

Form **990**

Department of the Treasury
Internal Revenue Service

Ret of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization: **Coleman A. Young Foundation**

Doing business as _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2111 Woodward Avenue, Suite 500

City or town, state or province, country, and ZIP or foreign postal code
Detroit MI 48201

D Employer identification number: **38-2400801**

E Telephone number: _____

G Gross receipts \$: **561,703**

F Name and address of principal officer: _____

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ **www.cayf.org** **H(c)** Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: _____ **M** State of legal domicile: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To provide college scholarships to high school students

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	362,359	432,401
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	306,074	91,473
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,829
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	668,433	561,703
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	143,470	169,840
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	306,825	298,004
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	450,295	467,844
19 Revenue less expenses. Subtract line 18 from line 12	218,138	93,859

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,762,758	1,853,179
21 Total liabilities (Part X, line 26)	8,897	5,459
22 Net assets or fund balances. Subtract line 21 from line 20	1,753,861	1,847,720

Part II Signature Block

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

Sign Here Signature of officer: **Khary Turner** Date: _____
 Type or print name and title: **Executive Director**

Paid Preparer Use Only

Print/Type preparer's name: **Anil Sakhuja** Preparer's signature: _____ Date: **11/17/15** Check if self-employed PTIN: **P00151934**

Firm's name: **Alan C. Young & Associates, P.C.** Firm's EIN: **38-2463166**

Firm's address: **7310 Woodward Ave Ste 740 Detroit, MI 48202** Phone no.: **313-873-7500**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)