, and ending

.990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

20**06** 

Open to Public Inspection

arment of the Treasury

For the 2006 calendar year, or tax year beginning

The organization may have to use a copy of this return to satisfy state reporting requirements.

Check if applicable:	Please	C Name of organization				D Employer i	dentification number
Address change	use IRS	YOUTH ENCOURAGE	EMENT SERVICES, INC			62-0570681	
Name change	label or print or		box if mail is not delivered to		Room/sulte	E Telephone	number
Initial return	type.	521 MCIVER STREET					
Final return	See Specific	City or town	State or c	ountry Z	IP+4	F Accounting	method: X Cash Accrual
Amended return	Instruc- tions.	1		However, which was a second	80 5777		pecify) >
West Add and Auto		NASHVILLE	TN		7211-2322	1 A	ection 527 organizations.
Application pending			d 4947(a)(1) nonexempt chari hedule A (Form 990 or 990-E			or <i>applicable</i> to se s a group return fi	
febsite: Www.		couragement.org	umatuski Natowestski kiri kiri			es," enter number	
tunior p min.	youthone	ouragomon.org				affiliates include	——————————————————————————————————————
rganization type (chec	k only one)	X 501(c) ( 3 )	◀ (insert no.) 4947(a)(1)	or 527	1,407	o,* attach a list. S	
neck here	1	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			-		n filed by an organization
			porting organization and its gro ed, but if the organization chocs			ed by a group ruli	
file a return, be sure to						Exemption Num	
					M Check		e organization is not required
oss receints: Add lin	nes 6h 8h	o, 9b, and 10b to line 12	•	790,545	114001 1000100000		990, 990-EZ, or 990-PF).
						201103-5	30, 000 000, 01 000 1 1 //
			Net Assets or Fund	balances	(See life iii	Suucions.)	
		grants, and similar amou		las I			
		or advised funds (not included on line 1a		1a	400	2,880	
NOW SELECTION OF STREET	C - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	rt (not included on line 12		1c	402	0	
		itions (grants) (not inclu		1d		0	
		rough 1d) (cash \$	482,880 noncash		0)	1000 AND THE	482,880
			ent fees and contracts (				0
						3	0
			stments			4	14,094
						. 5	0
	with the control of the control			6a		300	
		5		6b			
			rom line 6a		# 14 F 142 14	. 6c	300
		ome (describe				) 7	39,288
8 a Gross amou	nt from s	ales of assets other	(A) Securities		(B) Other	<b>ATTOR</b>	
		ត្រូវត្រមួយការក្រ				0	
b Less: cost or	r other ba	isis and sales expenses				0	
		schedule)				0	
			(A) and (B)		es es es es	8d	0
			ny amount is from gaming	, check here			
a Gross revenu			0 of	¥			
		f on line 1b)		9a		983	
	1,400	other than fundraising		9b	73,	954	
			otract line 9b from line 9a	A Committee of the Comm	8 21 8 2 2	9c	180,029
		ory, less returns and allo		10a		0	
		old		10b		0	0
			schedule). Subtract line 1				0
							716,591
			8d, 9c, 10c, and 11 .				
						13	551,452 199,986
wanagement	and gen	erai (from line 44, colum	nn (C))			15	85,326
		44, column (D))		Till I		16	05,320
			1/4)		* * × 0 0		836,764
Total expens	ses. Add	lines to and 44, column	1 (A)	6 (4) 9 - 6 (9)	*   60   6   40   00		
Excess or (de	eticit) for t	the year. Subtract line 1	7 from line 12		80 N D G N	18	-120,173 888,425
Net assets or	fund bal	ances at beginning of ye	ear (from line 73, column	(A))	R.G. # 813		000,425
			(attach explanation) .			21	768,252
Net accete or	rund hal	ances at end of year. Co	annune intes (6, 19, and	CU		1 41	100,202

YOUTH ENCOURAGEMENT SERVICES, INC. 62-0570681 orm 990 (2006) All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) art II Statement of organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) **Functional Expenses** Do not include amounts reported on line (C) Management (B) Program (D) Fundraising (A) Total services and general 6b, 8b, 9b, 10b, or 16 of Part I. 2 a Grants paid from donor advised funds (attach schedule) \$ 0 noncash \$ (cash 0) If this amount includes foreign grants, check here ▶ 22a 2 b Other grants and allocations (attach schedule) \$ 0 noncash \$ 22b If this amount includes foreign grants, check here Specific assistance to individuals (attach 23 Benefits paid to or for members (attach 24 0 i a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach 0 0 25a 0 b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach

25b 0 0 0 c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . 25c Salaries and wages of employees not included on lines 25a, b, and c . . . . . . . . . . . . . . . . . 49,431 26 241,455 168,494 23,530 Pension plan contributions not included on lines 25a, b, and c . . . . . . . . . . . . . . . . 27 Employee benefits not included on lines 25a-27...... 28 57,311 43,999 6,656 6,656 29 23,295 15,714 4,788 2,793 30 0 31 32 0 4,237 27.142 8.760 14,145 33 34 0 3,862 2.827 3,862 35 10,551 76.056 50.630 12.713 12,713 36 37 31,132 10,367 10,367 10,398 38 27,852 22,253 5,599 39 Conferences, conventions, and meetings . . . . . . . 40 0 6,812 41 6,812 Depreciation, depletion, etc. (attach schedule) . . . . . 42 49,992 40.227 9.765 0 Other expenses not covered above (itemize): 285,166 209,399 60,229 15,538 See attached statement 43a 0 0 0 0 43b \_\_\_\_\_ 0 0 0 0 43c 0 0 0 0 43d 0 0 0 0 43e 0 0 0 0 43f 0 0 0 0 43q Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 551,452 199,986 85,326 44 836,764

osts. Check		
joint costs from a combined educational campaign	and fundraising	ng solicitation reported in (B) Program services? ▶ Yes No
enter (i) the aggregate amount of these joint costs	\$	0; (ii) the amount allocated to Program services \$
amount allocated to Management and general	\$	; and (iv) the amount allocated to Fundraising \$

## rt III Statement of Program Service Accomplishments (See the instructions.)

rm 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a rticular organization. How the public perceives an organization in such cases may be determined by the information presented its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's grams and accomplishments.

at is the organization's primary exempt purpos	e? ► AFTER SCHOOL CHILDRENS PROGRAMS	Program Service
5 1 5 30 N W	hievements in a clear and concise manner. State the number	Expenses (Required for 501(c)(3) and
lients served, publications issued, etc. Discuss achie	evernents that are not measurable. (Section 501(c)(3) and (4) as must also enter the amount of grants and allocations to others.)	(4) orgs., and 4947(a)(1) trusts, but optional for others.)
	JPERVISED RECREATIONAL AND EDUCATIONAL ACTIVITIES	
OR INNER-CITY CHILDREN, GENERALLY A	AT NO COST TO THE CHILDREN OR THEIR FAMILIES	
Grants and allocations \$	) If this amount includes foreign grants, check here	511,594
	ED SUMMER CAMPING, RECREATIONAL AND	011,001
AMILIES	CHILDREN, AT NO COST TO THE CHILDREN OR THEIR	
***************************************		
***************************************		
Frants and allocations \$	) If this amount includes foreign grants, check here	39,858
rants and allocations \$	) If this amount includes foreign grants, check here	
***************************************		
***************************************		
***************************************		
~		
ants and allocations \$	) If this amount includes foreign grants, check here	
ner program services (attach schedule)		172
ants and allocations \$	0 ) If this amount includes foreign grants, check here	0
al of Program Service Expenses (should eq	ual line 44, column (B), Program services)	551,452
		Form 990 (2006)

Form 990 (2006)

art IV	Balance Sheets (See the instructions.)				
Note			(A)	7 1	(B)
	column should be for end-of-year amounts only.		Beginning of year		End of year
45	Cash—non-interest-bearing		182,91	8 45	182,76
46	Savings and temporary cash investments	200		46	
	0 - 2 0 0000 F − Y				
	a Accounts receivable 47a	0			
'	b Less: allowance for doubtful accounts 47b	0		47c	
	a Pledges receivable	0		3000	
	Less: allowance for doubtful accounts 48b	0			(
49	Grants receivable			49	
50 a	Receivables from current and former officers, directors, trustees, an				164
١.	key employees (attach schedule)	188	0	50a	
L	Receivables from other disqualified persons (as defined under section			TO!	
pr. 4 _	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
DIA	Other notes and loans receivable (attach			HSLES	
Į.	schedule)	0		Eda	0
52	A Marchine to confidence of the first paragraph of the control of	- 0	0	51c	
53	Inventories for sale or use	* * *	6,005		6,605
	Prepaid expenses and deferred charges	X FMV	146,190		144,221
	Investments—publicly-traded securities				
	Investments—other securities (attach schedule)	FMV		54b	0
55 a	Investments—land, buildings, and				
	equipment: basis	913,176		200	
b	Less: accumulated depreciation (attach			DESCRIPTION OF THE PERSON OF T	
	schedule)	344,404	582,981		568,772
56	Investments—other (attach schedule)		0	56	0
	Land, buildings, and equipment: basis 57a	0			
b	Less: accumulated depreciation (attach				
===	schedule)	0	0		0
58	Other assets, including program-related investments	ν –	23,023	58	0
59	(describe ▶ DEPOSITS  Total assets (must equal line 74). Add lines 45 through 58	1	941,117	59	902,358
60			52,692	60	134,106
61	Accounts payable and accrued expenses	e * * ⊨	52,092	61	134,100
62	Deferred revenue	• •		62	
-	Loans from officers, directors, trustees, and key employees (attach	* *		02	
	schedule)		0	63	0
	Tax-exempt bond liabilities (attach schedule)			64a	0
	Mortgages and other notes payable (attach schedule)			64b	0
	Other liabilities (describe			65	0
	Other habilities (decourse				<del></del>
56	Total liabilities. Add lines 60 through 65		52,692	66	134,106
	nizations that follow SFAS 117, check here		186		
	67 through 69 and lines 73 and 74.	.99	3		
	Unrestricted		869,459	67	677,572
	Temporarily restricted			68	85,680
	Permanently restricted			69	5,000
	nizations that do not follow SFAS 117, check here and				
	complete lines 70 through 74.	1			
	Capital stock, trust principal, or current funds			70	
1	Paid-in or capital surplus, or land, building, and equipment fund			71	
2	Retained earnings, endowment, accumulated income, or other funds			72	
3 .	Total net assets or fund balances. Add lines 67 through 69 or lines		6		
	70 through 72. (Column (A) must equal line 19 and column (B) must				
	equal line 21)		888,425		768,252
4	Total liabilities and not accate/fund balances. Add lines 66 and 73	23 77	941.117	14	902.358

Form 990 (2006)

Part		econciliation o	of Revenue po	er Audited Financial	Statements W	ith Revenue per Retur	n (See the
a	Total rev	venue, gains, and	other support	per audited financial sta	tements	22 232 232 23	a 842,906
b		s included on line					
1	Net unre	alized gains on in	vestments .			b1	
2				a ac a a ance ace.		b2 124,075	
3						b3	
4	Other (sp	to the second se				#### #################################	
	Parker 1000					b4 0	
	Add lines	s b1 through b4					124,075
C							718,831
d		included on Part			-	ss 2	
1	Investme	ent expenses not	included on Pa	rt I, line 6b	40 K (40 K K 34 C	d1	
2	Other (sp	pecify):					
		30.				d2 0	
				8 9 4 8 9 9 8 9 9			0
е	Total rev	enue (Part I, line	12). Add lines	c and d		▶ e	718,831
art I\	/-E Re	conciliation of	Expenses pe	er Audited Financial	Statements W	ith Expenses per Retu	rn
а				ancial statements			
		included on line					
				ស (ឃោ ភ ស (ឃា ភ ស (ឃ ជ ជ ្		b1 124,075	
				line 20		b2	
						03	
	Other (sp						
				····		04	
- 7	Add lines					b	124,075
1	Subtract I	ine b from line a	* * * * * * * *			910,718	
		included on Part					
				I, line 6b	11		
	Other (spe	7.5.10					
2						0	
1	Add lines					d	0
				c and d			910,718
t V-						ch person who was an offic	er, director.
						mpensated.) (See the inst	
				(B)	(C) Compensation	(D) Contributions to employee	report of
	(A	Name and address		Title and average hours per	(If not paid,	benefit plans & deferred	(E) Expense account and other allowances
_			The second	week devoted to position	enter -0)	compensation plans	SHIMM LEADING STAIR SAMA ASIANA
ıme S	ee listing	Str attac	hed	Title Board	2.0		0.00
City		ST	ZIP	Hr/WK 2 hrs per wk.	0	0	0
me C		str Barn		Title Ex. Dir.			
City N	lashville	ST TN	ZIP 37211	Hr/WK 40	65,000	0	0
me N	VA	Str		Title			
City		ST	ZIP	Hr/WK			
me N	VA	Str		Title			
Zity		ST	ZIP	Hr/WK			
ne N	I/A	Str		Title			
lity		ST	ZIP	Hr/WK			
ne N	/A	Str		Title			
ity		ST	ZiP	Hr/WK			
ne N	/A	Str		Title			
ity		ST	ZIP	Hr/WK			
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200	<del></del>	ST	ZIP	Hr/WK			
ty	/^	31	400	Title			-

Hr/WK

A (45)						
m 990 (2006) YOUTH ENCOURAGEMENT SI	ERVICES, INC.		62-0570681			Page
rt V-A Current Officers, Directors, Tr		nployees (contin	The state of the s		Yes	No
a Enter the total number of officers, directors, a meetings.			ation business at board	3		TOWN TO SERVICE STATE OF THE PERSON SERVICE STATE SERVICE
b Are any officers, directors, trustees, or key er	mplovees listed in Forn	990. Part V-A. or				
employees listed in Schedule A, Part I, or hig				312		
contractors listed in Schedule A, Part II-A or I						
relationships? If "Yes," attach a statement that				. 75b		X
c Do any officers, directors, trustees, or key em	plovees listed in Form	990, Part V-A, or h	nighest	(1)		
compensated employees listed in Schedule A						
independent contractors listed in Schedule A,	Part II-A or II-B, receive	e compensation fr	om any other			
organizations, whether tax exempt or taxable,			the instructions for			
the definition of "related organization."				▶ 75c	200 H 20	X
If "Yes," attach a statement that includes the				254		
Does the organization have a written conflict of				.   75d		X
t V-B Former Officers, Directors, Trustees,						
officer, director, trustee, or key employe						at
person below and enter the amount of o	compensation or other					
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions to employee benefit plans & deferred	10 000	Expense t and oth	
(e) remound courses	(b) coars and risvances	enter -0-)	compensation plans	300077100000	wances	
ne N/A Str						
ty ST ZIP						
ne N/A Str	-					
ty ST ZIP						
ly ST ZIP						
e N/A Str						
y ST ZIP						
e N/A Str						
Y ST ZIP						_
∍ N/A Str						
ST ZIP						
1 N/A Str / ST ZIP						
N/A Str						
ST ZIP						
N/A Str						
ST ZIP						
N/A Str						
Other Information (See the instruction	one l			Iv	es N	lo
Did the organization make a change in its activi		ducting activities? I	f "Yes " attach a	CHICA DE		200
detailed statement of each change				76	mos ense	X
Were any changes made in the organizing or go				77		X
If "Yes," attach a conformed copy of the change	-			3388 E		
Did the organization have unrelated business gr		or more during the	year covered by			
this return?				78a	)	X_
If "Yes," has it filed a tax return on Form 990-T				78b		
Was there a liquidation, dissolution, termination	, or substantial contrac	tion during the yea	r? If "Yes," attach		200	
a statement				79	>	SQLIN.
s the organization related (other than by associ						1055
common membership, governing bodies, trusted organization?			лехепрі	80a	<b>)</b>	III III
f "Yes," enter the name of the organization		6 9 F 30 8 F 30	жися ен ни ки к	the second		
	and check whether it	is exempt or	nonexempt			
***************************************	and officer whether h			33.00	IP II SE	CF-254

81b

account)?....

and Financial Accounts.

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

Form 990 (2006)	YOUTH ENCOURA	AGEMENT SE	RVICES, INC.	62-0570681		Page 8
Part VI Other Information (continued)					Yes	No
c At any time during the calendar year, did the If "Yes," enter the name of the foreign countr	organization maintal	n an office out	side of the Unite	ed States?	91c	X
92 Section 4947(a)(1) nonexempt charitable true	ets filing Form 990 in	lieu of Form	1041—Check h	are		<b>P</b>
and enter the amount of tax-exempt interest	5.77					
art VII Analysis of Income-Producing A			year	. DE INTA		
ote: Enter gross amounts unless otherwise	Unrelated busine		Evoluted by sect	ion 512, 513, or 514	(E	)
dicated.					Relate	
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt fi	
93 Program service revenue:	Dusiness code	Amount	Exclusion code	Amount	incor	
a Direct public support			ļ		45	32,880
b						
d						
e	<del></del>			1		
f Medicare/Medicaid payments						
g Fees and contracts from government agencies						
4 Membership dues and assessments						
5 Interest on savings and temporary cash investments .			14	14,094		
6 Dividends and interest from securities				11,551		
7 Net rental income or (loss) from real estate:	7. S. J. S.		<b>基本品件</b> [1]			ISS.
a debt-financed property						
b not debt-financed property			16	300		
8 Net rental income or (loss) from personal property						
Other investment income			14	39,288		
Gain or (loss) from sales of assets other than inventory						
Net income or (loss) from special events			07	180,029		
2 Gross profit or (loss) from sales of inventory						
3 Other revenue: a		0		0		0
b		0		0		0
c		0		0		0
d		0		0		0
e Subtotal (add columns (B), (D), and (E))	madalar in the second	0	West and house the	233,711	400	088,
Subtotal (add columns (B), (D), and (E))						,591
e: Line 105 plus line 1e, Part I, should equal the ar					710	1001
t VIII Relationship of Activities to the Ac			noces /See th	e instructions )		
e No. Explain how each activity for which income is					nent	
of the organization's exempt purposes (other t				to the accomplishing	III CIII.	
Direct public support is the key source of fur						
Divisit paolio dapport lo lile key coulos of tal	ido to carry out the pr	04141110 01 1110				
IX Information Regarding Taxable Sul	osidiaries and Dis	regarded En	itities (See the	instructions.)		
(A)	(B)		(C)	(D)	(E)	
Name, address, and EIN of corporation,	Percentage of	27/2	(C) of activities	(D) Total income	End-of-ye	ar
partnership, or disregarded entity	ownership interest	Latera epoc	- warn troops	Certo (NESTE AND )	assets	1025
		%		0		0
		%		0		0
		%		0		0
X Information Regarding Transfers As		% Rone	fit Contracts /		tions )	0
Did the organization, during the year, receive any funds, direct					Yes X	1
Did the organization, during the year, pay premium	s, directly or indirectly	y, on a person	al benefit contra	ct?	Yes X	No
: If "Yes" to (b), file Form 8870 and Form 4720 (s	ee instructions).					
				Fo	orm <b>990</b> (20	306)

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization Part XI is a controlling organization as defined in section 512(b)(13). Yes No 106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (C) (D) Name, address, of each Employer Identification Description of Amount of transfer controlled entity Number transfer b C Totals Yes No 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (A) Name, address, of each **Employer Identification** Description of Amount of transfer transfer controlled entity Number a b ¢ Totals Yes No 18 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? 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 tha mation of which preparer has any knowledge. ease gn Signature of officer ere ( earlie Type or print name and title Preparer's SSN or PTIN (See Gen. Inst. X) Preparer's elfid P00237318 signature 6/29/2007 mployed parer's Firm's name (or yours BETTS AND RUBIO PLLC EIN ▶ 62-1866112 if self-employed), ∋ Only 2220 EIGHTH AVE SOUTH, NASHVILLE, TN 37204 ► 615-297-8502 address, and ZIP

## SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ OMB No. 1545-0047

Name of the organ	nization			Employer ide	ntification number
YOUTH ENCO	DURAGEMENT SERVICES, INC.			62-0570681	
Part I	Compensation of the Five Hig	hest Paid Employees	Other Than Offi	cers, Directors, a	ind Trustees
	(See page 2 of the instructions. I	List each one. If there	are none, enter "N	lone.")	
(a) Name ar	nd address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE.					
	***************************************				
	other employees paid over \$50,000	0			
	compensation of the Five High				
	See page 2 of the instructions. L				
	and address of each independent contractor pa	aid more than \$50,000	(b) Type o	of service	(c) Compensation
IONE					
*******					
	others receiving over \$50,000 for ces	0			
	ompensation of the Five Highe	est Paid Independent	Contractors for	Other Services	
(L	ist each contractor who performe	ed services other than	professional servi	ices, whether indiv	iduals or
fir	ms. If there are none, enter "Nor	ne." See page 2 of the	instructions.)		
(a) Name ar	nd address of each independent contractor paid	d more than \$50,000	(b) Type of	service	(c) Compensation
NE					
***********	***************************************				
	*************************				
al number of of	ther contractors receiving over				

P	art III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atten or inc	ng the year, has the organization attempted to influence national, state, or local legislation, including any input to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities   \$	1		X
	organ	nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other izations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of bbying activities.			
2	substa with a owner	g the year, has the organization, either directly or indirectly, engaged in any of the following acts with any antial contributors, trustees, directors, officers, creators, key employees, or members of their families, or ny taxable organization with which any such person is affiliated as an officer, director, trustee, majority, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the actions.)			
	a Sale,	exchange, or leasing of property?	2a	-	Χ
t	Lendin	g of money or other extension of credit?	2b	-	X
C	Furnis	ning of goods, services, or facilities?	2c	-	X
C	Payme	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORV	d	Х	
е	Transfe	er of any part of its income or assets?	e e		X
а		organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation the organization determines that recipients qualify to receive payments.)	a	x	
b	Did the	organization have a section 403(b) annuity plan for its employees?	b	-	<u>X</u>
С		organization receive or hold an easement for conservation purposes, including easements to preserve open the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	С		<u>x_</u>
d	Did the	organization provide credit counseling, debt management, credit repair, or debt negotiation services?	d		X
3		organization maintain any donor advised funds? If *Yes,* complete lines 4b through 4g. If *No,* complete and 4g	3		<u>x_</u>
)	Did the	organization make any taxable distributions under section 4966?	3	+	<u>X_</u>
:	Did the	organization make a distribution to a donor, donor advisor, or related person?		n d	X_
Į	Enter th	e total number of donor advised funds owned at the end of the tax year			
ı	Enter th	e aggregate value of assets held in all donor advised funds owned at the end of the tax year			
	funds in	e total number of separate funds or accounts owned at the end of the tax year (excluding donor advised cluded on line 4d) where donors have the right to provide advice on the distribution or investment of in such funds or accounts			===
	Enter the	e aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			_

Part IV	Heason for Non-Priva	ite Foundation	1 Status (See pages 4	through 7 of	the instructions	S.)	
certify th	at the organization is not a privat	e foundation becar	use it is: (Please check only	ONE applicable	box.)		
5	A church, convention of church	es, or association	of churches. Section 170(b	)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(	ii). (Also complete	Part V.)				
7 🔲	A hospital or a cooperative hos	oital service organ	ization Section 170(b)(1)(A	Viii)			
		N (-52)					
8	A Federal, state, or local govern	nment or governme	ental unit. Section 170(b)(1)	(A)(v).			
9	A medical research organization name, city, and state	operated in conju	inction with a hospital. Sect City	ion 170(b)(1)(A)(	iii). Enter the hos	pital's Country	
0	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)						
1 a 🔲	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
1 Б 🔲	A community trust. Section 170(	b)(1)(A)(vi). (Also	complete the Support Sche	edule in Part IV-	A.)		
	receipts from activities related to of its support from gross investm acquired by the organization afte.  An organization that is not control requirements of section 509(a)(3).  Type I	ent income and ur r June 30, 1975. S lled by any disqua	nrelated business taxable in see section 509(a)(2). (Also lified persons (other than fo	come (less section complete the Su undation manage oporting organiza	on 511 tax) from b pport Schedule i ers) and otherwise	usinesses n Part IV-A.)	
	Provide the following inf	ormation about	the supported organiz	ations. (See p	age 7 of the ins	tructions.)	
ime(s) o	(a) f supported organization(s)	(b)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su	d) upported on listed in porting ration's	(e) Amount of support	
				Yes	No		
al							0
		restand to took for	blis safety Castian E00/-1/	A) (See eee 7	of the inetructions	v	
_ L Ai	n organization organized and ope	erated to test for pt	ubilic safety. Section 509(a)(	4). (See page 7)	or the maductions.	1	

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2005 (b) 2004 (c) 2003 (e) Total Gifts, grants, and contributions received. (Do 454,192 1,911,677 not include unusual grants. See line 28.) . . . 528.652 423.380 16 Membership fees received . . . . . . . . . . . . 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . 0 Gross income from interest, dividends, 18 amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . . 11.739 3.857 5.176 46,103 25.331 19 Net income from unrelated business activities not included in line 18 . . 0 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 Other income, Attach a schedule, Do not include gain or (loss) from sale of capital assets 130,794 95.849 569,942 153,853 189,446 729,837 558,031 555,217 2,527,722 Total of lines 15 through 22 . . . . . . . . 684,637 Line 23 minus line 17 . . . . . . . . . . . . . . . 558.031 555,217 2,527,722 684,637 729.837 7,298 5,580 5,552 6.846 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . .> 26b 26c 0 18 \_\_\_\_\_ 19 \_\_\_\_ d Add: Amounts from column (e) for lines: 26b .... 0 e Public support (line 26c minus line 26d total) 26e 0 0.00% 26f f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) (2003) (2002) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) (2003) (2002) c Add: Amounts from column (e) for lines: 27d 0 d Add: Line 27a total . 27e 1,911,677 f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶ 27f 2,527,722 g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . . . . . . . . . 75.63% h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . . Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 20 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with 32c 32d d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . . . . . If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33a Students' rights or privileges? . . . . . . . . . Admissions policies? . Employment of faculty or administrative staff? .. 33c Scholarships or other financial assistance? . . 33e Educational policies? . . 33f Use of facilities? . 33g Athletic programs? . . . . . 33h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation

sch	ledule A (Form 990 or 990-EZ) 2006 YOUTH ENC	OURAGEMENT:	SERVICES, INC		62-05	70681			Page
P	art VI-A Lobbying Expenditures by Election				e inst	ructions	s.)		
160	(To be completed ONLY by an elig		n that filed For ▶ b ☐ if you o		and "lin	ited son	trol" proj	inione anni	liv.
of it	eck ▶a ☐ if the organization belongs to an affiliated g	roup. Check s	в 🔲 п уод с	пескей а	11Q 1III	med com	TOT PTOV	(b)	
	Limits on Lobbying  (The term "expenditures" means					(a) Affiliated group totals		To be con for all el organiza	nplete ecting
36	Total lobbying expenditures to influence public opinion (				36				
37	Total lobbying expenditures to influence a legislative boo	dy (direct lobbying)	5 3 88 88 8 8 8 8	5 K K (85	37				
38	Total lobbying expenditures (add lines 36 and 37)			15	38		0		
19	Other exempt purpose expenditures				39		- 5		
10	Total exempt purpose expenditures (add lines 38 and 39	** ** ** ** ** ** **			40	HERNELSHIE	0	COVERNMENT OF THE PARTY.	
11	Lobbying nontaxable amount. Enter the amount from the								
		bying nontaxable the amount on line		3		Mainteach Colorada			
		00 plus 15% of the							
	Over \$1,000,000 but not over \$1,500,000 \$175,00				41			The second second	
		00 plus 5% of the e							
		000					GATE HE		
2	Grassroots nontaxable amount (enter 25% of line 41) .	* 6 × 3 × (6 : 10			42		0		(
3	Subtract line 42 from line 36. Enter -0- if line 42 is more t	han line 36	30 x 9 x x 3 1		43		0		(
1	Subtract line 41 from line 38. Enter -0- if line 41 is more to	han line 38	ខ ស្តុលស្តុ	୍ର ନାଜରେ 🎾	44		0		(
	Caution: If there is an amount on either line 43 or line 44	unit must file For	m 4720						
_	STATE OF THE PROPERTY OF THE P	the second second	72	:01/6)	SAFE F		INCOMES NO.	September 1	2054
	(Some organizations that made a section !	ging Period U		2. 5	five col	umne he	low		
	See the instructions for	1 4 14				unins be	10.19°		
			ing Expenditu			r Avera	ging Pe	eriod	
-	Calendar year (or	(a)	(b)	(c)	T	(d)		(e)	_
	fiscal year beginning in) ▶	2006	2005	2004		200		Total	
	Lobbuiga gostovatilo agravat								0
_	Lobbying nontaxable amount			9.16.812-3	100	Dr. 1200	B17812		0
	Lobbying ceiling amount (150% of line 45(e))				H.		1990		0
	Total lobbying expenditures								0
	Grassroots nontaxable amount								0
-71	Grassmote celling amount (150% of line 48/a))								0
-	Grassroots ceiling amount (150% of line 48(e))			the say have each	32.40		20192001		
	Grassroots lobbying expenditures				1_				0
A.	VI-B Lobbying Activity by Nonelecting P			10	. 10 ^	f then In	otovoti o	na \	
_	(For reporting only by organizations the	at did not comp	lete Part VI-A)	(See page	100	i ine iri	SHUCHO	115.)	
7.7	the year, did the organization attempt to influence national			any		Yes	No	Amount	É
	t to influence public opinion on a legislative matter or refer					-	- 1		9550
	Volunteers			6 X 665 Y 8 Z	45 45 45	-			
	Paid staff or management (Include compensation in expen Media advertisements				2 2				SKELL
	Validings to members, legislators, or the public								
	Publications, or published or broadcast statements		2 2 2 2 2 2 2	\$ # 8 <b>8</b> 8	22				
(	Grants to other organizations for lobbying purposes			7	1				
Ľ	Direct contact with legislators, their staffs, government office	ials, or a legislative	e body	20 21 22 -22 22	2.727				
F	Rallies, demonstrations, seminars, conventions, speeches,	lectures, or any of	her means		e 2	NOW THE	4134		_
7	Total lobbying expenditures (Add lines c through h.)	أرادوا والمارية	ion of the lebby		ė i	100000	DE SOL		0
1	f "Yes" to any of the above, also attach a statement giving	a detailed descript	ion of the lobbying	activities.					_

Par	t VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)							
51					owing with any other organization described in se n 527, relating to political organizations?	ection			
а				o a noncharitable exempt organ			Yes	No	
						51a(i)		X	
						a(ii)		X	
b		r transactions:							
	(i)	Sales or exchanges	of assets with a	noncharitable exempt organizati	on	b(i)		Χ	
	(ii)				90	b(ii)		Х	
	(111)				Dec 2 7 10 7 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10	b(iii)		Χ	
	(iv)					b(iv)		X	
	(v)	Loans or loan guaran	ntees	ana nomina nowes	ស្រប់នាន់ស្រុក ស្រុក សេសស្នា សេសស្នា 📗	b(v)		X	
	(vi)	Performance of servi	ces or members	hip or fundraising solicitations	, аки камана выя взя вх	b(vi)		X	
C	Shari	ng of facilities, equipm	nent, mailing lists	s, other assets, or paid employe	es , , , , , , , , , , , , , , , , , L	С		X	
	of the	goods, other assets, transaction or sharing	or services giver	n by the reporting organization. I show in column (d) the value of	Column (b) should always show the fair market of the organization received less than fair market the goods, other assets, or services received:				
Line	no.	(b) Amount involved	Name of no	(c) encharitable exempt organization	(d)  Description of transfers, transactions, and sharin	ng arrange	ments	8	
_									
								_	
_								_	
								_	
								_	
								_	
								_	
								_	
								_	
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						_	_		
_								- 0	
	lescrib		f the Code (othe	ed with, or related to, one or more than section 501(c)(3)) or in se	ection 527?	Yes		No	
		(a) Name of organization		(b) Type of organization	(c) Description of relationship				
_							_	_	
	_					_		-	
						-	-	_	
								-	
								_	
_								25	
								-	
_								===	
_									
-								_	

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
ine 1a - Contributions to Donor Advised Funds		
Ine 1b - Direct public support Contributions. Membership dues and assessments (contributions from the public). Commercial co-venture. Special events contributions (Line 9 - Special Events).	482,880 1 2 3 3 0 4	
	5	
	° _	
	8	
O Total sa a ra c saca cana sa casa casa casa casa cas	482,880 10	0
ne 1c - Indirect public support		
ne 1d - Government contributions (grants)		

ine 9 (990) - Special Events and Activities

	Event A	Event B	Event C	All others		Totals
Special event name	Golf & Dinner	******	*************			
Number of special events	2					
Gross receipts	253,983				2	253,983
Less contributions					3	0
Gross revenue	253,983	0	0	0	4	253,983
Less direct expenses	73,954				5	73,954
Net income or (loss)	180,029	0	0	0	6	180,029

Lin	e 43 (990) - Other Deductions	285,166	209,399	60,229	15,538
	Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	OTHER	70,248	25,491	40,397	4,360
	SCHOLARSHIPS AND AWARDS	9,000	9,000		
	REPAIRS AND MAINTENANCE	41,676	38,874	2,802	
	UTILITIES	75,128	65,952	9,176	
	BASKETBALL PROGRAM	2,789	2,789		
	BUS/VAN OPERATION	28,956	28,956		
	ADVERTISING & PROMOTION	5,750			5,750
	EMPLOYEE RELATED EXPENSES	2,443		2,443	
	CAMP	18,734	18,734		
10	CHRISTMAS STORE	14,192	14,192		
	PROFESSIONAL FEES	16,250	5,411	5,411	5,428
12		0			
13		0			
14		0			
15		ol			
16		0			
17		O			
18		0			
19		0			
20		0			

Line 54a (990	) - Investments -	Publicly-Traded	Securities
---------------	-------------------	-----------------	------------

Check one box below to indicate how securities are reported:			
Cost			
X End of year market value (FMV)			
The Control of the Co	0	146,190	144,221

	Securities at end of year	Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
1	CAP TRUST ENDOWMENT ACCOUNT			146,190	144,221
2				0	0
3				0	0
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
11				0	0
12				0	0
13				0	0
14				0	0
15				0	0
16				0	0
17				0	0
18				0	0
19				0	0
20				0	0

Total

	Land (net of any amortization)				Land (net of an	y amortization)
					Beginning	End
1	LAND	1	106,236	106,236		
2	LAND IMPROVEMENTS			2	14,822	14,822
3				3		
4				4		
5				5		
6	Total land (net of any amortization)		10001001011111111111111111111111111111	6	121,058	121,058
	Buildings and equipment	Buildings an	nd equipment	-1	Accumulated	depreciation
		Beginning	End		Beginning	End
7	BUILDING 7	571,707	570,579		324,918	344,404
8	FURNITURE, FIXTURES AND EQUIPMENT 8	91,350	89,554			
9	VEHICLES 9	123,784	131,985			
10	10					
11	11					
12	12					
3			1	_		
4	14			_		
5	15			4		
6	16			_		
7	Total buildings and equipment 17	786,841	792,118		324,918	344,404
	Buildings and equipment (less accumulated depred		а ва висе е 🛚	8	461,923	447,714
9	Total land, buildings and equipment		1	9	582,981	568,772
					Accumulated	
	Category or Item		Cost/Other Basis	_	Depreciation	Book Value
١,		1				
١.	***************************************	2				
		3				
4	***************************************	4				
		5		-		
	***************************************	6		_		
		7		+		
				1110		

10

Line 58 (990) - Other Assets	23,023	0
	Beginning	End
1 DEPOSITS	23,023	
2		
3		
4		
5		
6		
7		
8		
9		7
10		

Line 22 (Sch A (990/990-EZ)) - Other Income

Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
1 GOLF TOURNAMENT AND DINNER	153,853	189,446	130,794	95,849	569,942
2					0
					0
***************************************					0
***************************************					0
					0
					0
					0
					0
,					0
Total of Other Income	153,853	189,446	130,794	95,849	569,942