## Form 990

Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax

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

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

2017 Open to Public Inspection

OMB No. 1545-0047

For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18C Name of organization COORDINATED YOUTH & Check if applicable: D Employer identification number HUMAN SERVICES, INC Address change Doing business as 37-0662520 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2016 MADISON AVENUE Initial return 618-876-2383 Final return/ City or town, state or province, country, and ZIP or foreign postal code GRANITE CITY IL 62040 5,140,077 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending CYNTHIA GAVILSKY 2016 MADISON AVENUE Yes H(b) Are all subordinates included? GRANITE CITY IL 62040 If "No," attach a list. (see instructions) **X** 501(c)(3) 501(c) Tax-exempt status 4947(a)(1) or WWW.CYHS.COM H(c) Group exemption number ▶ X Corporation Trust Form of organization: Other > Association Year of formation: 1944 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance 2 Check this box ▶ I I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ంర 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 123 5 6 Total number of volunteers (estimate if necessary) 54 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, line 34 0 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 2,719,710 2,865,342 9 Program service revenue (Part VIII, line 2g) 2,306,284 2,249,613 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,845 16,158 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -564 -5,078 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,031,275 5,126,035 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 76,440 63,190 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,695,640 4,034,951 **16a** Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 747 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 850,779 871,304 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,622,859 4,969,445 19 Revenue less expenses. Subtract line 18 from line 12 408,416 156,590 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 4,241,060 4,260,962 21 Total liabilities (Part X, line 26) 1,464,793 1,328,105 22 Net assets or fund balances. Subtract line 21 from line 20 2,776,267 2,932,857 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here CYNTHIA EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check PTIN Paid KEVIN J. TEPEN KEVIN J. TEPEN self-employed 12/17/18 P00296127 Preparer C.J. SCHLOSSER & COMPANY, L.L.C. Firm's name 37-1031116 Firm's EIN Use Only 233 E CENTER DR ALTON, IL 62002-5931 Firm's address 618-465-7717

May the IRS discuss this return with the preparer shown above? (see instructions)

## Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1	X	ļ
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			
4		3		X
7	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	١.		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_ ا		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	-	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Ves." complete Schodule D. Port I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		_ A
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		71
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		15.0	
	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		,	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
	If "Yes," complete Schedule G, Part III	19		<u> </u>

Pa	art IV Checklist of Required Schedules (continued)			
		20-	Yes	No X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Α
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	- 21		-22
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
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	23	х	ł
24-	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
		24a		x
	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defense and two account bounded	24c		
لم	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d	Dild and the second bounds			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
<b>L</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	-		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	M. W. Carll and a Calcadula I. David	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	II O. K. IV II a samulate Calculula I. Dont II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ľ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1:1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1	1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	ž.		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	Ь—
35a			X	Ļ—
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	<b></b>
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,	1		_
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	1

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	-		age
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		11-27	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			-
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
2a	reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
Lu	Obstance of Children and the Children an	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	x	S L
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	A	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	3 4		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			11.19
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			37
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
~	gifts were not tax deductible?	Ch.		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		È E	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any tayable distributions under costion 40662	0-		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
0	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)	leji i	44,	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b p	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any navments for indoor tanning services during the tay year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

37-0662520 Page 6 Form 990 (2017) COORDINATED YOUTH & Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 12 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 9 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No  $\mathbf{X}$ 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

2016 MADISON AVENUE

IL 62040

618-876-2383 Form **990** (2017)

CINDY GAVILSKY

GRANITE CITY

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

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

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

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

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

compensated employees; and forme	er such persons.				,			,, <b>,,</b>	,,g,,	
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any	bo	(C) Position (do not check more than one cox, unless person is both an officer and a director/trustee)			is both a or/truste	an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DR CULLEN CULLEN										
	0.50									
PRESIDENT	0.00	X		X				0	0	0
(2) KEN ROZELL										
	0.50									
SECRETARY CONTINUES	0.00	X		X	-			0	0	0
(3) JIM GREENWALD	0 50					1				
VICE PRESIDENT	0.50	x		x				_	_	
(4) KYLE ADAMS	0.00	^		_		$\vdash$		0	0	0
(4) KIDE ADAMS	0.50									
TREASURER	0.00	x		x				0	0	0
(5) TOM SCHOOLEY	0.00					$\vdash$	$\neg$			
(6) = === = = ==========================	0.20									
DIRECTOR	0.00	x						0	0	0
(6) RONALD SIMPSON										
	0.20									
DIRECTOR	0.00	X						0	0	0
(7) ROBERT MARTINEZ										
	0.20									
DIRECTOR	0.00	X					_	0	0	0
(8) KEN MILLER										
	0.20									_
DIRECTOR	0.00	Х		_		$\vdash$	_	0	0	0
(9) REVEREND MARK M										
DIDECTOR	0.20	٠,								
DIRECTOR	0.00	X		_		$\vdash$	-	0	0	0
(10) ED HAGNAUER, JR	0.20									
DIRECTOR	0.20	x						0	^	
(11) DR RODNEY LUPARI		^		$\vdash$		$\vdash$	$\dashv$	U	0	0
,Dr. RODMHI HOPMU	0.20									
DIRECTOR	0.00	x						0	0	0
DAA										Form <b>990</b> (2017)
										, ,

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
(A) Name and title	Name and title  Average hours per week (list any) hours for		s both or/trust	an ee)	(D) Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	(F) Estimated amount of other compensation from the					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organizatio and relate organizatio	on ed
(12) CINDY CLARK	0.20											
DIRECTOR (13) CYNTHIA GAVII	0.00	X	$\vdash$					0	0			0
(13) CINIIIA GAVI	35.00											
EXECUTIVE DIRECTOR	0.00	_	<u> </u>	X		_		140,434	0		2	2,415
(14) JOHN COLEMAN	35.00											
ASSISTANT DIRECTOR	0.00					х		114,999	0		1	8,355
(15) KATHY SIGMUNI	35.00											
FINANCE DIRECTOR	0.00	_				x		114,999	0		1	3,889
			_									
1b Sub-total							<b>•</b>	370,432			5	4,659
c Total from continuation shed d Total (add lines 1b and 1c)	-						<b>&gt;</b>	370,432			5	4,659
Total number of individuals (in reportable compensation from	cluding but not l	imite	d to				bove		\$100,000 of			
								lavas ar highaat aamnana	atad		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes No
employee on line 1a? If "Yes,"	complete Schee	dule	J for	r suc	h inc	dividu	ıal 📈				3	X
For any individual listed on lin organization and related organization individual	nizations greater	thar	ր \$1։	50,00	00? /	f "Ye	s," c	complete Schedule J for su	ch		4	x
5 Did any person listed on line for services rendered to the o	1a receive or ac	crue	com	pens	sation	n fror	n ar	ny unrelated organization o	r individual		5	X
Section B. Independent Contracto	ors											
Complete this table for your fi compensation from the organi	zation. Report of							lar year ending with or with	nin the organization's tax ye	ear.		
Name and	(A) I business address							Descrip	(B) tion of services		Comp	(C) pensation
							$\vdash$					
2 Total number of independent	contractors (inclu	ıding	but	not	limite	ed to	thos	se listed above) who				
received more than \$100,000								,	0			

P	art \	VIII Statement of R Check if Schedu	evenue le O contair	ns a response or	note to any line in	n this Part VIII		
				is a response of	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
uts	2 1a	Federated campaigns	1a	181,802		Tevende		512-514
Program Service Revenue Contributions, Gifts, Grants	B b	Membership dues						
, S, A		Fundraising events	1c	28,832				
# 1	<u> </u>	Related organizations						
S,	e	Government grants (contributions)		2,594,236				
ion	]	f All other contributions, gifts, grants,						
io d		and similar amounts not included abo	ve 1f	60,472				
E -	g g	Noncash contributions included in line	es 1a-1f: \$					
ပ္သို့	ŀ	Total. Add lines 1a-1f	<u></u>	<b>&gt;</b>	2,865,342			
æ				Busn. Code				
e el	2a	SCHOOL DISTRICT	FEES	611600	2,249,613	2,249,613		
ď	b	• • • • • • • • • • • • • • • • • • • •						
₹	С	·		20.00				
S	d	l		y y				
all	е			n. a				
g	l f	f All other program service r						
ᆸ	g	Total. Add lines 2a-2f			2,249,613			
	3	Investment income (includi						
		and other similar amounts)	)		16,158			16,158
	4	Income from investment of	tax-exempt be	ond proceeds 🕨 📘				
	5	Royalties	· · · · · <u>·</u> · · · · · · · · · · · · ·					
		(i) Re	al	(ii) Personal				
	6a	Gross rents						
	b	Less: rental exps.						
	С	Rental inc. or (loss)						
	_d							
	/a	Gross amount from sales of assets (i) Secu	rities	(ii) Other				
		other than inventory						
	b	Less: cost or other						
	İ	basis & sales exps.						
	С	Gain or (loss)						
	d	Net gain or (loss)						
Ф	8a	Gross income from fundraising	events					
enne		(not including \$ 25	8,832					
eve	i	of contributions reported on line				1		
Other Reve		See Part IV, line 18	a	7,590				
the state	b		b	14,042				
O		Net income or (loss) from f		ents ▶	-6,452			-6,452
	9a	Gross income from gaming act	ivities.					
		See Part IV, line 19	a					
	b	Less: direct expenses						
	С	Net income or (loss) from (	gaming activitie	es				
	10a	Gross sales of inventory, le	ess					
		returns and allowances	a					
	b	Less: cost of goods sold	ь					
	С	Net income or (loss) from s	ales of invento	ory				
		Miscellaneous Rever	nue	Busn. Code				
	11a	MISCELLANEOUS	******	7501	1,374			1,374
	b	***************************************	900000000000000000000000000000000000000	00.00				
	С	************************	******	3000				
	d	All other revenue						
	е	Total. Add lines 11a-11d	**************************************		1,374			
	12	Total revenue. See instruc	ctions	▶ □	5,126,035	2,249,613	0	11,080

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All other	r organizations must comp	lete column (A).	
	Check if Schedule O contains a respon-			(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		V.		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		A.		
	individuals. See Part IV, line 22	63,190	63,190		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	165 057	00 224	66 022	
	trustees, and key employees	165,257	98,334	66,923	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	3 030 606	2 502 063	446,643	
7	Other salaries and wages	3,039,606	2,592,963	110,013	
8	Pension plan accruals and contributions (include	61,074	46,367	14,707	
_	section 401(k) and 403(b) employer contributions)	502,196	449,820	52,376	
9	Other employee benefits	266,818	228,460	38,358	
10	Payroll taxes  Fees for services (non-employees):	200,010	220/100	30,330	
11					
	Management	2,694	1,441	1,253	
b		10,655	5,698	4,957	
d	Accounting Lobbying		- 7,555		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.)	30,694	16,414	14,280	
12	Advertising and promotion				
13	Office expenses	117,465	97,160	20,305	
14	Information technology				
15	Royalties				
16	Occupancy	216,316	188,545	27,771	
17	Travel	33,238	22,511	10,727	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			0 ===	
19	Conferences, conventions, and meetings	34,379	24,622	9,757	
20	Interest	38,296	38,296		
21	Payments to affiliates	70 041	71 040	101	
22	Depreciation, depletion, and amortization	72,041 72,421	71,940 62,482	9,939	
23	Insurance	12,421	02,102	9,939	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column  (A) amount, list line 24e expenses on Schedule O.)				
_	ACTUAL DECOMMON OFFICER	84,693	84,693		
a b	EDUCATIONAL MATERIALS	70,270	69,600	670	
C	EQUIPMENT EXPENSE	52,403	46,661	5,742	
d	LUNCH PROGRAM	25,980	25,980		
e	A 10 - 41	9,759	7,430	1,582	747
25	Total functional expenses. Add lines 1 through 24e	4,969,445	4,242,607	726,091	747
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2017)
DAA					Form 330 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 12,509 12,248 Cash—non-interest bearing Savings and temporary cash investments 1,420,887 1,263,227 2 Pledges and grants receivable, net 3 Accounts receivable, net 732,843 779,088 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 24,241 54,450 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,629,450 b Less: accumulated depreciation 10b 825,962 1,853,695 1,803,488 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 348,461 196,885 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) ..... 4,241,060 16 4,260,962 191,762 17 Accounts payable and accrued expenses 17 226,466 18 Grants payable 18 95,265 19 Deferred revenue 174,754 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 1,098,277 Secured mortgages and notes payable to unrelated third parties 1,006,374 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 1,464,793 1,328,105 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕱 and Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,458,846 Unrestricted net assets 2,616,446 27 27 Temporarily restricted net assets 317,421 316,411 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ö complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund \_\_\_\_\_ 31 32 Retained earnings, endowment, accumulated income, or other funds Net 32 2,776,267 33 Total net assets or fund balances 2,932,857 33 Total liabilities and net assets/fund balances ..... 4,241,060 4,260,962

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	5,12		
2	Total expenses (must equal Part IX, column (A), line 25)	4,96		
3	Revenue less expenses. Subtract line 2 from line 1		56,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,77	76,2	267
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B)) 10	2,93	32,8	357
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		Ш
			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 in		1,3	
	Schedule O.			
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		- 24	
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 Consolidated basis X 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 audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	14.53		
	Schedule O.	1. 7.49		11.11
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	. 3b	X	
	<del></del>	For	ո 990	(2017

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017

Name of the organization

COORDINATED YOUTH & Employer identification number 1971 
HUMAN SERVICES, INC 37 - 0662520

Open to Public Inspection

			HUMAN	SERVIC	ES,	INC				37-066	2520
P	art I	Reas	on for Publ	ic Charity	Status	(All organizations	must c	omplete	this part.) Se	e instructio	ns.
Γhe	orga	nization is not	a private found	dation becaus	e it is: (F	or lines 1 through 12,	check onl	y one box	.)		
1		A church, co	nvention of chu	irches, or ass	ociation	of churches described	in sectio	n 170(b)(1	)(A)(i).		
2	Ш	A school des	scribed in <b>secti</b>	on 170(b)(1)(	<b>A)(ii).</b> (A	ttach Schedule E (Forr	n 990 or	990-EZ).)			
3		A hospital or	a cooperative	hospital servi	ce orgar	ization described in se	ction 17	)(b)(1)(A)(	iii).		
4		A medical re	search organiz	ation operated	in conj	unction with a hospital	described	in sectio	n 170(b)(1)(A)(i	ii). Enter the I	nospital's name,
		city, and stat	te:								
5		An organizati	ion operated fo	r the benefit of	of a colle	ge or university owned	or operat	ed by a g	overnmental uni	described in	*******************************
	_		(b)(1)(A)(iv). (C								
6	Ш	A federal, sta	ate, or local go	vernment or g	overnme	ental unit described in s	section 1	70(b)(1)(A	)(v).		
7	X		ion that normal section 170(b			ial part of its support fro	om a gov	ernmental	unit or from the	general publi	С
8						(A)(vi). (Complete Par	f II.)				
9	Н	-				section 170(b)(1)(A)(	,	ed in coni	unction with a la	ind-grant colle	ene.
	_					ture (see instructions).					90
10		An organizati	ion that normal	ly receives: (1	) more t	han 33 1/3% of its sup	port from	contribution	ons, membership	fees, and gr	oss
					-	ons-subject to certain					
	_					ited business taxable in See section 509(a)(2)				usinesses	
11		An organizati	ion organized a	and operated	exclusive	ly to test for public saf	ety. See	section 50	)9(a)(4).		
12	Ш					ly for the benefit of, to					
						escribed in section 50					
						ribes the type of suppo					
	а	the supp	orted organizati	on(s) the pow	er to reg	upervised, or controlled gularly appoint or elect Part IV, Sections A a	a majority				ing
	b					or controlled in conne		its suppoi	ted organization	(s) by baying	
		control o	r management	of the suppor	ting orga	nization vested in the s					
	С					g organization operated				y integrated w	vith,
	d					porting organization operation generally must sa				•	` '
			-	-	_	nplete Part IV, Section	-		•		
	е	Check th	is box if the org	ganization rec	eived a v	written determination fron	om the IR	S that it is	a Type I, Type	II, Type III	
	f		mber of suppor			nally integrated suppor	ung organ	iizauon.			
	g			-		orted organization(s).		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		4 4 9 9 4 4 4
(i		e of supported	(ii) E			) Type of organization	(iv) Is the	organization	(v) Amount o	monetary	(vi) Amount of
•		anization				escribed on lines 1-10		ur governing	support		other support (see
					ab	ove (see instructions))	docu	ment?	instructi	ons)	instructions)
							Yes	No			
(A)			i								
							ļ				
(B)											
/C'		_					-				
(C)											
(D)		-									
(-)											
(E)											
•											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		1.00	· · · · · · · · · · · · · · · · · · ·	,			
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,363,888	3,130,672	2,583,792	2,719,710	2,865	,342	14,663,404
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	3,363,888	3,130,672	2,583,792	2,719,710	2,865	,342	14,663,404
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)	7 - 7 - 1						
6	Public support. Subtract line 5 from line 4.							14,663,404
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 201	7	(f) Total
7	Amounts from line 4	3,363,888	3,130,672	2,583,792	2,719,710	2,865	,342	14,663,404
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	949	826	1,653	5,845	16	,158	25,431
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.)	78,475	155,947	1,166	1,438	1	.,374	238,400
11	Total support. Add lines 7 through 10						40	14,927,235
12	Gross receipts from related activities, etc.						12	4,604,955
13	First five years. If the Form 990 is for the	-						. □
Soc	organization, check this box and stop her tion C. Computation of Public So	unnort Percent	tane				, ,	
	Public support percentage for 2017 (line 6			n (fl)			14	98.23 %
14 15	Public support percentage from 2016 Sche						15	97.85%
16a	33 1/3% support test—2017. If the organ						10 [	371.03 70
IUa	box and <b>stop here.</b> The organization qual				30 17070 01 111010, 0	onook and		<b>▶</b> 🗓
b	33 1/3% support test—2016. If the organ				5 is 33 1/3% or m	ore, check		
_	this box and <b>stop here</b> . The organization							▶ □
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization mee							
	Part VI how the organization meets the "f	acts-and-circumsta	nces" test. The org	ganization qualifies	as a publicly sup	ported		
	organization							▶ 🗌
b	10%-facts-and-circumstances test—20°					411100000000000000000000000000000000000		
	15 is 10% or more, and if the organization	n meets the "facts-a	and-circumstances	test, check this b	ox and stop here.			
	Explain in Part VI how the organization m	eets the "facts-and	-circumstances" te	st. The organization	on qualifies as a po	ublicly		-
	supported organization							· · · · · · · · · · · ·
18	Private foundation. If the organization did							
	instructions							(10.130 t) <b>-</b>

## 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.)

Sec	ction A. Public Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership						
_	fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	!					
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						· · · · · · · · · · · · · · · · · · ·
8	Public support. (Subtract line 7c from		5 (F. 7 1) Sus A		F REWALL AND		
	line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	·					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the						
Can	organization, check this box and stop here			<del> </del>			
	tion C. Computation of Public Su						
15 16	Public support percentage for 2017 (line 8,	column (f) divided	by line 13, columi	ı (f))		15	%
	Public support percentage from 2016 Schellin D. Computation of Investment	ot Income Per	rcentage			16	%
<u> </u>	Investment income percentage for 2017 (lir			column (fl)		47	
18	Investment income percentage from 2016	Schedule A Part	III line 17			40	<u>%</u> %
19a	33 1/3% support tests—2017. If the organ			14. and line 15 is			70
	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2016. If the organ	ization did not che	eck a box on line 1	f or line 19a, and	line 16 is more that	n 33 1/3%, and	,
	line 18 is not more than 33 1/3%, check this	s box and <b>stop he</b>	ere. The organization	on qualifies as a p	oublicly supported	organization	
20	Private foundation. If the organization did	not check a box of	on line 14, 19a, or	19b, check this box	x and see instructi	ons	

Page 4

#### Supporting Organizations Part IV

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

#### Section A. All Supporting Organizations

- 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.
- 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).

COORDINATED YOUTH &

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No_
- 1	1		
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	10b		

trustees of each of the supported organizations? 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.

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on I	Nov. 20, 19	970 (explain in Part VI). <b>S</b>	ee
instructions. All other Type III non-functionally integrated supporting organizations m	ust comple	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		( )	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	PHA		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	THE ST		
factors (explain in detail in <b>Part VI</b> ):	4.		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrate instructions).	ed Type III	supporting organization	(see

Par	t V Type III Non-Functionally Integrated 509(a)(3)		tions (continued)	JZO Page
Sect	ion D - Distributions	oupporting organization	to it is a second	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		- Carrone Four
2	Amounts paid to perform activity that directly furthers exempt purpose			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			·
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017:			
a	France 2004.2			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
<del></del> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from	Earligh Eir M. M. 200		
•	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
_	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
_	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

Part VI

	B, lines 1 a 3a and 3b;	and 2; Pa Part V, li	rt IV, Sectior ne 1; Part V	n C, line 1; P <sup>7</sup> , Section B,	Part IV, Sect line 1e; Par	5a, 6, 9a, 9b, 9c, oin D, lines 2 and t V, Section D, lines and information. (S	3; Part IV, Sections 5, 6, and 8; and	on E, lines 1c, 2	a, 2b,
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization Employer identification number COORDINATED YOUTH & HUMAN SERVICES, INC 37-0662520 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X.

Part	III Organizations Maintaining	Collections of	Art. Historic	al Treasures.	or Other Simi	lar Assets	(continu	ied)
	Ising the organization's acquisition, access							
C	ollection items (check all that apply):	,	,		<u> </u>			
аГ	Public exhibition	d $\square$	Loan or exchan	ge programs				
ь	Scholarly research	е 🗌	Other					
c	Preservation for future generations							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								
Х	311.							
	Ouring the year, did the organization solicit							
а	ssets to be sold to raise funds rather than		part of the orgar	nization's collection?			Ye	s No
Part							_	
	Complete if the organization	n answered "Yes"	on Form 99	0, Part IV, line 9	, or reported a	an amount c	n Form	1
	990, Part X, line 21.							
	s the organization an agent, trustee, custoo						□ v <sub>-</sub>	-   Na
	ncluded on Form 990, Part X?						∐ Ye	s   No
<b>b</b> If	"Yes," explain the arrangement in Part XI	and complete the fo	ollowing table:				Amount	
_	N. I. d. Materia					1c	7 tillount	
	Beginning balance					1d		
	Additions during the year					1e		
	Distributions during the year					1f		
	inding balance  Did the organization include an amount on						☐ Ye	s No
	oid the organization include an amount on fifeyes," explain the arrangement in Part XII							_
	V Endowment Funds.	i. Check here ii the e	Apiariation rias t	been provided on 1 a	art XIII			
Fait	Complete if the organizatio	n answered "Yes'	on Form 99	0 Part IV. line 1	0.			
	Complete ii the organizatio	(a) Current year	(b) Prior year			ree years back	(e) Four	years back
10 0	Reginning of year balance	(L) Canoni year	(,					
	Reginning of year balance							
	Contributions  Net investment earnings, gains, and							
ا ا	osses Grants or scholarships							·
	Other expenditures for facilities and		<u> </u>					
	·							
	orograms Administrative expenses							
	End of year balance							
	Provide the estimated percentage of the cu	rrent vear end balanc	e (line 1a. colun	nn (a)) held as:			•	
	Board designated or quasi-endowment ▶		(	(-//				
	Permanent endowment ► %							
	Femporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sh							
	Are there endowment funds not in the poss		ation that are he	eld and administered	for the			
	organization by:							Yes No
	i) unrelated organizations						3a(i)	
	ii) related organizations						3a(ii)	
b l	f "Yes" on line 3a(ii), are the related organi	zations listed as requ	ired on Schedul	e R?			3b	
	Describe in Part XIII the intended uses of t			8 · · date- het · wat.	TWE . 1000. 1200 . 13100.	. SEE CO. S. SEESES		
Part								
	Complete if the organization		" on Form 99	0, Part IV, line 1	1a. See Form	990, Part >	(, line 1	0.
	Description of property	(a) Cost or other	- 1	Cost or other basis	(c) Accumulat		(d) Book	
		(investment)		(other)	depreciation			
1a l	_and							
b E	Buildings	A.S.		2,382,876	597	,524	1,78	35,352
	_easehold improvements			14,934		,630		304
	Equipment			231,640	213	,808		17,832
	Other							
	Add lines 1a through 1e. (Column (d) mus.		rt X. column (B).	line 10c.)		<b>•</b>	1,80	03,488

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" of	on Form 990 Part IV li	ne 11h See Form 990 Part	Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valu	
	(including name of security)		Cost or end-of-year ma	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other	e de la composition della comp			
(A)				
(B)	. Star to a 1 to			
(C)	· Programmer statement in a service and a	(4)*		
(D)		1376		
(E)		0.00		
		(4(4)		
(G)	TO DESCRIPTION OF A STATE OF A ST	(8)61		
		(4)5		
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	E 000 B 1 B 1 B 1	44 0	
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of value	
			Cost or end-of-year ma	rket value
(1)				
(2)				
(3)				
(4)		-		
(5)				
(6)				
(7)				
(8)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
rait ix	Complete if the organization answered "Yes" of	n Form 990 Part IV lir	se 11d See Form 990 Port	V line 15
	(a) Description	il i Ollii 990, Falt IV, III	le Tu. See Form 990, Part	(b) Book value
(1)		NIZATION		324,14
(2)	UNAMORTIZED DEBT ISSU			24,31
(3)		INCL CODID		21,31
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>b</b>	348,46
Part X	Other Liabilities.			310,10
	Complete if the organization answered "Yes" of	n Form 990. Part IV. lir	ne 11e or 11f. See Form 990	) Part X
	line 25.	,,		,, , , ,,,
1.	(a) Description of liability	(b) Book value		
	income taxes		at the comment design in	
(2)				
(3)		-		
(4)				
(5)			A DESCRIPTION OF STREET	
(6)				
(7)			AND THE RESERVE OF THE PARTY.	
(8)				
(9)			The state of the s	
	n (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization's	financial statements that reports the	ne

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Pa	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	5,140,077
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b	100	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 14,042	1 71 5	
е		2e	14,042
3	Subtract line 2e from line 1	3	5,126,035
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		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
=			
3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,126,035
	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		ı.
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements		
1 2	Art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:		ı.
1 2 a	Art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities  2a		ı.
1 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities Prior year adjustments  Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		ı.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities Prior year adjustments Other losses  Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return	ı.
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	Return	4,983,487
Pa 1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	Return	14,042
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1	Return 1 2e	4,983,487
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	Return 1 2e	4,983,487 14,042
1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities Prior year adjustments  Other losses Other (Describe in Part XIII.) Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  4a	Return 1 2e	4,983,487 14,042
1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  4a  Other (Describe in Part XIII.)	Return 1 2e	4,983,487 14,042
1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  4a  Other (Describe in Part XIII.)	Return 1 2e 3	14,042

#### Part XIII Supplemental Information.

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

#### PART X - FIN 48 FOOTNOTE

COORDINATED YOUTH & HUMAN SERVICES, INC. IS EXEMPT FROM FEDERAL INCOME

TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION

ADOPTED THE PROVISIONS OF FASB ASC 740-10-25 (FORMERLY FASB INTERPRETATION

NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF

FASB NO. 109) REQUIRING DISCLOSURE OF UNCERTAIN TAX POSITIONS. THERE HAS

BEEN NO INTEREST NOR PENALTIES RECOGNIZED IN THE STATEMENT OF ACTIVITIES

NOR IN THE STATEMENT OF FINANCIAL POSITION RELATED TO UNCERTAIN TAX

POSITIONS. IN ADDITION, NO TAX POSITIONS EXIST FOR WHICH IT IS REASONABLY

POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL

SIGNIFICANTLY INCREASE OR DECREASE WITHIN THE NEXT 12 MONTHS. THE

ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL

Part XIII Supplemental Information (continued)		
BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES AND D	ISCUSSIO	NS WITH
OUTSIDE EXPERTS. YEARS ENDING PRIOR TO JUNE 30, 2015 ARE 1	NO LONGE	R OPEN FOR
TAX AUDIT PURPOSES.		
PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS	- OTHER	
GOLF TOURNAMENT SPECIAL EVENT	Ś	14,042
	· · · · · · · · · · · · · · · · · · ·	
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS	5 - OTHE	?
GOLF TOURNAMENT SPECIAL EVENT	\$	14,042
		CONTRACTOR CONTRACTOR
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### SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COORDINATED YOUTH &

Employer identification number

HUMAN SERVICES, I					37-06625	
Part I Fundraising Activities. Complete Form 990-EZ filers are not required				ed "Yes" on Form	990, Part IV, line	17. 
1 Indicate whether the organization raised funds through	any of the followir	ng activi	ities. (	Check all that apply.		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	vernm	ent grants		
c Phone solicitations	g Special fundraising events					
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or enti	with any individual	(includ	ing of	fficers, directors, truste	es,	Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.						
		(iii) Did raiser	have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo contr contribu	ol of	from activity	fundraiser listed in col. (i)	organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7		1				
8		+				
		}				
9						
10						
Total			. •			
3 List all states in which the organization is registered or registration or licensing.	r licensed to solicit	contrib	utions	or has been notified	it is exempt from	
		vanor i su	o • • • • • • •			CITY OF THE COURT
					************	
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Schedule G (Form 990 or 990-EZ) 2017 COORDINATED YOUTH & 37-0662520 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF TOURNAMENT NONE (add col. (a) through (event type) (event type) (total number) col. (c)) 1 Gross receipts 36,422 36,422 2 Less: Contributions .... 28,832 28,832 3 Gross income (line 1 minus line 2) 7,590 7,590 4 Cash prizes 3,000 3,000 5 Noncash prizes ...... 6 Rent/facility costs 4,450 4,450 7 Food and beverages 74 8 Entertainment ...... 6,518 9 Other direct expenses 6,518 10 Direct expense summary. Add lines 4 through 9 in column (d) 14,042 -6,452 11 Net income summary. Subtract line 10 from line 3, column (d) ...... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs ..... 5 Other direct expenses Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ...... Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2017 COORDINATED YOUTH & 37-	<u>-0662520</u>		Page 3
11	Does the organization conduct gaming activities with nonmembers?	,	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	∐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name Name	- 90600 - •(9090908080808090909)		
	Address Address	* * * * * * * * * * * * * * * * * * *	(66)	
15a	Does the organization have a contract with a third party from whom the organization receives gaming		Yes	П
	revenue?	. (0.00) - (0.00) (0.00)	∐ les	Пио
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Nama N			
	Name •	*********	**** * ****	
	Address ▶			
			20.000	
16	Gaming manager information:			
	·			
	Name ▶	*****		
	Gaming manager compensation ▶ \$			
	Description of services provided ▶	*********		
	Director/officer			
2 <b>-</b>	March days all all live discourse			
17	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			Yes	∏ No
h	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or	(# *1808)**** #1808(#)##	Ш	
U	spent in the organization's own exempt activities during the tax year			
Par	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v)	and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	information		
	See instructions.			
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SCHEDULE I (Form 990)

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

OMB No. 1545-0047	2017	Open to Public

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

**≗** □ Inspection (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number X Yes 37-0662520 noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? HUMAN SERVICES, INC COORDINATED YOUTH & (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part I Part II 3 4 3 2 8 3 9 8 6

Schedule I (Form 990) (2017)

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

37-0662520

COORDINATED YOUTH

(f) Description of noncash assistance Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 63,190 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 513 TRANSPOR (a) Type of grant or assistance FOOD, Schedule I (Form 990) (2017) 1 UTILITIES, 2 7 က 4

INFORMATION WORKSHEET SUPPLEMENTAL H: SCHEDULE SEE

Part IV

9

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

Schedule I (Form 990) (2017)

Supplemental Information

SCHEDULE I (Form 990)

For calendar year 2017, or tax year beginning 07/01/17, and ending 06/30/18

Name of the organization COORDINATED YOUTH & HUMAN SERVICES, INC

Supplemental Information 07/01/17, and ending 06/30/18

Employer identification number 37-0662520

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
RECIPIENTS OF UTILITY ASSISTANCE FUNDS ARE APPROVED BY ST. CLAIR COUNTY,
WHICH FORWARDS A PAYMENT SCHEDULE TO COORDINATED YOUTH & HUMAN SERVICES.
INCLUDED WITH THE PAYMENT SCHEDULE IS THE RECIPIENT'S NAME, ID NUMBER,
ADDRESS AND UTILITY BILL. COORDINATED YOUTH & HUMAN SERVICES PERSONNEL
MATCH ALL OF THE INFORMATION BEFORE REMITTING PAYMENT TO THE UTILITY
COMPANY. THE COMPUTER SYSTEM IS PROGRAMMED TO NOT ALLOW PAYMENTS IN EXCESS
OF THE INDIVIDUAL ANNUAL ASSISTANCE LIMIT. DISBURSEMENTS ARE SUBJECT TO THE
REGULAR INTERNAL CONTROL PROCESS OF THE ORGANIZATION WHICH INCLUDES
MONITORING BY THE FINANCE DIRECTOR.
RECIPIENTS OF FOOD AND TRANSPORTATION ASSISTANCE FUNDS ARE APPROVED BY THE
MADCAP SUPERVISOR, WHICH THEN FORWARDS THE RECIPIENT'S NAME, ID NUMBER AND
TYPE OF ASSISTANCE AND DOLLAR AMOUNT TO ST. CLAIR COUNTY HEALTH DEPARTMENT
ON A MONTHLY BASIS. THE COMPUTER SYSTEM IS PROGRAMMED TO NOT ALLOW
PAYMENTS IN EXCESS OF THE INDIVIDUAL ANNUAL ASSISTANCE LIMIT. DISBURSEMENTS
ARE SUBJECT TO THE REGULAR INTERNAL CONTROL PROCESS OF THE ORGANIZATION
WHICH INCLUDES MONITORING BY THE FINANCE DIRECTOR.

#### SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047 **2017** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COORDINATED YOUTH & HUMAN SERVICES, INC

Questions Regarding Compensation

Employer identification number 37 - 0662520

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use	1,410		
	Travel for companions Payments for business use of personal residence			100
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			11
		1.74		100
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b				
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
				1.
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
		1.5		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		10.0	
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a		9 51	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		200	
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	-VIII	14 1 2	
а	Receive a severance payment or change-of-control payment?	4a_		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			1111
			11113	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	-13		11
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		-1	
•	compensation contingent on the revenues of:		201	
а		5a		х
		5b		X
D	Any related organization?	35		
	If "Yes" on line 5a or 5b, describe in Part III.			-
_	F. C. L. F. OOO B. I.VII. O. C. A. Para da diddha anna indian ann anna ann	- "		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			₩.
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	1		1 : 1
			-	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
	THE SECOND SECON		H- H	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2017

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

Part 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 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.

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
CYNTHIA GAVILSKY	140,434	О	0	5,454	16,	162,849	
1 EXECUTIVE DIRECTOR (ii)			0	0	0	0	0
(0)							
3 (1)							
(i)							
(1) (11)							
(1)							
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(1) 8							
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(1) ((1)							
(1)							3
(1) (11)							
(i) (ii)							
						odos	Thou (000) 2047

#### SCHEDULE L

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

**Transactions With Interested Persons** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

Internal Revenue Service Name of the organization

COORDINATED YOUTH &

HUMAN SERVICES, INC

Inspection Employer identification number

37-0662520 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 .....▶\$\_ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \_\_\_\_\_\_ > \$\_\_ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (c) Purpose of (i) Written (d) Loan to (e) Original (f) Balance due (a) In default? (h) Approved with organization or from the principal amount by board or agreement? org.? committee? To From Yes No Yes No Yes No (1) (5) (6) (7) (9) (10) Total **\$** Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of assistance (b) Relationship between interested (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)

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

(4) (5) (6) (7)(8) (9)

chedule L (Form 990 or 990-EZ) 2017 COORDINAT	ED YOUTH &		37-06	62520	Pa	ge
Part IV Business Transactions Involving	Interested Persons.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line 28	8a, 28b, or 28c.			L	L!
(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Descrip	otion of transaction	(e) S	harin ora.
	interested person and the	transaction			of org. revenues?	
	organization				Yes	No
JIM GREENWALD	BOARD MEMBER		ED PROG	SERVICE REV	-	Х
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Part V Supplemental Information	As assertions on Cohodulo I	(ann instructions)				
Provide additional information for responses	to questions on Schedule L	(see instructions).				
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### SCHEDULE O

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

COORDINATED YOUTH & HUMAN SERVICES, INC

Employer identification number 37-0662520

FORM 990 - ORGANIZATION'S MISSION

COORDINATED YOUTH & HUMAN SERVICES, INC. WAS ORGANIZED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AS A NONPROFIT CORPORATION FOR THE PURPOSE OF EMPOWERING YOUTH AND FAMILIES TO LEAD FULFILLING LIVES BY EMBRACING THE EVER CHANGING NEEDS OF THE COMMUNITY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

HIV/AIDS: BOASTING A THIRTY YEAR TRADITION IN HIV/AIDS SERVICE ARENA, THIS

COMPREHENSIVE CONTINUUM OF SERVICES STANDS TALL IN THE FACE OF ADVERSITY. A

PIONEER IN THE FIELD SINCE 1986, THIS PROGRAM REMAINS COMMITTED TO ITS

ORIGINAL MISSION TO PREVENT THE SPREAD OF HIV/AIDS AND TO RESPOND TO THE

NEEDS OF PEOPLE AFFECTED BY HIV WHILE RECOGNIZING AND RESPECTING THE

DIGNITY AND PRIVACY OF ALL INDIVIDUALS. PREVENTION, OUTREACH, CONFIDENTIAL

TESTING, AND CASE MANAGEMENT ENCOMPASS THIS COMPREHENSIVE PROGRAM DELIVERY.

EXTENSIVE SERVICE PARTNERSHIPS IN THIS PROGRAM HAVE EVOLVED TO EMPOWER

CLIENTS WITH A SENSE OF PROMISE FOR A PRODUCTIVE AND FULFILLING LIFE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FINANCE COMMITTEE REVIEWS FORM 990 FOR ACCURACY AND COMPLETENESS. UPON
REVIEW, THE FINANCE COMMITTEE PRESENTS A RECOMMENDATION ON FORM 990 TO THE
BOARD OF DIRECTORS. FORM 990 IS AVAILABLE TO ALL DIRECTORS FOR REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A "CONFLICT OF INTEREST

INFORMATION FORM" ANNUALLY WHICH DESCRIBES POTENTIAL CONFLICTS OF INTEREST.

Name of the organization

COORDINATED YOUTH &

Employer identification number

37-0662520

THIS IS DONE IN CONJUNCTION WITH THE BOARD'S ANNUAL REVIEW AND UPDATE OF
THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS WHO ARE FOUND TO HAVE A
CONFLICT OF INTEREST ARE PROHIBITED FROM VOTING ON RELATED MATTERS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PERSONNEL COMMITTEE REVIEWS THE PERFORMANCE AND COMPENSATION OF THE

EXECUTIVE DIRECTOR. THIS INCLUDES REVIEWING SALARY SURVEYS FROM THE UNITED

WAY AND OTHER LOCAL AGENCIES. THE MINUTES OF THE PERSONNEL COMMITTEE

DOCUMENT THE DATA REVIEWED AND ALL DELIBERATIONS AND RECOMMENDATIONS MADE

TO THE BOARD.

THE BOARD OF DIRECTORS ESTABLISHES THE SALARY OF THE EXECUTIVE DIRECTOR AT ITS REGULAR MEETING AND DOCUMENTS THE DECISION IN THE MINUTES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE EXECUTIVE DIRECTOR REVIEWS THE PERFORMANCE OF THE ASSISTANT DIRECTOR

AND THE FINANCE DIRECTOR.

THE BOARD OF DIRECTORS ESTABLISHES THE SALARY OF THE ASSISTANT DIRECTOR AND FINANCE DIRECTOR AT ITS REGULAR MEETING AND DOCUMENTS THE DECISION IN THE MINUTES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS

AND FORM 990 ARE MAINTAINED ON THE PREMISES OF THE MAIN OFFICE OF

COORDINATED YOUTH & HUMAN SERVICES, LOCATED AT 2016 MADISON AVE., GRANITE

CITY, IL 62040.

ALL OF THE ABOVE ITEMS ARE AVAILABLE FOR INSPECTION TO THE PUBLIC UPON WRITTEN REQUEST. A COPY OF FORM 990 WILL BE PROVIDED TO THOSE THAT MAKE

PAGE 1 OF 2

Schedule O (Form 990 or 990-EZ) (2017)			Page 2
Name of the organization  COORDINATED YOUTH &		dentification nu	ımber
SUCH A REQUEST.			erena ante contr e
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	EXPLA	NATION	
GOLF TOURNAMENT SPECIAL EVENT	\$	14,	042
GOLF TOURNAMENT SPECIAL EVENT	\$	-14,	042
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	PAGE	2 OF 2	************

Open to Public (9) Section 512(b)(13) controlled entity? OMB No. 1545-0047 (f)
Direct controlling entity 2017 Inspection Employer identification number 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. × 37-0662520 (f)
Direct controlling entity (e) End-of-year assets N/A(e)
Public charity status
(if section 501(c)(3)) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 501C2 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) 님 ▶ Attach to Form 990. (b) Primary activity BLDG RENT (b) Primary activity 37-1307160 (a) Name, address, and EIN (if applicable) of disregarded entity (a) (ame, address, and EIN of related organization 62040 COORDINATED YOUTH & HUMAN SERVICES, INC 님 HUMAN SERVICES DEVELOPMENT 2106 MADISON AVENUE GRANITE CITY Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part I Part II (1) 9 2 3 € 9  $\Xi$ 3 3 4

Schedule R (Form 990) 2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $^{
m DAA}$ 

37-0662520 COORDINATED YOUTH Schedule R (Form 990) 2017

Page 2

Schedule R (Form 990) 2017 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No (I) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (h) Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) Share of end-of-year assets (h)
Disproportionate
alloc.? Yes No <u>(a</u> (g) Share of end-of-year assets (f) Share of total income (f) Share of total income (e)
Type of entity
(C corp, S corp, (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling (c) Legal domicile foreign country) (state or (c)
Legal
domicile
(state or
foreign
country) Primary activity (b) Primary activity (a)
Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV ĕ € E 2 ල E 2 8 **3** 

# Schedule R (Form 990) 2017 COORDINATED YOUTH &

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	8
	ted organizations listed ir	Parts II–IV?		6	<b>×</b>
a Receipt of (1) Interest, (II) annualises, (III) loyantes, of (IV) tent normal controlled entity.				÷ ÷	×
	*******************			2	×
definition of the property of				7	×
		***************************************		2 4	
e Loans or loan guarantees by related organization(s)	*************************				4
6 Dividends from related consonization(s)				+	×
		*******		. 5	×
			Contraction of the Contraction o	2 4	×
				= ;	4
i Exchange of assets with related organization(s)		************************		= :	4 :
(8				<del>-</del>	×
k Lease of facilities, equipment, or other assets from related organization(s)				1k X	
ted organization(s)				=	×
Performance of services or membership or fundraising solicitations by related organization(s)				1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			74 20 20 20 20 20 20 20 20 20 20 20 20 20	1n	×
o Sharing of paid employees with related organization(s)				10	×
p Reimbursement paid to related organization(s) for expenses	4	20 00 00 00 00 00 00 00 00 00 00 00 00 0		10	×
			6 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	19	×
r Other transfer of cash or property to related organization(s)	***************************************	A SECTION OF THE PERSONS ASSESSMENT		+	×
				18	×
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	line, including covered re	elationships and transacti	on thresholds.		
(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved	ount involved	
OBSTANDS WANTE	ß	304 145	CANADI LOANED		
(1) TOWAN SERVICES DEVELORMENT	4	CTT / E7C	1		
(2)					
(3)					
(4)					
(5)					
(9)					
			Schedule	Schedule R (Form 990) 2017	90) 2017

Schedule R (Form 990) 2017 COORDINATED YOUTH &

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

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

(a)	(a)	9	(p)	(e)	(μ)	(6)	£	(6)	6	(8)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or	Predominant income (related, unrelated, excluded	Are all partners section 501(c)(3)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code amount of Sch	General or managing partner?	Percentage ownership
		foreign country)	from tax under sections 512-514)	ح ا ۃ			Voc.	(Form 1065)	200	
(1)										
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Schedule R (F	orm 990) 2017	COORDINATED	YOUTH	&		37-0662520	Page 5
Part VII	Supplementa	I Information. onal information for			s on Schedule R		
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37-0662520 Federal Statements							
		<u>Taxa</u>	ble Interest on	Investme	<u>nts</u>		
Descrip	otion						
	_	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$	16,158		14			
TOTAL	\$_	16,158					

	Fund Raising	Fund Raising	
	employee)  Management & General  \$ 14,280	Management & General State	
Statements	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)           Total         Program         Manage           Expenses         \$ 30,694         \$ 16,414         \$ 6er           \$ 30,694         \$ 16,414         \$ 6er	Form 990, Part IX, Line 24e - All Other Expenses  Total  Expenses  \$ 9,759 \$ \$ 7,430 \$ \$ 7,430 \$ \$ \$ \$ \$ 7,430 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Federal Sta	X, Line 11g - Other F  Total  Expenses  \$ 30,694	990, Part IX, Line 246  Total Expenses \$ 9,759 \$ 9,759	
į			
37-0662520	Description OTHER FEES TOTAL	MISCELLANEOUS TOTAL	

37-0662520	Federal Statements	
	Schedule A, Part II, Line 1(e)	
	Description	Amount
IL STATE BOARD OF EDUCATION DEPT OF HEALTH & HIMAN SERVICES		\$ 49,052
_	E	60,472
CASH CONTRIBUTION DEPARTMENT OF HIMAN	4	394,483
CASH CONTRIBUTION DEPT OF HEALTHCARE A		1,978,635
CASH CONTRIBUTION		172,066
SIBUTION TI		181,802
		28,832
	Schedule A. Part II. Line 8(e)	
	Description	Amount
		\$ 16,158
TOTAL		\$ 16,158
	Schedule A, Part II, Line 12 - Current year	
	Description	Amount
SCHOOL DISTRICT FEES TOTAL		\$ 2,249,613 \$ 2,249,613

2017

13990000 COORDINATED YOUTH & 37-0662520 ph:618-876-2383 Platform Version: 17.3.8 Federal Version: 17.3.4 Illinois Version: 17.3.0

# Illinois Diagnostics

Prepared by: Kevin J. Tepen 12/17/2018 07:48 AM KTepen

Critical Messa	ages			
None				
Informational	Messages			
☐ Illinois Depart	ment of Revenue does n	not support electronic	filing	

## Illinois Return Summary

For calendar year 2017, or tax year beginning 07/01/17 , and ending 06/30/18

# COORDINATED YOUTH & HUMAN SERVICES, INC

37-0662520

Amount you are paying (IL-990T)	
Apportionment	
Total sales everywhere	
Total Illinois sales	
Apportionment factor 0.000000 %	/6
	·
Net income or loss	
Investment credits	
Net replacement tax	
Income tax credits	
Net income tax	
Credit from prior year overpayment	
Total estimated payments	
Form IL-505-B extension payment	
Pass-through withholding payments	
Gambling withholding	
Total payments	
Overpayment	
Amount to credit forward	
Refund	
Tax due before penalty and interest	
Late payment interest	
Failure to pay penalty	
Failure to file penalty	
Total amount due	
15th diffedit due	
Next Year's Estimates	Charitable Registration
1st quarter	Filing fee 15
2nd quarter	Return / extended due date 12/31/18
3rd quarter	
4th quarter	
Total	
Miscellaneous Information	
Amended return	
IL-990T due date /extended date $05/15/1\overline{9}$	

## Filing Instructions

# COORDINATED YOUTH & HUMAN SERVICES, INC

## Form AG990-IL - Charitable Organization Annual Report

### Taxable Year Ended June 30, 2018

Date Due:

December 31, 2018

Remittance:

The filing fee for the tax year ended 6/30/18 is \$15. Include a check payable to

the Illinois Charity Bureau Fund and write "E.I.N. 37-0662520, for the year

ended 6/30/18" on the check.

Mail To:

Office of the Illinois Attorney General

Charitable Trust Bureau

100 W. Randolph Street, 11th floor

Chicago, IL 60601-3175

Signature:

Form AG990-IL must be signed and dated by two authorized officers of the

organization.

For Office Use Only PMT #	Attorney General i	ORGANIZATION ANNUALISA MADIGAN State of I Bureau, 100 West Rando	llinois		Form AG990-IL Revised 3/05
	11th Floor,	Chicago, Illinois 60601	CO # 0100	2048	
AMT		Fiscal Period:		Copy of IR	items attached: S Return nancial Statements
INIT	Beginning	07/01/2017	Payable to the Illinois	Copy of Fo	orm IFC
	& Ending	06/30/2018	Charity Bureau Fund		nual Report Filing Fee
Federal ID # 37 - 066252	0	MO DAY YR		\$100.00 La	te Report Filing Fee  MO DAY YR
Are contributions to the organiza	ation tax deductible? X Yes	No D	ate Organization wa	s created:	07/01/1944
LEGAL COORDINAT	TED YOUTH &		Year-end amounts		
	RVICES, INC				4 060 060
MAIL	T.C		A) ASSETS	A) \$	4,260,962
ADDRESS 2016 MAD CITY, STATE GRANITE	ISON AVENUE	L	B) LIABILITIES	B) \$	1,328,105
ZIP CODE 62040			C) NET ASSETS	C) \$	2,932,857
I. SUMMARY OF ALL	REVENUE ITEMS DURING	G THE YEAR:	PERCENTAGE		AMOUNT
		SERVICE REV. (GROSS AMTS.)		D) \$	2,528,309
,	NTS & MEMBERSHIP DUES		51%	E) \$	2,594,236
F) OTHER REVENUES			0 %	F) \$	17,532
	ICOME AND CONTRIBUTIONS F  EXPENDITURES DURING	, , ,	100%	G) \$	5,140,077
		THE TEAK:	95		4 040 607
,	ABLE PROGRAM EXPENSE		85%	H) \$	4,242,607
<b>'</b>	AM SERVICE EXPENSE	E (ABB II 0 I)	%	l) \$	4 040 607
,	PROGRAM SERVICE EXPENSI	,	85%	J) \$	4,242,607
	CATED TO PROGRAM SERVICE				
, i	CHARITABLE ORGANIZATIONS		%	K) \$	4 040 607
	PROGRAM SERVICE EXPEND	HURE (ADD J & K)	85%	L)\$	4,242,607
M) MANAGEMENT AND			15%	M) \$	726,091
N) FUNDRAISING EXPE			%	N) \$	14,789
l '	RES THIS PERIOD (ADD L, M, & AID FUNDRAISER AND CON	,	100%	O) \$	4,983,487
	ort of Individual Fundraising Campaign-				
P) TOTAL AMOUNT RAI	ISED BY PAID PROFESSIONAL	FUNDRAISERS	100%	P) \$	
Q) TOTAL FUNDRAISER	RS FEES AND EXPENSES		%	Q) \$	
R) NET RECEIVED BY T	THE CHARITY (P MINUS Q=R)		%	R) \$	
PROFESSIONAL FUNDR	AISING CONSULTANTS:				
S) TOTAL AMOUNT PAI	ID TO PROFESSIONAL FUNDRA	AISING CONSULTANTS		S) \$	
	• •	PERSONS DURING THE Y	EAR:		
T) NAME, TITLE: CYNTH			DIRECTOR	T) \$	142,510
U) NAME, TITLE: KATHY		FINANCE :	***	U) \$	119,699
V) NAME, TITLE: DONNA  V. CHARITABLE PROGR		WIC SUPE:  E PROGRAM (3 HIGHEST BY \$ EXPENDED		V) \$ List on ba	88,300 ack side of instructions
	JCATION	ETTOGISMI (O TIIGITEST D) OF EACENDEL	, OODL GATEGORIES	\A/\ #	002
V// DECORPORION	GLATION GLILY CASE MANAGEMENT			W) # X) #	111
VA DECORPTION.				Y)#	115
Y) DESCRIPTION: WIC				1,17	112

C	OORDINATED YOUTH & 37-0662520 For	n AG99	0-IL, P	age 2
IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.	: 11 = 1	x
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR			
	MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	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 PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID	N		
	ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE	5.	x	
	PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	, J.		
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ;(ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED			
	PURPOSES?	8.	EL ELL	X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION	_		37
	SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	-/	X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION	45		₩.
	MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THEE LARGEST ACCOUNTS: THE BANK OF EDWARDSVILLE			
	330 WEST VANDALIA, EDWARDSVILLE, IL 62025			
10	NAME AND THE EDUCNIC NUMBER OF CONTACT DEDCON. CTATAL CASTITICAL			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: CINDY GAVILSKY 618	-876	-23	83
AL	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			
	ED DENNI EV OF DED UIDV I MAE THE UNDERGONED DEGLADE AND OFFICE THAT LAWE THAT E EVANINED THE AN		DEDO:	¬-

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.

PREPARER (PRINT NAME)

### BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY...

COLLEN COLLEN		
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
KYLE ADAMS		
TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
KEVIN J. TEPEN		
PREPARER (PRINT NAME)	SIGNATURE	DATE

# Form 990

Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax

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

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

2017
Open to Public Inspection

For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18D Employer identification number Check if applicable: C Name of organization COORDINATED YOUTH & HUMAN SERVICES, INC Address change Doing business as 37-0662520 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 618-876-2383 2016 MADISON AVENUE Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated GRANITE CITY IL 62040 5,140,077 G Gross receipts \$ Amended return Name and address of principal officer: X No H(a) Is this a group return for subordinates? Yes Application pending CYNTHIA GAVILSKY Yes 2016 MADISON AVENUE H(b) Are all subordinates included? GRANITE CITY 62040 If "No," attach a list. (see instructions) **X** 501(c)(3) 501(c) 527 Tax-exempt status: WWW.CYHS.COM Website: H(c) Group exemption number ▶ X Corporation Year of formation: 1944 Other > M State of legal domicile: Form of organization: Part I Summarv 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 ంర 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 123 6 Total number of volunteers (estimate if necessary) 54 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 2,719,710 2,865,342 2,306,284 9 Program service revenue (Part VIII, line 2g) 2,249,613 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,845 16,158 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -564 -5,078 5,031,275 5,126,035 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 76,440 63,190 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,695,640 4,034,951 **16a** Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 747 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 850,779 871,304 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,622,859 4,969,445 408,416 156,590 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 4,241,060 4,260,962 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,464,793 1,328,105 2,776,267 2,932,857 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign CYNTHIA EXECUTIVE DIRECTOR Here GAVILSKY Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid 12/17/18 self-employed KEVIN J. TEPEN KEVIN J. TEPEN P00296127 **Preparer** SCHLOSSER & COMPANY, L.L.C. 37-1031116 C.J. Firm's EIN ▶ Firm's name Use Only 233 E CENTER DR ALTON, IL 62002-5931 618-465-7717

May the IRS discuss this return with the preparer shown above? (see instructions)

4b (Code: ) (Expenses \$ 735,256 including grants of \$ ) (Revenue \$ )
FAMILY CASE MANAGEMENT: EMBRACING A STRENGTHS BASED MODEL, THIS CONTINUUM
OF SERVICES CONNECTS MOTHERS AND THEIR NEWBORNS WITH APPROPRIATE COMMUNITY
RESOURCES AND A SUPPORTIVE ENVIRONMENT THAT OPTIMIZES HEALTHY CHILD GROWTH
AND DEVELOPMENT AND ENCOURAGES RESILIENT, HEALTHY FAMILIES. COMPREHENSIVE
CASE MANAGEMENT SERVICES ENCOMPASS WELL BABY VISITS, DEVELOPMENTAL
SCREENINGS AND COMMUNITY RESOURCE CONNECTIONS FOR PREGNANT AND NEW MOTHERS
AND THEIR CHILDREN UP TO AGE FIVE. THIS CAPACITY BUILDING SERVICE INSTILLS
A SENSE OF INDEPENDENCE AND SELF-SUSTAINABILITY AMONG MOTHERS, FATHERS, AND
EXTENDED FAMILY MEMBERS.

919,498 including grants of \$ ) (Expenses \$ ) (Revenue \$ WIC: STRIVING TO SAFEGUARD THE HEALTH OF ECONOMICALLY SUPPRESSED PREGNANT INFANTS, AND CHILDREN UP TO AGE FIVE, THIS SERVICE AREA ENCOMPASSES WOMEN, NUTRITIONAL EDUCATION, AND BREASTFEEDING SUPPORT. ASSESSMENTS, PARTNERSHIPS WITH LOCAL GROCERS, FARMERS MARKETS AND OTHER BUSINESSES ACCEPT THE NUTRITIONAL FOOD INSTRUMENTS PROVIDED THROUGH WIC AT WELL BABY CLINIC VISITS. ENHANCING THESE SERVICES, A LOCAL FARMER IS ON-SITE WEEKLY TO SELL HOMEGROWN FRUITS AND VEGETABLES, THUS PROMOTING HEALTHY LIFESTYLES. HIGHLIGHTING THIS WELL BABY PROGRAM, THE BREASTFEEDING PEER SUPPORT PROGRAM IS WELL ACCLAIMED STATEWIDE FOR THE NURTURING AND INNOVATIVE STRATEGIES IMPLEMENTED TO PROMOTE THIS BEST PRACTICE FOR HEALTHIER BABIES.

4d	Other	program	services	(Describe	in	Schedule	Ο.	.)

(Expenses \$ 509,939 including grants of \$

63,190 ) (Revenue \$

**4e** Total program service expenses ▶

4,242,607

### Form 990 (2017) COORDINATED YOUTH & 37-0662520 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII $\mathbf{X}$ 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII $\mathbf{x}$ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 ${f x}$ 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form 990 (2017)

X 18

17

X

18

19

If "Yes," complete Schedule G, Part III

Checklist of Required Schedules (continued) Part IV Yes No X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 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 X through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 or IV, and Part V, line 1 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X 37 Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O.

Г	Check if Schedule O contains a response or note to any line in this Part	<b>V</b>				
	and the second of the second o			<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6	41.0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			91	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	123			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	urns?	was position. When we have not	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	2000 2007 200 200 000	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fi	inancial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial				124	1
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T2			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he	***************************************	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or		(4)		
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		51 553 145 551 1533 16 o Annon	TRITE		34
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?	20 20		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	W 00 00		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as		4.63		
	required to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			-41	15.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899	9 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by the	Э			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		31-60-30-50-10-00-1 - 10-4 VF43		L FI	
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		
0	Section 501(c)(7) organizations. Enter:	reparately	on any and a service of the service			ĮĮ.
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		ulfa	4	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		100		
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a			- 4	
b	Gross income from other sources (Do not net amounts due or paid to other sources				-8-	
	against amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1,14	That	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			0.12)		
а			O 1000 P 1000 P 1000 P 100 P 1	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
þ	Enter the amount of reserves the organization is required to maintain by the states in which				1.0	
	the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	<u></u>	14b		

Form 990 (2017) COORDINATED YOUTH & 37-0662520 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 12 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 8a The governing body?  $\mathbf{x}$ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No  $\mathbf{x}$ 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, X 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .... h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: >

2016 MADISON AVENUE

IL 62040

CINDY GAVILSKY

GRANITE CITY

Form 990 (201	OORDINATED YOUTH &	37-0662520	Page 7
Part VII	Compensation of Officers, Directors	Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors		
	Check if Schedule O contains a respon	se or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees		
1a Complete th		ort compensation for the calendar year ending with or within the	

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

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

Check this box if neither the org	(B)	Ť			C)		(D)	(E)	(F)	
Name and Title	Average hours per week (list any	bo: off	x, unle	Pos check ess pe	ition more rson i	than one is both an or/trustee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) DR CULLEN CULLEN										
PRESIDENT	0.50	x		x			0	0	0	
(2) KEN ROZELL										
GEODERA DA	0.50								_	
SECRETARY (3) JIM GREENWALD	0.00	X		X		-	0	0	0	
(6) 6 111 611111111111111111111111111111	0.50									
VICE PRESIDENT	0.00	X		x			0	0	0	
(4) KYLE ADAMS										
TREASURER	0.50	x		X		!	0	0	0	
(5) TOM SCHOOLEY										
DIRECTOR	0.20 0.00	x					0	0	0	
(6) RONALD SIMPSON										
DIRECTOR	0.20 0.00	x					0	0	0	
(7) ROBERT MARTINEZ										
DIDECTOR	0.20									
DIRECTOR (8) KEN MILLER	0.00	X	-				0	0	0	
(0) 11221 12222	0.20									
DIRECTOR	0.00	x					o	0	0	
(9) REVEREND MARK M										
DIRECTOR	0.20	x					o	0	0	
(10) ED HAGNAUER, JR										
DIRECTOR	0.20	x					0	0	0	
(11) DR RODNEY LUPARI										
DIRECTOR	0.20	x					o	0	0	
DAA						•			Form <b>990</b> (2017)	

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(de	o not o	Pos heck		than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week	bo	x, unle	ss pe	rson i	s both	an	from the	related organizations	other compensation
	(list any hours for				_	or/truste		organization	(W-2/1099-MISC)	from the
	related organizations	Individual to or director	nstitu	Officer	ey e	lighes mploy	Former	(W-2/1099-MISC)		organization and related
	below dotted	lual 1	Institutional	,	Key employee	/ee or	-			organizations
	line)	trustee	trustee		)ee	Highest compensated employee				
		0	tee			sated				
(12) CINDY CLARK										
	0.20									_
DIRECTOR	0.00	X		<u></u>				0	0	0
(13) CYNTHIA GAVII										
	35.00							140 424	o	22,415
EXECUTIVE DIRECTOR	0.00	-	-	X	-	$\vdash$	_	140,434		22,713
(14) JOHN COLEMAN	35.00	İ								
ASSISTANT DIRECTOR	0.00					x		114,999	0	18,355
(15) KATHY SIGMUNI						-				
<b>(,</b>	35.00									ı
FINANCE DIRECTOR	0.00			L		X		114,999	0	13,889
		⊢	⊢	_	_	-	_			
		·								
		$\vdash$	$\vdash$							
										-
		_	L_				L	272 422		F4 (F0
1b Sub-total								370,432		54,659
c Total from continuation she								370,432		54,659
d Total (add lines 1b and 1c)  2 Total number of individuals (ir	acluding but not l	imite	d to	thos	e lis	ted a	boy		\$100,000 of	31,000
reportable compensation from	the organization	n 🕨	3	4100						
										Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir " complete Sche	ecto dule	r, or ./ fo	trusi suc	tee, :h in	key ( dividi	emp ual	ployee, or nignest compensa	ated	3 X
4 For any individual listed on lin	e 1a, is the sum	of r	epor	table	cor	npen	sati	on and other compensation	from the	
organization and related orga	nizations greater	tha	า \$1։	50,00	00?	If "Ye	es,"	complete Schedule J for su	ıch	4 X
individual	10 rocoivo or ac		com			n fro	 m. a	ny unrelated organization o	r individual	4 4
for services rendered to the c	organization? If "	Yes,'	con	plete	e Sc	hedu	ile J	I for such person		5 X
Section B. Independent Contracto	ors									
1 Complete this table for your f	ive highest comp	ens	ated	inde	pend	dent	con	tractors that received more	than \$100,000 of	oar
compensation from the organ		omp	ensa	uon	ior t	ne ca	ien	dar year ending with or with	(B) stion of services	(C) Compensation
Name and	(A) d business address						╀	Descrip	otion of services	Compensation
							+			
							Τ			
							Γ			
			_				1_	<u> </u>		
	<u> </u>									
2 Total number of independent received more than \$100,000	contractors (incli	uding n. fro	but m th	not e or	limit dani	ted to	tho n ▶	ose listed above) who	0	
received more triair \$100,000	or compensatio		nii U	U UI	garii					Form <b>990</b> (2017)

	Check if Schedule (	o oontants	a response of				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1 ris	a Federated campaigns	1a	181,802				
G G	<b>b</b> Membership dues	1b					
A's	c Fundraising events	1c	28,832				
<u>a</u> ë	d Related organizations	1d					
Similar,	e Government grants (contributions)	1e	2,594,236				and the second of
er G	f All other contributions, gifts, grants,						
ള	and similar amounts not included above	1f	60,472				
<u> </u>	g Noncash contributions included in lines 1a-						model of the state of
<u> </u>	h Total. Add lines 1a-1f			2,865,342		The Pass manufacture	
an l			Busn. Code	1 11 11/24 27 18 1			
8 2	a SCHOOL DISTRICT FEE	S	611600	2,249,613	2,249,613		
9	b						
Š	c		, .				
8	d						
Lau	e						
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	f All other program service reve						
_	g Total. Add lines 2a-2f			2,249,613			
3	(	dividends, in	iterest,				
	and other similar amounts)		·,······ 🟲 📙	16,158			16,158
4							
5	,	· · · · · · · · · · · · · · · · · · ·					
	(i) Real		(ii) Personal				
6					200		
'	Less: rental exps.						
	Rental inc. or (loss)						
7	a Groce amount from	<del> </del>					
	sales of assets (1) Securities		(ii) Other				
Ⅱ.	other than inventory				San Library		
'	Less: cost or other						
	basis & sales exps.						
	Gain or (loss)		-				
9							
enne	a Gross income from fundraising ever						
Ven	(not including \$ 28,8						
Other Rev	of contributions reported on line 1c)		7 500			ALL INC.	
Je L	See Part IV, line 18  Less: direct expenses	. a	7,590				
8   5	Net income or (loss) from fund	D [		6 452			
	Gross income from gaming activities		ls	-6,452			-6,452
36	See Part IV, line 19			na kalasa			
١,	Less: direct expenses	ь а b					
	Net income or (loss) from gam						
	Gross sales of inventory, less	ing activities					
1.00	returns and alloweness	a	1.				
١,	Less: cost of goods sold	. в					
	Net income or (loss) from sales		,	card table 4 ft ft ft ft ft ft			
	Miscellaneous Revenue	5 OF HIVEIRO	Busn. Code	TERMINING AND R			
118				1,374			1,374
l k		ar		2,3/1			1,3/4
,			•				
	* * * * * * * * * * * * * * * * * * *						
e				1,374			
12	Total revenue. See instruction			5,126,035	2,249,613	0	11,080

### Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Management and expenses general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 63,190 63,190 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 165,257 98,334 66,923 trustees, and key employees ..... 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 446,643 3,039,606 2,592,963 Other salaries and wages ..... Pension plan accruals and contributions (include 14,707 61,074 46,367 section 401(k) and 403(b) employer contributions) 449,820 52,376 502,196 Other employee benefits 38,358 266,818 228,460 Payroll taxes Fees for services (non-employees): a Management 1,253 2,694 1,441 **b** Legal ..... 4,957 10,655 5,698 Accounting Professional fundraising services. See Part IV, line 17 Investment management fees ..... g Other. (If line 11g amount exceeds 10% of line 25, column 16,414 14,280 30,694 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 20,305 97,160 117,465 Office expenses Information technology 14 Royalties 15 27,771 216,316 188,545 16 Occupancy 10,727 33,238 22,511 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,757 34,379 24,622 Conferences, conventions, and meetings 19 38,296 38,296 20 Payments to affiliates \_\_\_\_\_ 21 72,041 71,940 101 Depreciation, depletion, and amortization 22 62,482 72,421 9,939 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 84,693 AGENCY RESOURCE OFFICER 84,693 670 70,270 69,600 EDUCATIONAL MATERIALS 52,403 46,661 5,742 EQUIPMENT EXPENSE 25,980 9,759 25,980 LUNCH PROGRAM 747 7,430 1,582 e All other expenses 747 726,091 4,969,445 4,242,607 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash—non-interest bearing 12,509 12,248 Savings and temporary cash investments 1,420,887 1,263,227 2 Pledges and grants receivable, net Accounts receivable, net 732,843 779,088 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 24,241 9 54,450 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,629,450 b Less: accumulated depreciation 10b 825,962 1,853,695 10c 1,803,488 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 196,885 348,461 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,241,060 4,260,962 16 Accounts payable and accrued expenses 17 191,762 226,466 17 18 Grants payable 18 19 Deferred revenue 174,754 95,265 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L \_\_\_\_\_ 22 Secured mortgages and notes payable to unrelated third parties 23 1,098,277 1,006,374 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 ..... 1,328,105 1,464,793 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 2,458,846 2,616,446 Temporarily restricted net assets 28 317,421 316,411 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund ..... 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 2,776,267 2,932,857 33 Total liabilities and net assets/fund balances .... 4,241,060 4,260,962

Form 990 (2017)

Form 9	990 (2017) COORDINATED YOUTH &	37-0662520			Pag	ge <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line			F 11	) 6 (	ᅻ上
	Total revenue (must equal Part VIII, column (A), line 12)			5,12		
	Total expenses (must equal Part IX, column (A), line 25)			4,96		
	Revenue less expenses. Subtract line 2 from line 1					<u>590</u>
	Net assets or fund balances at beginning of year (must equal Part X, line 33,	50 814 13 67 1 - 1 - 2	3 1	2,77	0,4	<u> </u>
5 1	Net unrealized gains (losses) on investments		5			
<b>6</b> [	Donated services and use of facilities		. 6			
	nvestment expenses		7			
8	Prior period adjustments		8			
9 (	Other changes in net assets or fund balances (explain in Schedule O)	. 22 223 22 22 22 22	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must	equal Part X, line				
	33, column (B))	<u>,,,</u>	10	2,93	32,8	<u> 357</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any lin	e in this Part XII				Щ.
	_				Yes	No
1 /	Accounting method used to prepare the Form 990: 🔲 Cash 🕱 Acc	rual Other				
	If the organization changed its method of accounting from a prior year or che	cked "Other," explain in				Ţ.,
	Schedule O.				2 311	
2a \	Were the organization's financial statements compiled or reviewed by an ind	ependent accountant?	Con Selement Clare (Sec.	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the					
	reviewed on a separate basis, consolidated basis, or both:					
ſ	Separate basis Consolidated basis Both consolidated a	nd separate basis				
b '	Were the organization's financial statements audited by an independent acc	ountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the				4	
	separate basis, consolidated basis, or both:	•				
r	Separate basis Consolidated basis X Both consolidated a	ind separate basis				
Ĺ	If "Yes" to line 2a or 2b, does the organization have a committee that assum					
	of the audit, review, or compilation of its financial statements and selection			2c	X	
	If the organization changed either its oversight process or selection process		in radion and radio	. 3.4%		171
	Schedule O.	adming and tame years, expressed as				FU
	As a result of a federal award, was the organization required to undergo an a	audit or audits as set forth in				
				3a	х	
	If "Yes," did the organization undergo the required audit or audits? If the orga	enization did not undergo the		. 303036		
	required audit or audits, explain why in Schedule O and describe any steps t			3b	x	
	required addit or addits, explain with in conedure of and describe any steps t	and to disarge each again.		<u>1</u>		0 (2017)

### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

QU1/ Open to Public

Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

COORDINATED YOUTH & HUMAN SERVICES, INC

Employer identification number 37-0662520

Part I Reas	son for Public Charity	Status (All organization	s must co	mplete	this part.) See instruction	ons.				
The organization is no	t a private foundation becau	se it is: (For lines 1 through 12	check only	one box	(.)					
1 A church, co	onvention of churches, or as	sociation of churches describe	d in section	170(b)(	1)(A)(i).					
2 A school de	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Fo	orm 990 or 99	90-EZ).)						
		rice organization described in								
4 A medical re	esearch organization operate	d in conjunction with a hospita	al described in	n sectio	on 170(b)(1)(A)(iii). Enter the	hospital's name,				
city, and sta										
		of a college or university owner	ed or operated	d by a g	overnmental unit described in					
	O(b)(1)(A)(iv). (Complete Par									
		governmental unit described in								
	section 170(b)(1)(A)(vi). (0	substantial part of its support	irom a gover	nmentai	unit or from the general publi	IC				
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
		scribed in section 170(b)(1)(A		d in con	iunction with a land-grant colle	ene				
or university university:	or a non-land grant college	of agriculture (see instructions	). Enter the n	ame, cit	ty, and state of the college or	390				
10 An organizat	tion that normally receives: (	1) more than 33 1/3% of its su	upport from c	ontributi	ons, membership fees, and gr	ross				
receipts from	activities related to its exer	npt functions—subject to certain	in exceptions	, and (2	) no more than 33 1/3% of its	3				
support from	gross investment income a	nd unrelated business taxable 30, 1975. See <b>section 509(a)</b> (	income (less	section	511 tax) from businesses					
		exclusively to test for public sa								
		exclusively for the benefit of, to				0000				
of one or mo	ore publicly supported organi	zations described in section 5	509(a)(1) or se	ection	509(a)(2). See section 509(a)	(3).				
Check the bo	ox in lines 12a through 12d	that describes the type of supp	orting organiz	zation a	nd complete lines 12e, 12f, ar	nd 12g.				
a Type I. A	A supporting organization op	erated, supervised, or controlle	ed by its sup	ported o	organization(s), typically by giv	ring				
the supp	orted organization(s) the pov	ver to regularly appoint or elec	a majority o	of the di	rectors or trustees of the					
		complete Part IV, Sections A								
control o	r management of the suppo	pervised or controlled in conn rting organization vested in the	ection with its	s suppo ne that	rted organization(s), by having	ted.				
		Part IV, Sections A and C.	odino poiso	no mac	oontroi or manage the suppor	leu				
c Type III	functionally integrated. A	supporting organization operate	ed in connect	tion with	, and functionally integrated v	vith,				
its suppo	orted organization(s) (see in	structions). <b>You must comple</b> t	te Part IV, Se	ections	A, D, and E.					
d Type III	non-functionally integrated. The	d. A supporting organization of	perated in co	nnection	with its supported organization	on(s)				
requireme	on functionally integrated. In	e organization generally must must complete Part IV, Section	satisty a disti	ribution and P	requirement and an attentiven	ness				
		eived a written determination f								
functiona	lly integrated, or Type III no	on-functionally integrated suppo	orting organiz	ation.	a Type ii, Type iii, Type iii					
	mber of supported organizat		, , , , , , , , , , , , , , , , , , , ,							
g Provide the f	ollowing information about to	ne supported organization(s).								
(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the org		(v) Amount of monetary	(vi) Amount of				
organizațion		(described on lines 1–10 above (see instructions))	listed in your g	1	support (see instructions)	other support (see instructions)				
		, , ,	Yes	No		modulons)				
(A)										
(B)										
(C)			-							
(D)										
(E)				-						
Total										

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,363,888	3,130,672	2,583,792	2,719,710	2,865,342	14,663,404
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,363,888	3,130,672	2,583,792	2,719,710	2,865,342	14,663,404
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.						14,663,404
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3,363,888	3,130,672	2,583,792	2,719,710	2,865,342	14,663,404
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	949	826	1,653	5,845	16,158	25,431
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.)	78,475	155,947	1,166	1,438	1,374	
11	Total support. Add lines 7 through 10	( ; ( ;; )				12	14,927,235
12	Gross receipts from related activities, etc.	(see instructions)		dh ar ffilh tay yan	c cootion FO1		4,604,955
13	First five years. If the Form 990 is for the						▶ □
<u></u>	organization, check this box and stop here tion C. Computation of Public Su						
				(f)\		14	98.23 %
14	Public support percentage for 2017 (line 6						97.85%
15	Public support percentage from 2016 Sche 33 1/3% support test—2017. If the organ	edule A, Part II, line	lt the boy on line 1	2 and line 14 is 3	3 1/3% or more of		37.85 70
16a	box and <b>stop here</b> . The organization quali				3 1/3 /6 OI IIIOIE, C	ileck ulis	<b>▶</b>  X
	33 1/3% support test—2016. If the organ				5 is 33 1/3% or mo		
D	this box and <b>stop here</b> . The organization						▶ □
172	10%-facts-and-circumstances test—201						200 000000 2000
17a	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	The state of the s						▶ □
b	organization 10%-facts-and-circumstances test—201	I6 If the organization	n did not check a	hox on line 13 16	a. 16b. or 17a. and	d line	30 3300 500 0
b	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m						
	supported organization						▶ □
18	Private foundation. If the organization did	d not check a box o	n line 13, 16a, 16b	, 17a, or 17b, che	ck this box and se	 e	08-04-02-0-03-03-03-03-03-03-03-03-03-03-03-03-0
	instructions						
							000 or 000 E7\ 2017

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership				,	(4, 211	(1)
	fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			İ			
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7s and 7h						
8	Add lines 7a and 7b  Public support. (Subtract line 7c from						
U	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(4) 2016	(-) 0047	(6 T / 1
9	Amounts from line 6	(a) 2013	(D) 2014	(C) 2015	(d) 2016	(e) 2017	(f) Total
10a	Gross income from interest, dividends,	=					
	payments received on securities loans, rents, royalties, and income from similar sources			-			
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
40						-	
12	Other income. Do not include gain or loss from the sale of capital assets		= =				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	
	organization, check this box and stop here	• <u>,,,,,,,</u>	····			<u>.,</u>	▶□
Sec	tion C. Computation of Public Su	ipport Percent	age				-
15	Public support percentage for 2017 (line 8,	column (f) divided	by line 13, colum	n (f))		15	%
16	Public support percentage from 2016 Sche	dule A, Part III, line	e 15			16	%
Sec	tion D. Computation of Investme	<u>nt Income Per</u>	centage				
17	Investment income percentage for 2017 (li	ne 10c, column (f)	divided by line 13	, column (f))		17	%
18	Investment income percentage from 2016	Schedule A, Part I	II, line 17			18	%
19a	33 1/3% support tests—2017. If the organ		ck the box on line	14, and line 15 is	more than 33 1/39	%, and line	
	17 is not more than 33 1/3%, check this bo						▶ 🔲
b	33 1/3% support tests—2016. If the organ	nization did not che	ck a box on line 1	4 or line 19a, and	line 16 is more tha	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	s box and <b>stop he</b>	re. The organizati	on qualifies as a p	oublicly supported	organization	····· • 🔲
20	Private foundation. If the organization did						
							1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

Page 4

**Supporting Organizations** Part IV

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

### Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1	14-1-	
	2		
	E TW	irau, =	W-1
	3a		
	3b		
	3c		
	30		F JUL
	4a		: - : - :
	4b		
	4c		
	4		
		Yh i	
			a 11 , 1
	5a	2	
	5b		
	5c		
	6		
		70 E. VE	
	7		
	8		
	9a		
	9b	11.44	
	9с		
	10a		
	× -		
A (F	10b orm 99	0 or 990	  -EZ) 2017

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u>C</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1.27	1-37-7	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	4.5		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			= -
	controlled the organization's activities. If the organization had more than one supported organization,	ALC: N		180
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-293		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			==115
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		10	72.5
Cont	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			- R
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	11 11		E F
	or management of the supporting organization was vested in the same persons that controlled or managed	Entit		
Cast	the supported organization(s).	_   1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	20		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1000		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	18,18		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	12 (21)		
Socti	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
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 supported a government entity (see inst	ructions).		
2 /	Activities Test. Answer (a) and (b) below.	ſ		
a			Yes	No
u	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			a - 11
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			- 1
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	1 1 1 1		
b		2a		
V	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	- 1.÷1.		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		UI G	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
la.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	_   3b		

emergency temporary reduction (see instructions).	6		Ĺ
Check here if the current year is the organization's first as a non-functionally integrated T	ype I	II supporting organization (	see
instructions).			

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organiza	tions (continued)	Page 7
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exempt put			
2	Amounts paid to perform activity that directly furthers exempt purpo			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
_	instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$ Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if	JETTER UND TEIL AL		
,	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
,	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013		THE STREET STREET	
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

37-0662520

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

me of the org			Employer identification number
	INATED YOUTH &		28 266252
	SERVICES, INC	- Cinciles Francis	37-0662520
Part I	Organizations Maintaining Donor Advised Funds or Othe Complete if the organization answered "Yes" on Form 990, Pa		Accounts.
		onor advised funds	(b) Funds and other accounts
Total n	umber at end of year		
. Aggreg			
Aggreg			
	ate value at end of year		
	organization inform all donors and donor advisors in writing that the assets hele		
	are the organization's property, subject to the organization's exclusive legal conf		Yes N
	organization inform all grantees, donors, and donor advisors in writing that gran		
	r charitable purposes and not for the benefit of the donor or donor advisor, or fo		
	ing impermissible private benefit?		Yes N
art II	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 7.	
Purpose	e(s) of conservation easements held by the organization (check all that apply).		
Pre	eservation of land for public use (e.g., recreation or education)	ation of a historically impo	ortant land area
Pro	otection of natural habitat Presen	vation of a certified historic	c structure
Pre	eservation of open space		
	ete lines 2a through 2d if the organization held a qualified conservation contribute	tion in the form of a conse	ervation
	ent on the last day of the tax year.		Held at the End of the Tax Ye
a Total n	umber of conservation easements		2a
Total a	creage restricted by conservation easements	• -CESEA_ECENTROLEGIA_ECENTROLEGIA + 0; E + 4; a) (c)	2b
Numbe	r of conservation easements on a certified historic structure included in (a)	10 10 00 10 10 10 10 00 10 00 10 10 10 1	2c
	r of conservation easements included in (c) acquired after 7/25/06, and not on a		
historic	structure listed in the National Register		2d
	r of conservation easements modified, transferred, released, extinguished, or te	erminated by the organizat	tion during the
tax yea	***************************************		
	r of states where property subject to conservation easement is located >		
	ne organization have a written policy regarding the periodic monitoring, inspection		
violation	ns, and enforcement of the conservation easements it holds?		Yes N
	nd volunteer hours devoted to monitoring, inspecting, handling of violations, and	I enforcing conservation ea	asements during the year
Amount	t of expenses incurred in monitoring, inspecting, handling of violations, and enfo	orcing conservation easem	nents during the year
	ach conservation easement reported on line 2(d) above satisfy the requirement		
and se	ction 170(h)(4)(B)(ii)?		Yes N
In Part	XIII, describe how the organization reports conservation easements in its reven	ue and expense statemen	t, and
	e sheet, and include, if applicable, the text of the footnote to the organization's	financial statements that d	escribes the
	ation's accounting for conservation easements.	************	Disables Association
art III	Organizations Maintaining Collections of Art, Historical T Complete if the organization answered "Yes" on Form 990, Pa	reasures, or Other S art IV, line 8.	Similar Assets.
a If the o	rganization elected, as permitted under SFAS 116 (ASC 958), not to report in it	s revenue statement and t	palance sheet
	of art, historical treasures, or other similar assets held for public exhibition, educ		
public s	service, provide, in Part XIII, the text of the footnote to its financial statements the	nat describes these items.	
	rganization elected, as permitted under SFAS 116 (ASC 958), to report in its re		
works o	of art, historical treasures, or other similar assets held for public exhibition, educ	cation, or research in further	erance of
	service, provide the following amounts relating to these items:		
(i) Rev	venue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
(ii) Ass	sets included in Form 990, Part X		\$
If the or	rganization received or held works of art, historical treasures, or other similar as	ssets for financial gain, pro	vide the
	g amounts required to be reported under SFAS 116 (ASC 958) relating to these		
Revenu	e included on Form 990, Part VIII, line 1		\$
) Assets	included in Form 990, Part X	<u></u>	🕨 💲

Sched	dule D (Form 990) 2017 COORDINA					7-00023				ge z
	rt III Organizations Maintainin							(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	s, check any o	of the follow	wing that are a	significant us	e of its			
а	Public exhibition	d 🗌	Loan or exch	ange prog	rams					
b	Scholarly research	е 🗍	Other							
С	Preservation for future generations									
4	Provide a description of the organization's	collections and explain	n how they fur	rther the oi	rganization's ex	kempt purpose	in Part			
	XIII.									
5	During the year, did the organization solicit	or receive donations	of art, historic	al treasure	es, or other sim	nilar		_	_	
	assets to be sold to raise funds rather than	to be maintained as	part of the org	ganization's	s collection?			Ye	s	No
Pa	rt IV Escrow and Custodial A									
	Complete if the organization 990, Part X, line 21.	n answered "Yes	on Form 9	990, Part	: IV, line 9, d	or reported	an amount	on Form	1	
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for contri	ibutions or	other assets n	ot				
	included on Form 990, Part X?							Ye	s 🗌	No
	If "Yes," explain the arrangement in Part X									
	•							Amoun	i	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on							Ye	s	No
	If "Yes," explain the arrangement in Part XI								П	
	rt V Endowment Funds.		•	·						
	Complete if the organization	n answered "Yes	on Form 9	990, Part	IV, line 10.					
		(a) Current year	(b) Prior		(c) Two years b		ree years back	(e) Fou	r years ba	ack
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and									
_	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
	End of year balance									
	Provide the estimated percentage of the cu	rrent vear end balanc	ce (line 1a. col	lumn (a)) h	neld as:					
a	Board designated or quasi-endowment ▶		3,	(-),						
b	Permanent endowment ▶ %	······································								
c	Temporarily restricted endowment ▶	%								
•	The percentages on lines 2a, 2b, and 2c s									
3a	Are there endowment funds not in the post	•	ation that are	held and a	administered fo	r the				
-	organization by:	seconon or and organia							Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							1000		
h	If "Yes" on line 3a(ii), are the related organ	izations listed as requ	ired on Sched	dule R?			606000K +0616080* + 80418 +0	2.140		
4	Describe in Part XIII the intended uses of				CEAR SERVERS		tana tanta tan 16	(19)		
Pa	rt VI Land, Buildings, and Eq									
	Complete if the organization		on Form 9	990. Part	: IV. line 11a	a. See Form	990, Part	X, line 1	0.	
	Description of property	(a) Cost or other		(b) Cost or oth		(c) Accumulat		(d) Book		
		(investment)	- 1	(other)	)	depreciation				
	Land				in.	MET LA				
h	Buildings			2,38	2,876	597	,524	1,78	35,3	52
	Leasehold improvements				4,934		,630			04
	Equipment				1,640		,808		17,8	
	Other									
	. Add lines 1a through 1e. (Column (d) mus		rt X, column (l	B), line 10d	c.)		▶	1,8	03,4	88

	Form 990) 2017 COORDINATED YOUTH &		37-0662520	Page
Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on F	orm 990 Part IV lir	ne 11h See Form 990 Part	Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valu	
	(including name of security)	(b) book value	Cost or end-of-year ma	
(1) Financial	derivatives	· · · · · · · · · · · · · · · · · · ·		
2) Closely-ho	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)	**************************************			
(G)				
	***************************************			
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	000 D ( B ( B	44 6	
	Complete if the organization answered "Yes" on F			
	(a) Description of investment	(b) Book value	(c) Method of valua	
(1)			Cost or end-of-year man	ket value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Fo	orm 990. Part IV. lin	ne 11d. See Form 990. Part	X line 15
	(a) Description			(b) Book value
(1)	DUE FROM RELATED ORGANI	ZATION		324,145
(2)	UNAMORTIZED DEBT ISSUANO	CE COSTS		24,316
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	348,461
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	ie 11e or 11f. See Form 990	), Part X,
	line 25.			
<u>l.</u>	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			THE RESIDENCE AND ADDRESS.	
(8)				
(9)			The state of the s	
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
z. Liability for	uncertain tax positions. In Part XIII, provide the text of the footne	ote to the organization's	financial statements that reports th	ie

Pa	rt XI Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Par			turn.	
1	Total revenue, gains, and other support per audited financial statements			1	5,140,077
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	14,042		
-	Add lines 2a through 2d			2e	14,042
3	Subtract line 2e from line 1			3	5,126,035
Λ	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Ι	.,	E- 11	
a	, , , , , , , , , , , , , , , , , , , ,	4a			
b	Other (Describe in Part XIII.)	4b		116	
	Add lines 4a and 4b			4c	
5				5	5,126,035
	rt XII Reconciliation of Expenses per Audited Financial Stateme			Retur	
	Complete if the organization answered "Yes" on Form 990, Par				
1	Total expenses and losses per audited financial statements			1	4,983,487
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			110	
a	Donated services and use of facilities	2a		100	
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	14,042	F 1-12	
е	Add lines 2a through 2d	•		2e	14,042
3	Subtract line 2e from line 1			3	4,969,445
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	, , , , ,	4a			
b		4b			
c	Add lines 4a and 4b		-	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,969,445
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1b an	d 2b; Part V, line 4; P	art X, I	ine
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an				
	ADM W STAT 40 HOOMNOME				

COORDINATED YOUTH & HUMAN SERVICES, INC. IS EXEMPT FROM FEDERAL INCOME

TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION

ADOPTED THE PROVISIONS OF FASB ASC 740-10-25 (FORMERLY FASB INTERPRETATION

NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF

FASB NO. 109) REQUIRING DISCLOSURE OF UNCERTAIN TAX POSITIONS. THERE HAS

BEEN NO INTEREST NOR PENALTIES RECOGNIZED IN THE STATEMENT OF ACTIVITIES

NOR IN THE STATEMENT OF FINANCIAL POSITION RELATED TO UNCERTAIN TAX

POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL

SIGNIFICANTLY INCREASE OR DECREASE WITHIN THE NEXT 12 MONTHS. THE

ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL

Part XIII Supplemental Information (continued)			
BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES AND	DISCUSSIO	ONS WITH	
OUTSIDE EXPERTS. YEARS ENDING PRIOR TO JUNE 30, 2015 ARE	NO LONGE	ER OPEN FO	)R
TAX AUDIT PURPOSES.	POR CROSCO RECOGNISTICS CONTRACTOR AND CONTRACTOR A		*:00:
			2077
PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIAL	S - OTHEI	<b>{</b>	. 200
GOLF TOURNAMENT SPECIAL EVENT	\$	14,042	
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIA	LS - OTHI	ER	. 2000
GOLF TOURNAMENT SPECIAL EVENT	\$	14,042	
		waters in the second	
	ER KISKURANTON BERGUER HANN	THE RESERVE OF THE PROPERTY ASS.	
* 5.55/10000000000000000000000000000000000	ACRES OF THE ACRES OF THE ACRES OF THE ACRES		S P
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### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions

COORDINATED YOUTH Employer identification number Name of the organization 37-0662520 HUMAN SERVICES, INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity organization or entity (fundraiser) from activity fundraiser listed in control of contributions? col. (i) Yes 1 2 5 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2017 COORDINATED YOUTH & 37-0662520 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF TOURNAMENT NONE (add col. (a) through (event type) (event type) (total number) col. (c)) Revenue 1 Gross receipts 36,422 36,422 2 Less: Contributions 28,832 28,832 3 Gross income (line 1 minus 7,590 line 2). 7,590 3,000 4 Cash prizes 3,000 5 Noncash prizes 6 Rent/facility costs 4,450 4,450 7 Food and beverages 74 74 8 Entertainment ...... 6,518 9 Other direct expenses 6,518 10 Direct expense summary. Add lines 4 through 9 in column (d) 14,042 11 Net income summary. Subtract line 10 from line 3, column (d) -6,452 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes ..... % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2017	COORDINAT	TED YOUTH	&	37-0662520	Page 3
11	Does the organization conduct gaming					Yes No
12	Is the organization a grantor, beneficiar	y or trustee of a tru	ist, or a member of	f a partnership or other entity		
	formed to administer charitable gaming	g?			-9494 .gg.p. 545	Yes No
13	Indicate the percentage of gaming acti	vity conducted in:			1 1	
а	The organization's facility			SASSAS ASSASSAS - CASAMASASASASASASAS - CASAM-ARAK-ERAK		
b	An outside facility				13b	<u>%</u>
14	Enter the name and address of the percords:	rson who prepares	the organization's	gaming/special events books and		
	Name •			G 1203 1503 251 1507 1507 1507 1507 1507 1507 1507 15	OLIGA PROGLERIZISTERIZIATEN EUROS.	********
	Address ►	rğı, goarrawaranını	. 202 - 1202 - 22 - 22 - 22	CL Z E Z 1933 (1931 Z C. E. E. E. E. E. E. E. E. E. E. E. E. E.		180618
15a	Does the organization have a contract revenue?			nization receives gaming		Yes No
b	If "Yes," enter the amount of gaming re	evenue received by	the organization	\$ and	the	
	amount of gaming revenue retained by	the third party	\$	. visi" • • • accentration core		
С	If "Yes," enter name and address of th	e third party:				
	Name ►				enter et enter et en enter et en en en	CENTERS S
	Address ▶			12. VII. 12. VII. 12. VII. 12. VII. 12. VII. 12. VII. 12. VII. 12. VII. 12. VII. 12. VII. 12. VII. 12. VII. 12	*******************	5.5. • 6.6.5.
16	Gaming manager information:					
	Name ►			enny alamanana karanana karana kana kana kana kan	5.000 t f t t t t t t t t t t t t t t t t	
	Gaming manager compensation ▶ \$	energy and the second				
	Description of services provided ▶	. gygggreggressrana e ee		EZENTEKKI TOTOL TOKA TOTOLO FRANCESCO TOTOLOGICA (1914 FRANCESCO TOTOLOGICA	NOTE OF STREET AND ADDRESS.	
	Director/officer Em	ployee	Independent c	ontractor		
17	Mandatory distributions:					
а	Is the organization required under stat	e law to make char	itable distributions	from the gaming proceeds to		
	retain the state gaming license?					Yes No
b	Enter the amount of distributions requi					
	spent in the organization's own exemp	t activities during th	ne tax year 🕨 💲			
Pa	t IV Supplemental Informa	<b>ation.</b> Provide th	ne explanations	required by Part I, line 2b, colu	mns (iii) and (v);	and
		, 15b, 15c, 16,	and 17b, as ap	plicable. Also provide any additi	onal information.	
	See instructions.					
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SCHEDULE | (Form 990)

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

▶ Attach to Form 990.

Open to Public 2017

OMB No. 1545-0047

**≗** Inspection (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number X Yes 37-0662520 noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) ▶ Go to www.irs.gov/Form990 for the latest information. (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? INC COORDINATED YOUTH & HUMAN SERVICES, Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization <u>a</u> Part I Ξ 3 ල 4 3 9 0 8 6

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

Schedule I (Form 990) (2017)

**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. Schedule | (Form 990) (2017) COORDINATED YOUTH & Part III Grants and Other Assistance to Domestic

Part III can be duplicated if additional space is needed	onal space is needed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 UTILITIES, FOOD, TRANSPOR	513	63,190			
2			7		
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Part IV Supplemental Information. Provide the information		required in Part I, line 2; Part III,	2; Part III, column (b);	); and any other additional information.	information.
SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET	L INFORMATION	WORKSHEET			
		***************************************		\$2000000000000000000000000000000000000	
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			200 to 500		
					Schedule I (Form 990) (2017)

# SCHEDULE! (Form 990)

# Supplemental Information

07/01/17 , and ending 06/30/18

2017

Name of the organization

COORDINATED YOUTH & HUMAN SERVICES, INC

For calendar year 2017, or tax year beginning

Employer identification number

37-0662520

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
RECIPIENTS OF UTILITY ASSISTANCE FUNDS ARE APPROVED BY ST. CLAIR COUNTY,
WHICH FORWARDS A PAYMENT SCHEDULE TO COORDINATED YOUTH & HUMAN SERVICES.
INCLUDED WITH THE PAYMENT SCHEDULE IS THE RECIPIENT'S NAME, ID NUMBER,
ADDRESS AND UTILITY BILL. COORDINATED YOUTH & HUMAN SERVICES PERSONNEL
MATCH ALL OF THE INFORMATION BEFORE REMITTING PAYMENT TO THE UTILITY
COMPANY. THE COMPUTER SYSTEM IS PROGRAMMED TO NOT ALLOW PAYMENTS IN EXCESS
OF THE INDIVIDUAL ANNUAL ASSISTANCE LIMIT. DISBURSEMENTS ARE SUBJECT TO THE
REGULAR INTERNAL CONTROL PROCESS OF THE ORGANIZATION WHICH INCLUDES
MONITORING BY THE FINANCE DIRECTOR.
RECIPIENTS OF FOOD AND TRANSPORTATION ASSISTANCE FUNDS ARE APPROVED BY THE
MADCAP SUPERVISOR, WHICH THEN FORWARDS THE RECIPIENT'S NAME, ID NUMBER AND
TYPE OF ASSISTANCE AND DOLLAR AMOUNT TO ST. CLAIR COUNTY HEALTH DEPARTMENT
ON A MONTHLY BASIS. THE COMPUTER SYSTEM IS PROGRAMMED TO NOT ALLOW
PAYMENTS IN EXCESS OF THE INDIVIDUAL ANNUAL ASSISTANCE LIMIT. DISBURSEMENTS
ARE SUBJECT TO THE REGULAR INTERNAL CONTROL PROCESS OF THE ORGANIZATION
ARE SUBJECT TO THE REGULAR INTERNAL CONTROL PROCESS OF THE ORGANIZATION WHICH INCLUDES MONITORING BY THE FINANCE DIRECTOR.
WHICH INCLUDES MONITORING BY THE FINANCE DIRECTOR.

# SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047 **2017** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

COORDINATED YOUTH &

HUMAN SERVICES, INC

Employer identification number 37 - 0662520

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		= = /	
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			X 144
	First-class or charter travel  Housing allowance or residence for personal use		5,141	
	Travel for companions Payments for business use of personal residence		15.00	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
			7.11 =	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		14,3	
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
		1,		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		l e	
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			118"
	X Compensation committee Written employment contract	1111		
	Independent compensation consultant  X Compensation survey or study		1	M.
	Form 990 of other organizations  X Approval by the board or compensation committee		-	
	Total 330 of other organizations	1 1	100	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		- 1	
*	organization or a related organization:	hill.		
	A second	4a		X
a	Date to the state of the state	4b		Х
b	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
U	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	40	TWEET	
	If tes to any or lines 4a-6, list the persons and provide the applicable amounts for each term in the contract the	1111		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
-	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		11.5	
5	compensation contingent on the revenues of:			
_		5a	-	X
	The organization?	5b		X
D	Any related organization?	11131		
	If "Yes" on line 5a or 5b, describe in Part III.	1		
c	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	100		
О		= '		
_	compensation contingent on the net earnings of:	6a		X
	The organization?	6b	t	X
D	Any related organization?	0.0		
	If "Yes" on line 6a or 6b, describe in Part III.	7-12		
_	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
7		7		x
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	<u> </u>	_	† <del></del>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			-
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	8		x
	in Part III	0	100	
	If We Was the Ordinate appropriation also follow the relativishing proceeding described in			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1		1

COORDINATED YOUTH &

Schedule J (Form 990) 2017

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

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.

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.

	(R) Breakdown o	Breskdown of W.2 and/or 1000 MISC compounding	SC componention				
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(U) Nontaxable benefits	(E) (I)—(D) (B)(i)—(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(140,434	0	0	5,454			
1 EXECUTIVE DIRECTOR			0		0	0	0
2 (0	(ii)						Jac
	(H)						
) (0	(a) (b)						
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11	(II)						
12	(II)						
13	(ii)						
(1)	(II)						
() (II)	(ii)						
16	(m)				121		

#### SCHEDULE L

(Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COORDINATED YOUTH &

Employer identification number

HUMAN SERVICES, INC 37-0662520 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \_\_\_\_\_\_ > \$\_\_\_ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (c) Purpose of (e) Original (d) Loan to (f) Balance due (h) Approved (i) Written with organization or from the principal amount by board or org.? committee? To From Yes No Yes No Yes No (5) (7) (9) (10) Total ▶ \$ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3) (4) (5) (6) (7) (8)

(9) (10)

Part IV	Business Transactions Involving Incomplete if the organization answered "Yes" of	nterested Persons. on Form 990, Part IV, line 2	8a, 28b, or 28c.			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) S of rever	haring org. nues?
(4) TTM (1)	DEIMMAID	BOARD MEMBER		ED PROG SERVICE REV	+	x
	REENWALD	BOARD MEMBER		1100   11100   11110		
(2)				_		
(4)						
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(8) (9) (10)						
Part V	Supplemental Information  Provide additional information for responses to	o questions on Schedule L	(see instructions).		-	
					<u> </u>	
			<u>.</u>			
				-		

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization COORDINATED YOUTH & HUMAN SERVICES, INC

Employer identification number 37-0662520

FORM 990 - ORGANIZATION'S MISSION COORDINATED YOUTH & HUMAN SERVICES, INC. ORGANIZED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AS A NONPROFIT CORPORATION FOR THE PURPOSE OF EMPOWERING YOUTH AND FAMILIES TO LEAD FULFILLING LIVES BY EMBRACING THE EVER CHANGING NEEDS OF THE COMMUNITY. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT HIV/AIDS: BOASTING A THIRTY YEAR TRADITION IN HIV/AIDS SERVICE ARENA, COMPREHENSIVE CONTINUUM OF SERVICES STANDS TALL IN THE FACE OF ADVERSITY. A PIONEER IN THE FIELD SINCE 1986, THIS PROGRAM REMAINS COMMITTED TO ITS ORIGINAL MISSION TO PREVENT THE SPREAD OF HIV/AIDS AND TO RESPOND TO THE NEEDS OF PEOPLE AFFECTED BY HIV WHILE RECOGNIZING AND RESPECTING THE DIGNITY AND PRIVACY OF ALL INDIVIDUALS. PREVENTION, OUTREACH, CONFIDENTIAL TESTING, AND CASE MANAGEMENT ENCOMPASS THIS COMPREHENSIVE PROGRAM DELIVERY. EXTENSIVE SERVICE PARTNERSHIPS IN THIS PROGRAM HAVE EVOLVED TO EMPOWER CLIENTS WITH A SENSE OF PROMISE FOR A PRODUCTIVE AND FULFILLING LIFE. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FINANCE COMMITTEE REVIEWS FORM 990 FOR ACCURACY AND COMPLETENESS. REVIEW, THE FINANCE COMMITTEE PRESENTS A RECOMMENDATION ON FORM 990 TO THE BOARD OF DIRECTORS. FORM 990 IS AVAILABLE TO ALL DIRECTORS FOR REVIEW. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A "CONFLICT OF INTEREST INFORMATION FORM" ANNUALLY WHICH DESCRIBES POTENTIAL CONFLICTS OF INTEREST.

Employer identification number

COORDINATED YOUTH &

37-0662520

THIS IS DONE IN CONJUNCTION WITH THE BOARD'S ANNUAL REVIEW AND UPDATE OF
THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS WHO ARE FOUND TO HAVE A
CONFLICT OF INTEREST ARE PROHIBITED FROM VOTING ON RELATED MATTERS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PERSONNEL COMMITTEE REVIEWS THE PERFORMANCE AND COMPENSATION OF THE

EXECUTIVE DIRECTOR. THIS INCLUDES REVIEWING SALARY SURVEYS FROM THE UNITED

WAY AND OTHER LOCAL AGENCIES. THE MINUTES OF THE PERSONNEL COMMITTEE

DOCUMENT THE DATA REVIEWED AND ALL DELIBERATIONS AND RECOMMENDATIONS MADE

TO THE BOARD.

THE BOARD OF DIRECTORS ESTABLISHES THE SALARY OF THE EXECUTIVE DIRECTOR AT ITS REGULAR MEETING AND DOCUMENTS THE DECISION IN THE MINUTES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE EXECUTIVE DIRECTOR REVIEWS THE PERFORMANCE OF THE ASSISTANT DIRECTOR

AND THE FINANCE DIRECTOR.

THE BOARD OF DIRECTORS ESTABLISHES THE SALARY OF THE ASSISTANT DIRECTOR AND FINANCE DIRECTOR AT ITS REGULAR MEETING AND DOCUMENTS THE DECISION IN THE MINUTES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS

AND FORM 990 ARE MAINTAINED ON THE PREMISES OF THE MAIN OFFICE OF

COORDINATED YOUTH & HUMAN SERVICES, LOCATED AT 2016 MADISON AVE., GRANITE

CITY, IL 62040.

ALL OF THE ABOVE ITEMS ARE AVAILABLE FOR INSPECTION TO THE PUBLIC UPON WRITTEN REQUEST. A COPY OF FORM 990 WILL BE PROVIDED TO THOSE THAT MAKE

PAGE 1 OF 2

Schedule O (Form 990 or 990-EZ) (2017)  Name of the organization	Employer ider	Page 2
COORDINATED YOUTH &	37-066	
SUCH A REQUEST.	***************************************	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	EXPLANA	TION
GOLF TOURNAMENT SPECIAL EVENT	\$	14,042
GOLF TOURNAMENT SPECIAL EVENT	\$	-14,042
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	PAGE 2	

Schedule R (Form 990) 2017 Open to Public Section 512(b)(13) controlled entity? OMB No. 1545-0047 (f)
Direct controlling entity 2017 Inspection Employer identification number 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. × 37-0662520 (f)
Direct controlling entity (e) End-of-year assets N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 501C2 (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) 님 ▶ Attach to Form 990. (b) Primary activity BLDG RENT (b) Primary activity 37-1307160 For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization IL 62040 ଧ HUMAN SERVICES, INC COORDINATED YOUTH HUMAN SERVICES DEVELOPMENT 2106 MADISON AVENUE GRANITE CITY Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part II Part I Ξ 3 8 ල 4 9 ල 4  $\equiv$ 8

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 37-0662520 COORDINATED YOUTH & Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Percentage ownership Ξ Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h) Dispro-portionate alloc.? Yes (g) Share of end-of-year assets (f) Share of total (f) Share of total income Type of entity (C corp, S corp, or trust) (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling
entity (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity (b) Primary activity (a) (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV δ E (2) ල 13 E 2 <u>@</u> €

COORDINATED YOUTH &

Schedule R (Form 990) 2017

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	0	=		Yes	No No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II⊣1∨?	ed organizations listed if	n Pans II–IV?		,	Þ
	0.000	(2) (0) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		т Т	4 >
<b>b</b> Gift, grant, or capital contribution to related organization(s)	50000000000000000000000000000000000000	000000000000000000000000000000000000000	****	<u>a</u>	4
c Gift, grant, or capital contribution from related organization(s)	70000000000000000000000000000000000000			10	×
d Loans or loan guarantees to or for related organization(s)				1d	×
a Local or supported by related argumentally				10	
e Loais or loai guarairees by reface organization(s)				H	
					:
f Dividends from related organization(s)				#	×
<b>q</b> Sale of assets to related organization(s)				1g	×
				4	×
				;	
	***************************************			=	٤
j Lease of facilities, equipment, or other assets to related organization(s)	************			17	×
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)				=	×
				<b>1</b>	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		********		1-	×
Sharing of paid employees with related organization(s)		*********		9	×
a Doimhurcamant noid to related arranization(e) for evapocee				5	×
Neinfoll Series of General Organization (New York)				2 2	×
q Keimbursement paid by related organization(s) for expenses				5	4
r Other transfer of cash or property to related organization(s)				7	×
s Other transfer of cash or property from related organization(s)				1s	×
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.	line, including covered r	elationships and transacti	on thresholds.		
(a)	(q)	(0)	(p)		
Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amount involved	ount involved	
	ā	200			
(1) HUMAN SERVICES DEVELOPMENT	¥	324,145	CASH LOANED		
(2)					
(3)					
(4)					
(5)					
(a)			Schodulo	Schodulo R (Form 990) 2017	0) 2017
DAAA					

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

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

(a)	3	3	6	3	9	1				
Name, address, and EIN of entity	Primary activity	Legal	Predominant included	Are all partners	S	(9) Share of	(n) Disproportionate		General or	(k) Percentage
		(state or foreign	unrelated, excluded from tax under	e B				of Schedule K-1 (Form 1065)	partner?	
		country)		Yes No			Yes		Yes	Т.
(1)							$\perp$		+-	
					-		<del></del> -			
(2)										
(3)										
										-
(4)										
				_					_	
(5)										
(9)										
(7)									+	
(8)										
								_		
107						-				
(6)										
									***	
(10)										
(11)										
								Schedul	e R (Form	Schedule R (Form 990) 2017