to street address)					
	returr termi	n-	W CONGRESS PKWY	773-777-7				
_	ated Amer		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,823,952.			
F	returr Appli		AGO, IL 60612	H(a) Is this a group re				
	tion pend	F Name a	nd address of principal officer: JAMIE NOTO AS C ABOVE	for subordinates				
	T	empt status:		H(b) Are all subordinates in				
	Vebs		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or YOS.ORG		list. See instructions			
		f organization:		H(c) Group exemption Year of formation: 1984 N				
P	art I	Summary			State of legal dominine. 11			
	1	-	e the organization's mission or most significant activities: YOUTH OU	TREACH SERVICE	S INC.			
e	: "		S THE STRENGTHS AND ABILITIES OF YOUTH					
Activities & Governance	2	Check this bo						
veri	3			3	12			
Ő	4		ependent voting members of the governing body (Part VI, line 1b)		12			
~	5		of individuals employed in calendar year 2023 (Part V, line 2a)		330			
ties	6		of volunteers (estimate if necessary)		40			
itivi	79		business revenue from Part VIII, column (C), line 12	······	0.			
Ă	l n		business taxable income from Form 990-T, Part I, line 11		0.			
		Not unrelated		Prior Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)	717,849.	227,037.			
nue	9		ce revenue (Part VIII, line 2g)	7,858,818.	10,470,467.			
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	473.	9,127.			
ŭ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	165,222.	117,321.			
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,742,362.	10,823,952.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	343,999.	246,479.			
	14	Benefits paid	o or for members (Part IX, column (A), line 4)	0.	0.			
s	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	5,518,675.	7,084,318.			
Ise	16a		Indraising fees (Part IX, column (A), line 11e)	0.	0.			
Expenses	b		ng expenses (Part IX, column (D), line 25) 168,077.					
ŵ	i 17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,772,444.	3,426,824.			
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,635,118.	10,757,621.			
	19	Revenue less	expenses. Subtract line 18 from line 12	107,244.	66,331.			
Net Assets or	E C			Beginning of Current Year	End of Year			
sets	20	Total assets (F	Part X, line 16)	4,523,296.	4,822,135.			
tAs	21	Total liabilities	(Part X, line 26)	1,898,290.	2,287,677.			
LNe:	22		und balances. Subtract line 21 from line 20	2,625,006.	2,534,458.			
P	art II	-						
Unc	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is							

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date			
	JAMIE NOTO, EXECUTIVE DIRE	CTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Paid	TIMOTHY G. GRIFFITH	TIMOTHY G.	GRIFFITH	05/02	/25 self-employed	P002997	51	
Preparer	Firm's name SASSETTI LLC				Firm's EIN 36-	2239746		
Use Only	Firm's address 2107 SWIFT DRIVE,	SUITE 210						
	OAK BROOK, IL 6052	23			Phone no. (708	3) 386-1	433	
May the I	lay the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) YOUTH OUTREACH SERVICES INC	36-3297629	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: YOUTH OUTREACH SERVICES, INC. PROMOTES THE STRENGTHS AND		ŗ
	YOUTH AND FAMILIES BY PROVIDING COMMUNITY-BASED SERVICES		
	AND ENRICH EACH TO FACE LIFE'S CHALLENGES WITH CONFIDENCE		
	AND DIGNITY.		
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	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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 othe	rs, the total expenses, an	d
4.	revenue, if any, for each program service reported. (Code:) (Expenses \$7,685,140 •including grants of \$246,479 •) (Reven	nue\$ 6,848,9	07
4a	(Code:) (Expenses \$/,685,140. including grants of \$246,4/9.) (Rever THE PURPOSES OF YOUTH OUTREACH SERVICES, INC. ARE TO EST)
	MAINTAIN AND CARRY ON PROGRAMS THAT PROVIDE SAFE AND CAR	-	
	AND/OR SHELTER; STEER YOUTH AWAY FROM CRIME AND RISKY BE		
	YOUTH DEVELOP THE SKILLS NEEDED TO BECOME PRODUCTIVE ADU		
	ACCEPT FOR SUCH PURPOSES ANY VOLUNTARY CONTRIBUTIONS AND		
	FUNDS AS ENTITLED TO UNDER THE LAWS OF THE STATE OF ILLI	NOIS.	
	1 102 96E	2 262 (
4b	(Code:) (Expenses \$1,102,865. including grants of \$) (Rever THE YOS REDEPLOY PROGRAM IS DESIGNED AS A COMPLEMENTARY)
	THE COOK COUNTY JUVENILE COURTS JUVENILE DETENTION ALTER		
	INITIATIVE (JDAI), WHICH HAS SERVED AS A NATIONAL DETENT		VE
		THE PROGRAM I	
		EMPHASIZING	
	BUILDING THE MINOR'S COMPETENCIES, ADDRESSING ACCOUNTABI	LITY AND	
	RESPONSIBILITY TO THE VICTIM, AND ENSURING THE COMMUNITY	'S SAFETY.	
40			
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4d	Other program services (Describe on Schedule O.)		
Ψu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 8,788,005.	/	
		Form 9 9	90 (2023)
332002	2 12-21-23		,
	2		

Form	990	(2023)

 Form 990 (2023)
 YOUTH
 OUTREACH
 SERVICES
 INC

 Part IV
 Checklist of Required Schedules
 Services
 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	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			v
	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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		x	
_	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		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.4.6	x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		Х
h	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101-	v	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13		14a		X
		148		- 22
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 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? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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 Form 990 (2023)
 YOUTH OUTREACH SERVICES INC
 36-3297629
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Vac
 Na

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
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 on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
b		•		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	x	
00000	(gambling) winnings to prize winners?	Eorm		<u> </u> (2023)
332004	4 12-21-23 4	Form	550	(2023)
	<u>▲</u>			

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Form	990 (2023) YOUTH OUTREACH SERVICES INC		36-3297	629	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
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	330			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х
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 Ad	counts (FB	AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	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 ser	vices provide	d to the payor?	7a		Х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				37
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				000	(0.0.6.2)
332005	12-21-23			Form	390	(2023)

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Form 990	(2023)
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 Form 990 (2023)
 YOUTH
 OUTREACH
 SERVICES
 INC
 36-3297629
 Page

 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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	1	2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	2		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		2
3	Did the organization delegate control over management duties customarily performed by or under the					\square
•	of officers, directors, trustees, or key employees to a management company or other person?			3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 99					2
	Did the organization become aware during the year of a significant diversion of the organization's ass					X
						2
6	Did the organization have members or stockholders?			6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	following:			
	The governing body?			8a	X	1
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re-					
					Yes	N
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			anniacoo,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	beloit		110		
				100	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		\vdash
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			37	
	on Schedule O how this was done			12c	X	-
	Did the organization have a written whistleblower policy?			13	X	-
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wit	th a			
	taxable entity during the year?			16a		2
	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 organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure					1
	List the states with which a copy of this Form 990 is required to be filed IL	4 000		Na		b 1
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990-	I (section 501(c)(3	s)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	f interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	QUATTRO FPO SOLUTIONS - 847-939-4210					
	20111110 110 0010110110 017 909 1210					
	1850 PARKWAY PLACE SUITE 1110, MARIETTA, GA 30067					

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		ן than o	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both pr/trus	n an	compensation	compensation	amount of
	week			uau		, nus	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	om pe		1099-NEC)	,	and related
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Offi	Key	Hig	For			
(1) JAMIE NOTO	40.00							170 440	0	
EXECUTIVE DIRECTOR	3.00			Х				170,448.	0.	25,005.
(2) YOTL RAMIREZ SR	40.00							104 250	0	00 040
CFO	0.00			Х				124,358.	0.	23,940.
(3) KARL STARK	2.00	37		~	K				0	0
PRESIDENT	2 00	Х		X		K		0.	0.	0.
(4) CHARLES A. KRUGEL	2.00	77		77				0.	0	0
TREASURER (5) SILVIA TALAVERA	2.00	X	\leftarrow	Х		L.		0.	0.	0.
(5) SILVIA TALAVERA SECRETARY	2.00	x		x				0.	0.	0.
(6) NIKKI HALE	1.00	Λ		Δ				0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(7) MIKE HESSLING	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(8) DANNY HEST	1.00									<u>v</u> .
DIRECTOR		х						0.	0.	0.
(9) SEAN HUDSON	1.00									
DIRECTOR		х						0.	Ο.	0.
(10) MICHELLE MENCONI	1.00									
DIRECTOR		х						0.	Ο.	0.
(11) NICOLE OSEQUEDA	1.00									
DIRECTOR		х						0.	Ο.	0.
(12) DONALD ROBINSON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JOSE PINONES	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JOHANNA SPELLMAN	1.00									
DIRECTOR		Х						0.	0.	0.
			<u> </u>							
										000

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Form 990 (2023)

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	<u>90 (2023) YOUTH OUT</u>	FREACH S	ER	VI	CE	S	IN	С		36-32	<u>976</u>	29	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0	C) itior			(D)	(E)			F)
	Name and title	Average hours per		not ch	neck i	more	than o		Reportable	Reportable			nated
		week		, unles cer an					compensation	compensatior from related	ן י		unt of
		(list any	or						- from the	organizations	. .		her ensation
		hours for	direct				-		organization	(W-2/1099-MIS		•	n the
		related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	<i>,</i>		ization
		organizations	truste	al tru:		yee	m per		1099-NEC)			•	elated
		below	ndividual trustee or director	nstitutional trustee	J.	mplo	est co oyee	er	,			organi	zations
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				•	
						-							
				$\left \right $									
				$\left \right $									
											_	10	0.45
	Subtotal								294,806.		0.	48	,945.
сΊ	otal from continuation sheets to Part VI	I, Section A						`	0.		0.		0.
d 1	otal (add lines 1b and 1c)								294,806.		0.	48	,945.
2 1	otal number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable			
	compensation from the organization												2
						7					_	Y	es No
3 [Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on			
li	ne 1a? If "Yes," complete Schedule J for s	uch individual										3	X
	for any individual listed on line 1a, is the su												
	nd related organizations greater than \$150											4 2	x
5 [Did any person listed on line 1a receive or a	accrue comper	Isati	on fr	om	anv	unre	elate	ed organization or individ	lual for services			
	endered to the organization? <i>If "Yes," com</i>											5	X
	on B. Independent Contractors		201	01 00		2010	011 .					-	
	Complete this table for your five highest co	mnensated inc	ene	nder	nt co	ontra	actor	rs th	nat received more than \$	100 000 of comp	ensatio	n from	1
	he organization. Report compensation for	•	•							· ·	onoutio		
	(A)	the calchad ye		- TGILL	9 11				(B)			(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices	Cor	npens	ation
					-				•				
								-					
								\neg					
2 7	otal number of independent contractors (in	ncluding but n	ot lin	nited	l to 1	thos	se lis	ted	above) who received mo	ore than			
9	100,000 of compensation from the organiz	zation				0)						
											Fo	orm 99	90 (2023)

Ра	rt VII						
		Check if Schedule O contains a response of	or note to any lin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
, G	с	Fundraising events 1c					
iifts ar A	d	Related organizations 1d		1			
s, G milå	е	Government grants (contributions)					
ion r Si	f	All other contributions, gifts, grants, and					
but the		similar amounts not included above 1f	227,037.				
d O	g	Noncash contributions included in lines 1a-1f					
Co an	h	Total. Add lines 1a-1f		227,037.			
		Business Co					
e	2 a	PROGRAM SERVICE REVENUE	624110	10,212,062.	10212062.		
ervi	b	MANAGED CARE ORGANIZATION REVENUE	624110	258,405.	258,405.		
n Si	с						
Jran Rev	d						
Program Service Revenue	е						
а.		All other program service revenue		10,470,467.			
	g	Total. Add lines 2a-2f		10,470,407,			
	3	other similar amounts)	,	9,127.			9,127.
	4	Income from investment of tax-exempt bond pi		5,117.			5,127.
	5	Royalties					
	Ŭ	(i) Real	(ii) Personal		-		
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Othe r				
		assets other than inventory 7a					
	b	Less: cost or other basis					
an		and sales expenses 7b					
Revenue	с	Gain or (loss)					
		Net gain or (loss)					
Other	8 a	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19 9a					
	b						
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold 10b		1			
		Net income or (loss) from sales of inventory	•				
(0			Business Code				
e out		MISCELLANEOUS INCOME	812900	117,321.	117,321.		
ellane evenue	b						
cell							
Miscellaneous Revenue	d	All other revenue					
_		Total. Add lines 11a-11d		117,321.			
	12	Total revenue. See instructions		10,823,952.	10587788.	0.	9,127.
33200	9 12-21-	23					Form 990 (2023)

YOUTH OUTREACH SERVICES INC

Form 990 (2023)

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YOUTH OUTREACH SERVICES INC Part IX Statement of Functional Expenses

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

1 Garats and other assistance to domestic organizations, foreign governments, and foreign individuals. See Part IV, line 22 246,479. 246,479. 2 Garats and other assistance to domestic organizations, foreign governments, and foreign individuals. See Part IV, line 13 and 16 246,479. 246,479. 2 Banefits paid to or for mambers 294,805. 259,115. 31,992. 3,698. 2 Compensation of current officers, directors, trustees, and key employees 294,805. 259,115. 31,992. 3,698. 3 Compensation of current officers, directors, trustees, and key employees 5,602,958. 4,924,640. 608,030. 70,288. 4 Periodic plant addition of 4030(x)(8)(8) 5,602,958. 4,924,640. 608,030. 70,288. 9 Other employee benefits 757,486. 665,782. 82,202. 9,502. 9 Payol taxes 429,069. 377,124. 46,562. 5,383. 9 Payol taxes 1,124,337. 623,256. 483,007. 15,074. 11 Instrance 1,015,971. 951,493. 55,396. 9,082. 9 Other expression for hold or antitrument expenese for any televal, state, oreal public of ficials for		Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
2 Grants and other assistance to domestic individuals. See Part V, lines 15 and 16 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 Georgenstation of current offices, directors, trustees, and key employees 246,479. 246,479. 4 Benefits paid to offor members Componstion of current offices, directors, trustees, and key employees 294,805. 259,115. 31,992. 3,698. 6 Componstion of current offices, directors, trustees, and key employees 294,805. 259,115. 31,992. 3,698. 7 Other eslavies and wages 5,602,958. 4,924,640. 608,030. 70,288. 9 Other employee benefits 5,602,958. 4,924,640. 608,030. 70,288. 9 Payoid taxes 757,486. 665,782. 82,202. 9,502. 9 Other employee benefits 30,813. 30,813. 30,813. 30,813. exacturing 256,348. 1,121,337. 623,256. 483,007. 15,074. 10 Deprese 1,015,971. 951,493. 55,396. 9,082. 21 Otherespeneses 1,015,971. 95		Grants and other assistance to domestic organizations		expenses	general expenses	expenses
individuals. See Part V, line 22 246, 479. 246, 479. 3 Grants and other assistance to trolgin organizations, foreign governments, and foreign individuals. See Part V, line 15 and 16 294, 805. 259, 115. 4 Bernetts paid to or for members 294, 805. 259, 115. 31, 992. 5 Compensation of current officers, directors, persons (activation during stand webser) (1) and persons (activation during (activation during (activation during (activatio	0					
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individual. See Part N, line 51 and 16 Image: See Part N, line 51 and 16 4 Benefits paid to or for members Compensation of current of files, directors, trustees, and key employees 294,805. 259,115. 31,992. 3,698. 6 Compensation of included advector to discutilied persons (as defined under section 4568(r)(1)) and persons described in section 4568(r)(1) and persons described in section 4568(r) and persons described i	2		246 479	246 479		
erganizations, foreign governments, and foreign individuals. See Part V, lines 16 and 16	2	ſ	240,479.	240,479.		
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation on individed above to disqualified persons described in section 4958(P(1)) and persons described in section 4958(P(1))	3	C C				
4 Bendifs paid to or for members 294,805. 259,115. 31,992. 3,698. 5 Compensation of current officers, directors, trustes, and key employees 294,805. 259,115. 31,992. 3,698. 6 Compensation not include above to disqualified persons (as obligation and wages 5,602,958. 4,924,640. 608,030. 70,288. 7 Other satiaries and wages 5,602,958. 4,924,640. 608,030. 70,288. 9 Person (as down adges) 5,602,958. 4,924,640. 608,030. 70,288. 9 Other satisfies and wages 5,602,958. 4,924,640. 608,030. 70,288. 9 Other satisfies and wages 5,602,958. 4,924,640. 608,030. 70,288. 9 Other satisfies and wages 5,602,958. 4,924,640. 608,030. 70,288. 9 Other satisfies and wages 5,602,958. 4,292,640. 50.00. 70,728. 9 Other satisfies and wages 30,813. 256,348. 256,348. 256,348. 256,348. 2,017. 10						
5 Compensation of current officers, directors, trustees, and key employees 294,805. 259,115. 31,992. 3,698. 6 Compensation not included above to disgualified persons described in section 4968(1/1) and persons described in and 4968(1/2) and 2/2 and	л	ſ				
trustes, and key employees 294,805. 259,115. 31,992. 3,698 6 Compensation not included above to disqualified persons (as defined under section 4980(r)(1) and the persons described in section 4980(r)(1) and the persons described in section 4980(r)(1) and the persons and contributions (include section 401(k) and 403(b) employer contributions) 5,602,958. 4,924,640. 608,030. 70,288 8 Person plan accruits and contributions (include section 401(k) and 403(b) employer contributions) 5,602,958. 4,924,640. 608,030. 70,288 9 Other employee benefits 757,486. 665,782. 82,202. 9,502 9 Payronit accruits and contributions (include section 401(k) and 403(b) employer contributions) 757,486. 665,782. 82,202. 9,502 9 Other setwices (nonemployees): 30,813. 20,813. 20,813. 256,348. 256,348. 256,348. 256,348. 201,124,337. 623,256. 483,007. 15,074 10,486. 7,531. 938. 2,017 10 Other sequences 1,015,971. 951,493. 55,396. 9,082 272,291. 235,476. 36,690. 125 10 Conferences, convention, and meetings 14,731. 14		r				
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26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			10 757 601	0 700 005		160 077
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educational campaign and fundraising solicitation.	26					
		educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				

10

332010 12-21-23

Form 990 (2023)

33

4,523,296.

33

4,822,135. Form **990** (2023)

YOUTH OUTREACH SERVICES INC Part X Balance Sheet

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

Total liabilities and net assets/fund balances

		Check if Schedule O contains a response of hote	e to an					·····
					(A) Beginning of y	ear		(B) End of year
	1	Cash - non-interest-bearing			898,	105.	1	875,005.
	2	Savings and temporary cash investments			281,4		2	281,245.
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net			2,818,	709.	4	3,278,715.
	5	Loans and other receivables from any current or			, ,			
		trustee, key employee, creator or founder, subst						
		controlled entity or family member of any of thes					5	
	6	Loans and other receivables from other disqualif	-					
		under section 4958(f)(1)), and persons described					6	
(0	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
Ass	9				40.0	047.	9	77,628.
		Land, buildings, and equipment: cost or other			/			,•=••
		basis. Complete Part VI of Schedule D	10a	913,624.				
	Ь	Less: accumulated depreciation		902,432.	53.3	195.	10c	11,192.
	11	Investments - publicly traded securities					11	/
	12	Investments - other securities. See Part IV, line 1					12	
	13	Investments - program-related. See Part IV, line 1					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11			431,	793.	15	298,350.
	16	Total assets. Add lines 1 through 15 (must equa			4,523,2		16	4,822,135.
	17	Accounts payable and accrued expenses			846,4		17	1,032,501.
	18	Grants payable					18	
	19	Deferred revenue			667,3	120.	19	1,006,757.
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete F					21	
(0	22	Loans and other payables to any current or form						
ties		trustee, key employee, creator or founder, subst						
Liabilities		controlled entity or family member of any of thes					22	
Lia	23	Secured mortgages and notes payable to unrela			14,8	858.	23	9,935.
	24	Unsecured notes and loans payable to unrelated					24	
	25	Other liabilities (including federal income tax, pay						
		parties, and other liabilities not included on lines						
		of Schedule D	-		369,8	818.	25	238,484.
	26	Total liabilities. Add lines 17 through 25			1,898,		26	2,287,677.
		Organizations that follow FASB ASC 958, che						
es		and complete lines 27, 28, 32, and 33.						
anc	27	Net assets without donor restrictions			2,471,0	695.	27	2,448,680.
Bal	28	Net assets with donor restrictions			153,3		28	85,778.
pu		Organizations that do not follow FASB ASC 9						
Net Assets or Fund Balances		and complete lines 29 through 33.	-					
o	29	Capital stock or trust principal, or current funds					29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30		
Ast	31	Retained earnings, endowment, accumulated inc					31	
Vet	32	Total net assets or fund balances			2,625,0	006.	32	2,534,458.
~	22	Total liabilities and not assets/fund balances			4 523		22	4 822 135

36-3297629 Page 11

Form 990 (2023)

Form	1 990 (2023) YOUTH OUTREACH SERVICES INC	36-329	7629	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	0,823	3,9	52.
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	0,75'	7,6	21.
3	Revenue less expenses. Subtract line 2 from line 1	3	60	5,3	31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,62	5,0	06.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-150	5,8	<u>79.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,534	1,4	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X	
			Form	990	(2023)

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047	
2023	
Open to Public Inspection	

Employer identification number

Name of the organization

Part I Reason for Public Charity Status. (All cognizations must complete this part). See instructions. The organization in a private tourisation because its: (For lines 1 through 12, check only one box.) Image: Charity Complete Part (Complete				SERVICES INC					6-3297629
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 Constraints of the chiral section 1700(b)(1)(A)(ii). (Attach Schedule E (Form 990)) 3 A hospital or a cooperative hospital service organization described in section 1700(b)(1)(A)(iii). 4 A model aresearch organization operated in conjunction with the hospital described in section 1700(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 A norganization operated to rube benefit of a college or university owned or operated by a governmental unit described in section 1700(b)(1)(A)(iv). (Complete Part II). 5 A community trust described an section 1700(b)(1)(A)(v). 7 M A cognization operated by a government or governmental unit described in section 1700(b)(1)(A)(v). 7 M A cognization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 1700(b)(1)(A)(v). (Complete Part II). 8 A community trust described in section 1700(b)(1)(A)(v). (Complete Part II). 9 A a gricultural described in section 1700(b)(1)(A)(v). (Complete Part II). 9 A community trust described in section 1700(b)(1)(A)(v). (Complete Part II). 9 A community trust described in section 1700(b)(1)(A)(v). (Complete Part II). 9 A community trust described in section 1700(b)(1)(A)(v). (Complete Part II). 9 A community trust described in section 1700(b)(1)(A)(v). (Complete Part II). 10 An organization described in section 500(c)(A). 11 A organization organization described in section 500(c)(A). 12 An organization organization described in section 500(c)(A). 13 An organization organization described or late of roganization of part the supporting organization described in section 500(c)(A). 14 An organization organization described in section 500(c)(A). 15 An organization organization described in section 500(c)(A). 16 An organization organization described in section 500(c)(A). 17 An organization organization described organization described organizati	Part I	Reason for Public 0	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A forganization that nomally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1)(A)(v). 7 An organization that nomally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community true described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives (1) more than 33 1/3% of its support from controlutions, membership fees, and gross receipts from activities related to its search true subject to cartial exceptions; and (2) more than 33 1/3% of its support from controlutions, membership fees, and gross receipts from activities related b. Search (2) complete Part II.) 11 An organization described in section 501(4) (1) activities see section 509(k)(2). Complete Part II.) 12 An organization described in section 501(4) in archina states in subject of cartial states in the number of subject of any and state seccession 509(k)(3). Const the subject of any any activities subject of carnications 500(k) in activities 500(k)(2). Complete Part II.) 11 An	1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	,	1)(A)(i).		
 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A hodganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A noganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income a durrelated bot develose (1) more than 33 1/3% of its support from gross investment income a durrelated bot develose (1) more than 33 1/3% of its support of governanted or governanted activity is the theoret of its certain 509(a)(2). Cecargination organization adjustation section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 52 adtrough 12 dtrat describes the type of supporting organization adjustation (4) supporting organization adjustation (4) supporting organization adjustation (4) supporting organization adjustation (4) supporting organization adjustation (4). Specifica A and B. Type II. A supporting organization operated, supporting organization adjustation (4), the adjustation (4), the part of the supported organization (4), the adjustation (4), the adjustation (4), the adjustat	3					(b)(1)(A)(ii	ii).		
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local governmental unit described in section 170(b)(1)(A)(v). 7 Managemental unit organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). Operated in conjunction with a land-grant college or university: or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxabile income (ease section 509(a)(2). (Complete Part III.) 11 An organization organization adperated exclusively to the to public safety. See section 509(a)(2). Ceck the box on lines 124 nov(1). 24 that describes the type of supporting organization addition organization organization organization organization adperated exclusively in the benefit of i. Supported organizations]. Check the box on lines 124 nov(1). 24 that describes the type of supporting organization solution(3). Type II, Supporting organization addition particle safety. See section 509(a)(2). See section 509(a)(2). Check the box on lines 12		A medical research organiz						(iii). Enter	the hospital's name,
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 M A organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An againzation that normally receives (1) more than 33 1/3% of its support from nontinuitons, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ass section 501(a)). 10 An organization distinus stable income (ass section 511 tax) from businesses acquired by the organization after June 30, 1975. 11 An organization organization discribes the type of supporting organization after June 30, 1975. 12 An organization organization discribes the type of supporting organization after June 30, 1975. 12 An organization organization discribes the type of supporting organization state of the supporting organization state exclusively for the benefit of, 10 perform the functions of, or to carry out the purposes of one or more publicly supported organization state exclusively for the benefit of, 10 perform the functions (1)(s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), typically discribes the type of supporting organization state at the supporting organization state of the supporting organization stell state of the supporting organization	5	•		llege or university owned	or operat	ed by a go	overnmental ur	nit describe	ed in
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 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a non-indard-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:		An organization that norma	Ily receives a substa				. ,	e general į	oublic described in
9 An agricultural research organization described in section 170(b)(1)(A)(x) operated in comjunction with a land-grant college or university or a noniand grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from continuutions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ess section 511 ta) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to the tor public safety. See section 509(a)(2). See section 509(a)(3). Check the box on lines 12 ta through 12 that describes the type of supporting organization and complete lines 12e, 12l, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (section A and B). b Type I. A supporting organization supervised or controlled by its supported organization(s), typically by giving control or management of the supporting organization vested in the same persons that control or manage the supported organization(s), typically by giving control or management of the supported organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrate	•								
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10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization arganized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled in acontection with its supported organization(s), the power to regulary appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s), tory our wat complete Part IV, Sections A and C. c Type III supporting organization spearation operated in connection with its supported organization(s) the organization(s) (see instructions). You must complete Part IV, Sections A and C, and Part V. e Check this box if the organization received a write determination from the IRS that it is a Type I, Type III supported organization(s) (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organizations	9 🔛	or university or a non-land-g							
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organizations) the power to regularly appoint on elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organizations (second prevised or controlled in connection with and functionally integrated with, its supported organization supervised or controlled in connection with and functionally integrated with, its supported organization supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) the set instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) ftpice III non-fu	10		Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ne membershi	n fees and	d aross receipts from
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functionally integrated, or Type III non-functionally integrated supporting organization.		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
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		.,	(II) EIN	(described on lines 1-10	in your governi	ng document?		,	
Total									
Total									
	Total								

Schedule A (Form 990) 2023 Part II Support Sch

YOUTH OUTREACH SERVICES INC

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6687205.	7262574.	438,945.	717,849.	227,037.	15333610.
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						
4	Total. Add lines 1 through 3	6687205.	7262574.	438,945.	717,849.	227,037.	15333610.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						15333610.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	6687205.	7262574.	438,945.	717,849.	227,037.	15333610.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	256.	4,210.	1,833.	473.	9,127.	15,899.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	9,560.	10,673.	60,032.	165,222.	117,321.	362,808.
11	Total support. Add lines 7 through 10						15712317.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 29	,062,226.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	ohere					
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2023 (I					14	<u>97.59 %</u>
	Public support percentage from 2022					15	98.17 %
16 a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact			-		VI how the organiz	ation
	meets the facts-and-circumstances te	•		,	•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•		•		
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A	(Form	990) 2023
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YOUTH OUTREACH SERVICES INC

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	ļ					
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons				/		
h	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				1		
	Add lines 7a and 7b						
	ction B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
	Amounts from line 6	(4) 2010	(0) 2020		(4) 2022		
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				1		
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3) orga	anization,
	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, c	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	023 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ation	
b	33 1/3% support tests - 2022. If the						/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organiz	ation
20	Private foundation. If the organization	on did not check a l	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	
33202	23 12-21-23					Sche	edule A (Form 990) 2023
			15				

YOUTH OUTREACH SERVICES INC

1

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

332024 12-21-23

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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09170502 707170 6450
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Schedule A (Form 990) 2023 YOUTH OUTREACH SERVICES INC

Pa	rt IV 🔤	Supporting Organizations (continued)			<u> </u>
				Yes	No
11	Has the	organization accepted a gift or contribution from any of the following persons?			
а		n who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	bw, the governing body of a supported organization?	11a		
b		member of a person described on line 11a above?	11b		
	2	ontrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in		11c		
Sec		Type I Supporting Organizations			
				Yes	No
1	more su directors effective	governing body, members of the governing body, officers acting in their official capacity, or membership of one or pported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, s, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) by operated, supervised, or controlled the organization's activities. If the organization had more than one supported tion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	0	ed 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			
	organiza	ation(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,			
_	supervis	ed. or controlled the supporting organization.	2		
Sec	ction C.	Type II Supporting Organizations			
				Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or truste	es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mana	gement of the supporting organization was vested in the same persons that controlled or managed			
_	the supp	ported organization(s).	1		
Sec	ction D.	All Type III Supporting Organizations			
				Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organiza	ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii)	a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiza	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were an	y of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiza	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	By reaso	nization maintained a close and continuous working relationship with the supported organization(s). on of the relationship described on line 2, above, did the organization's supported organizations have a int voice in the organization's investment policies and in directing the use of the organization's	2		

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.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	d to satisfy the Integral Part	Test during the year	(see instructions)
		linal line organization used		i est uuring the year	1000 1100 0000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you sup	ported a governmental entity (see instructions).
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

3

2a

2b

3a

Yes No

09170502 707170 6450

1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain in</i>)	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ited Type III supporting orga	nization (see

Schedule A (Form 990) 2023

 Schedule A (Form 990) 2023
 YOUTH OUTREACH SERVICES INC

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

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

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2023.05070 YOUTH OUTREACH SERVICES I 6450___1

6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				

YOUTH OUTREACH SERVICES INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Current Year

1

2

3

4

5

Schedule A (Form 990) 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

2

3

4

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

5 Remaining underdistributions for years prior to 2023, if

7 Excess distributions carryover to 2024. Add lines 3j

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Part VI. See instructions.

any. Subtract lines 3g and 4a from line 2. For result greater

Schedule A	(Form 990) 2023	YOUTH	OUTREACH	SERVICES	INC	36-3297629 Page 8
Part VI	Supplemental Inf Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a	ormation. P s 1, 2, 3b, 3c, 4 D, lines 2 and 3	rovide the explana b, 4c, 5a, 6, 9a, 9t 3; Part IV, Section	tions required by b, 9c, 11a, 11b, ar E, lines 1c, 2a, 2b	Part II, line 10; Part I nd 11c; Part IV, Section , 3a, and 3b; Part V, I	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, any additional information.
	(See instructions.)					
					\mathbf{V}	
332028 12-21-2	3			20		Schedule A (Form 990) 2023

Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Employer identification number

36-3297629

Section:

Check if your organization is covered by the General Rule or a Special Rule.

YOUTH OUTREACH SERVICES INC

Department of the Treasury Internal Revenue Service Name of the organization

Organization type (check one):

Schedule B

(Form 990)

Filers of:

Name of organization

Employer identification number

36-3297629

YOUTH OUTREACH SERVICES INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 COMMUNITY MEMORIAL FOUNDATION X Person Payroll 15 SPINNING WHEEL RD. 5,500. Noncash (Complete Part II for HINSDALE, IL 60521 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 COUPONCABIN LLC X Person Payroll 21 W ILLINOIS ST 5,000. Noncash (Complete Part II for CHICAGO, IL 60654 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 GEORGE M. EISENBERG FOUNDATION FOR 3 CHARITIES X Person Payroll 2340 S ARLINGTON HEIGHTS RD 5,000. Noncash (Complete Part II for ARLINGTON HEIGHTS, IL 60005 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 MCMASTER-CARR SUPPLY COMPANY X Person Payroll 200 AURORA INDUSTRIAL PKWY 6,000. Noncash \$ (Complete Part II for AURORA, OH 44202-8087 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 PAUL M ANGELL FAMILY FOUNDATION X Person Payroll 4140 W FULLERTON AVE 65,000. Noncash (Complete Part II for CHICAGO, IL 60639 noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

22

323452 12-26-23

Schedule B (Form 990) (2023)

(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
·		\$	
323453 12-26-23	3		Schedule B (Form 990) (2023)

23

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

YOUTH OUTREACH SERVICES INC

Name of organization

Part II

Employer identification number

36-3297629

Schedule B (Form 990) (2023)

Schedule E	B (Form 990) (2023)		Page 4
Name of or	rganization		Employer identification number
YOUTH	OUTREACH SERVICES INC		36-3297629
Part III	from any one contributor. Complete columns (a) through (e) and the following line entry.	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or less	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
			_
-			
		(e) Transfer of gift	
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee
			<u> </u>
(-) N			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Farti			
ľ		(e) Transfer of gift	
			Deletionekin of two of over to two of over
ŀ	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) T dipose of gire		
-		e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
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
ſ			

Schedule B (Form 990) (2023)

Name of the organization

Supplemental Financial Statements

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

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

2023 Open to Public Inspection

Employer identification number

36-3297629

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

YOUTH OUTREACH SERVICES INC

Par			or Accour	Its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(1.) [de and allow as a surfa
		(a) Donor advised funds	(b) Fur	ids and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
6	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or impermissible private benefit?		0	
Par		anization answered "Yes" on Form 990		
1	Purpose(s) of conservation easements held by the organization		r arc rv, into 7.	
•	Preservation of land for public use (for example, recreati		of a historically	important land area
	Protection of natural habitat		-	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserva	tion easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
с	Number of conservation easements on a certified historic strue		0.	
d	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele			during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation easemen	ts during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that desc	cribes the
Par	t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Simila	r Assats
1 ai	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 958		and balanco d	anot works
Id	of art, historical treasures, or other similar assets held for publ			
	service, provide in Part XIII the text of the footnote to its finance			oublic
h	If the organization elected, as permitted under FASB ASC 958			works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			-
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
	09-28-23			· ·
		25		

Sche		JTREACH SEF					36-32			age 2
Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or O	Other S	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that m	nake sign	ificant u	ise of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange program	I					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization?	s exempt	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical treas	sures, or other s	similar as	sets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	answered "Ye	s" on For	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par									
1 a	Is the organization an agent, trustee, custodia		•					-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:					A		
								Amoun	ι	
	Beginning balance					1c				
	Additions during the year					1d				
e 4	Distributions during the year					1e 1f				
20	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					·		_ 165		
Par										_
		(a) Current year	(b) Prior year	(c) Two years) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	281,630.	281,630.	281,			01,694.		201,	
b	Contributions	,					80,000.		,	
c	Net investment earnings, gains, and losses						101.			190.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses						165.			
g	End of year balance	281,630.	281,630.	281,	630.	2	81,630.		201,	694.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on 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									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered	l for the			r		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4 Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipment		wment funds.							
T ai	Complete if the organization answered		Part IV line 11a S	ee Form 990 F	Part X lin	o 10				
	· · ·						-			
	Description of property	(a) Cost or of basis (investm	• •	or other (other)	(c) Accu depre	umulate eciation	a	(d) Boo	k valu	e
1a	Land									
b	Buildings									
с	Leasehold improvements			9,582.		8,39		1	1,1	
d	Equipment			8,995.		8,99				0.
	Other			5,047.		95,04				0.
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	<u>X, line 10c, column</u>	<u>(B))</u>				1	1,1	92.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11b. See Form 990. Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990. Part X. line 15.
	Description	(b) Book value
(1) SECURITY DEPOSITS		55,639
(2) ROU ASSET - CONGRESS		13,321
(3) ROU ASSET - VEHICLES		229,390
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B)</i>)	298,350
Part X Other Liabilities		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) FIDUCIARY LIABILITIES		2,397
(3) LEASE LIABILITY		222,524
(4) LEASE LIABILITY - CONGRES	S	13,563
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col.	<i>(B</i>))	238,484
2. Liability for uncertain tax positions. In Part XIII, provide		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🛄 🔀

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023 YOUTH OUTREACH SERVICES INC

	dule D (Form 990) 2023 YOUTH OUTREACH SERVICES		36-3297629 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenue	per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	•	s per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	-	
Pal	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 V, LINE 4:

THE	INTENDED	USE	OF	THE	ORGANIZATION'	S	ENDOWMENT	FUNDS	IS	то	BE	Α	RESERVE
-----	----------	-----	----	-----	---------------	---	-----------	-------	----	----	----	---	---------

FOR FUTURE USE RELATED TO UNEXPECTED NEEDS.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE (IRC). IN ADDITION, THE CENTER QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A). AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER

SECTION 509(A)(1). THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY

UNRELATED BUSINESS INCOME. THE ORGANIZATION HAD NO UNRELATED BUSINESS

INCOME AND THERE WERE NO TAXES OWED FOR THE YEAR ENDED JUNE 30, 2024.

Schedule D (Form 990) 2023

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332054 09-28-23

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THE ORGANIZATION HAS ADOPTED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT IT IS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2024.

THE FEDERAL AND STATE TAX RETURNS OF THE ORGANIZATION FOR PAST YEARS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990)		Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if} the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	d Other Assistance to Organizations, ts, and Individuals in the United States inization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organ s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	1 990. the latest informs	ation.		Open to Public Inspection
Name of the organization	ion YOUTH OUTREACH		SERVICES INC					Employer identification number 36-3297629
Part I General In	General Information on Grants and Assistance	ssistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	bstantiate the		or assistance, the	grantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to a	criteria used to award the grants or assistance?	e?						X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ures for monite	oring the use of grant f	unds in the United	States.			
Part II Grants an recipient the	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	estic Organiz 00. Part II can I	ations and Domestic be duplicated if additic	Governments. Control of the control	complete if the orgains. ed.	anization answered "Y	es" on Form 990, Part I	V, line 21, for any
1 (a) Name and ac	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb3 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	overnment org	anizations listed in the table	line 1 table				
For Paperwork Reduc	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for	Form 990.					Schedule I (Form 990) 2023

LHA 332101 11-01-23

Schedule I (Form 990) 2023 YOUTH OUTREACH	SERVICES	INC			36-3297629 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	red "Yes" on Form 9	30, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING, FOOD, TRANSPORTATION, AND CLOTHING	1804	246,479.	0	WA	SUPPLIES, CLOTHING, FURNITURE
		Q			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part II, column (b); and any other additional information.	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE GRANTEE MUST FOLLOW UP WITH THE		ORGANIZATION WITH	A REPORT	THAT DETAILS	
THE USE OF GRANT FUNDS AWARDED					
332102 11-01-23					Schedule I (Form 990) 2023

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00	
	-	Compensated Employees		20	ZJ)
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			dentificatio		nber
		YOUTH OUTREACH SERVICES INC	36-3	329762	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
	If any of the st					
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
~	•			1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization s				
		ation of the CEO/Executive Director, but explain in Part III.	01110			
	Compensation					
	·	compensation consultant Compensation survey or study				
	·	ther organizations X Approval by the board or compensation c	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с	-	eive payment from an equity based compensation arrangement?				X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	-					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
	If "Yes" on line 5a c	or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					
						X
b		ation?		6b		X
		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				L
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2023

Schedule J (Form 990) 2023 YOUTH	О т	YOUTH OUTREACH SEF	SERVICES INC		36-3297629	629		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	mplo	oyees, and Highest C	compensated Emple	oyees. Use duplica	te copies if additional s	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	oe re	ported on Schedule J 990, Part VII.	, report compensati	on from the organiz	ation on row (i) and fror	n related organization:	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ed in	dividual must equal th	ie total amount of Fc	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	:) amounts for that indi	vidual.
		(B) Breakdown of W-2 and con	-2 and/or 1099-MISC compensation	and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMIE NOTO	0	170,448.	.0	.0	5,259.	19,746.	195,453.	•0
EXECUTIVE DIRECTOR		0	.0	0.	0.	.0	0.	0.
	E							
	(ii)							
	(i)							
	(ii)							
	(i)							
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							Schedu	Schedule J (Form 990) 2023

332112 11-06-23

Schedule J (Form 990) 2023 YOUTH OUTREACH SERVICES INC	36-3297629	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	is part for any additional information.	
PART I, LINE 3:		
THE BOD COMPLETES AN ANNUAL REVIEW OF THE ED'S SALARY & OTHER COMPENSATION		
THE INFORMATION PACKET THAT GOES TO THE BOARD INCLUDES A PERFORMANCE		
EVALUATION FOR THE CURRENT YEAR AS WELL AS THE PREVIOUS YEAR; THE SALARY &		
OTHER COMPENSATION INFORMATION; PERFORMANCE OBJECTIVES / GOALS FOR THE		
CURRENT YEAR AS WELL AS THE PREVIOUS YEAR, HISTORICAL SALARY & COMPENSATION		
INFORMATION FOR THE PAST 3 YEARS; THE BOARD CHAIR MEETS WITH ED TO DISCUSS		
/ REVIEW ENTIRE PACKAGE BOARD PRESIDENT & TREASURER APPROVES AND SIGNS		
OFF.		
	Schedule J (Form 990) 2023	990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



36-3297629

Name of the organization YOUTH OUTREACH SERVICES INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDING COMMUNITY-BASED SERVICES THAT EMPOWER AND ENRICH EACH TO FACE

LIFE'S CHALLENGES WITH CONFIDENCE, COMPETENCY, AND DIGNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS DISTRIBUTED AND REVIEWED BY THE BOARD BEFORE BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST STATEMENTS

ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS SHALL ANNUALLY REVIEW IN WRITING, THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AGAINST PERFORMANCE CRITERIA THAT ARE LINKED TO THE CORPORATION'S LONG-TERM PLAN. THE EXECUTIVE DIRECTOR SHALL PARTICIPATE IN THE EVALUATION PROCESS AND REVIEWS, SIGNS AND RESPONDS TO THE EVALUATION BEFORE IT IS ENTERED INTO HIS OR HER RECORD. THE BOARD OF DIRECTORS SHALL ALSO REVIEW THE FAIRNESS OF THE EXECUTIVE DIRECTOR'S COMPENSATION AND BENEFITS IN RELATIONSHIP TO INDUSTRY PRACTICES AND FEDERAL REQUIREMENTS.

FORM 990, PART VI, SECTION C, LINE 18:

ALL FORMS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENT AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23
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Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
YOUTH OUTREACH SERVICES INC	36-3297629
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	623,256.
MANAGEMENT AND GENERAL EXPENSES	483,007.
FUNDRAISING EXPENSES	15,074.
TOTAL EXPENSES	1,121,337.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,121,337.
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE IN THE AUDIT OVERSIGHT PROCESS FOR THE	E CURRENT
FISCAL YEAR.	
332212 11-14-23	Schedule O (Form 990) 2023

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		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. Go to www.irs.gov/Form990 for instructions and the latest information.	ons and Unrelated Par ed "Yes" on Form 990, Part IV, lin Attach to Form 990. 90 for instructions and the latest	'tnerships e 33, 34, 35b, 36 information.	or 37.	° °	OMB No. 1545-0047 2023 Open to Public Inspection
Name of th	Name of the organization YOUTH OUTREACH	01				Employer identification number 36-3297629	ication number 6 2 9
Part I	Identification of Disregarded Entities. Complete if the organization	e if the organization answered "Yes" (answered "Yes" on Form 990, Part IV, line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, t	ecause it had one	or more related tax-exe	empt
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
YOUTH OU 2411 W. (CHICAGO,	YOUTH OUTREACH PROPERTIES - 36-3779427 2411 w. CONGRESS PARKWAY CHICAGO, IL 60612	HOLDING TITLE AND MANAGE THE PROPERTY FOR YOUTH OUTREACH SERVICES, INC.	SIONITI	501(C)(2)		YOUTH OUTREACH SERVICES, INC.	
CONSCIENCE COMM 1720 W DIVISION CHICAGO, IL 60	CONSCIENCE COMMUNITY NETWORK - 90-0952780 1720 W DIVISION CHICAGO, IL 60622	ΪK	SIONITI	501(C)(3)	LINE 10		×
For Paper	For Paper work Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R	Schedule R (Form 990) 2023

332161 09-28-23 LHA

Schedule R (Form 990) 2023 YOUTH O	OUTREACH	SERVICES	ES INC						36-32	3297629	Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	ations Taxable a: ship during the tax	s a Partner < year.		f the organizatic	on answered "Ye	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	, Part IV, line	34, because	e it had one or m	ore related	7
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total S income en	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
		((2			
				9							
Part IV Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year.	ations Taxable a: tion or trust durinę	s a Corpor g the tax y∈	or Trust.	complete if the c	organization ans	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	Form 990, Pa	ırt IV, line 34	, because it had	one or mo	ore related
(a) Name, address, and EIN of related organization		Prima	(b) Primary activity	(c) Legal domicile Dir (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Pe end-of-year or assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
332162 09-28-23	-		-	86			-	-	Schedu	le R (Forn	Schedule R (Form 990) 2023

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

Meter Commisted if and successible in Boded in Boded II					
 During the fax year glid the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 	s with one or more re	lated organizations listed	in Parts II-IV2	IES	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		2		1a 1	×
b Gift, grant, or capital contribution to related organization(s)				4F	×
c Gift, grant, or capital contribution from related organization(s)				1c	×
d Loans or loan guarantees to or for related organization(s)				1d	×
				- P	×
f Dividends from related organization(s)				ŧ	×
s)				1g	×
Purchase of assets from related organization(s)				ہ 4	×
i Exchange of assets with related organization(s)				÷	×
j Lease of facilities, equipment, or other assets to related organization(s)				-1	×
k Lease of facilities, equipment, or other assets from related organization(s)				1k X	
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1 X	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			÷	×
 Sharing of paid employees with related organization(s) 				10	×
• • • •					
p Reimbursement paid to related organization(s) for expenses				1p	×
q Reimbursement paid by related organization(s) for expenses				1q	X
r Other transfer of cash or property to related organization(s)				٦r	X
(s)				1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete thi	is line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1) YOUTH OUTREACH PROPERTIES INC.	К	172,169.	COST		
(2) CONSCIENCE COMMUNITY NETWORK	Г	293,008.	COST		
(3)					
(4)					
(5)					
(9)					
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Participant I underlaced as a farterestructure area of the activity in the act	Schedule R (Form 990) 2023 YOUTH	YOUTH OUTREACH SERVICES	/ICES INC						36-329	3297629	Page 4
Image: State of transmission (f) (f) (f) (f) (f) Image: State of transmission Share of transmission Share of transmission (f) (f) (f) Image: State of transmission Share of transmission Share of transmission (f) (f) (f) (f) Image: State of transmission Image: State of transmission State of transmission (f) (f) (f) Image: State of transmission Image: State of transmission Image: State of transmission (f) (f) (f) Image: State of transmission Image: State of transmission Image: State of transmission (f) (f) (f) Image: State of transmission Image: State of transmission Image: State of transmission (f) (f) (f) Image: State of transmission Image: State of transmission Image: State of transmission (f) (f) (f) Image: State of transmission Image: State of transmission Image: State of transmission (f) (f) (f) Image: State of transmission Image: State of transmission Image: State of transmission (f) (f) (f) Image: State of transmission Image: State of transmission Image: State of transmission (f) (f) Im	Unrelated Organizations Taxab the following information for each er	ble as a Partnership. Cor entity taxed as a partnershi	nplete if the organ p through which th	ization answered "Yes" he organization conduc	on Form	990, Part IV, line 3 than five percent	87. of its activities (me	asured by	total assets or <u>g</u>	jross rev	(enue)
Prima activity Edu oncional (atta control) Prima activity (atta cont	not a related organization. See inst	tructions regarding exclus	ion for certain inve	stment partnerships.							
	(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all bartners sec. 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes NO	(k) Percentage ownership
					8				-	8	
				(

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	Provide additional info	iormation for responses to	o questions on Schedule R. See ins	tructions	
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