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DLN: 93493026015500

Form **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)

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

			C Name of organization	and ending 06-30-200) 9	D Employer ide	ntification number
_	neck if ap Idress cha	ange use IRS	YOUTH ADVOCATE PROGRAMS INC			23-197751	4
_	ame char	label or	Doing Business As			E Telephone nu	
_	ıtıal retur	type. See				(717) 232-7	580
_	erminatio	Instruc-	Number and street (or P O box if mail is PO BOX 950 2007 NORTH THIRD STREET		ess) Room/suite	G Gross receipt	s \$ 71,761,969
_	nended r		City or town, state or country, and ZIP +	4			
_			HARRISBURG, PA 17108	4			
Ар	plication	pending			1		
		I	ime and address of Principal Officer EY FLEISCHER		H(a) Is thus	s a group return	for ┌Yes ┌No
			OX 950 2007 NORTH THIRD STREE	ΞT	annia	ies.) 163 p 140
r Ta	ay-eyem		ISBURG, PA 17108 c) (3) ◀ (insert no)		` ´	affiliates include	,
				327		o," attach a list p Exemption Nur	See instructions)
, w	eb site	=: ► YAPINC OR	G		H(c) Group	p Exemption Nui	ilbei F
K Typ	oe of org	anization 🔽 Corpor	ation trust association other		L Year of For	mation 1975 M :	State of legal domicile PA
Dа	rt I	Summary					
1- 6			he organization's mission or most sig	ınıfıcant actıvıtıes			
a1		•	ATE PROGRAMS, INC MISSION IS		JDALS WHO A	RE, HAVE BEE	N OR MAY BE
≚ౖ			MPULSORY CARE WITH THE OPPO				
=		PLACEMENT	UNITIES HAVE SAFE, PROVEN EFF	FECTIVE AND ECONO	MICALALTER	RNATIVES TO I	NSTITUTIONAL
Governance			if the organization discontinued its o	operations or disposed	of more than 2!	5% of its assets	
		,	members of the governing body (Part				14
ණ ශ		-	endent voting members of the governi	•		_	13
ĕ		•	employees (Part V, line 2a)	, , ,	•		6,316
Activities &	6	Total number of v	olunteers (estimate if necessary) .			6 <u> </u>	0
ă.	7a	Total gross unrel	ated business revenue from Part VIII	I, line 12, column (C)		7a _	0
	b	Net unrelated bu	siness taxable income from Form 990)-T, line 34		7b	0
					Prio	r Year	Current Year
_	8	Contributions a	nd grants (Part VIII, line 1h)			69,193,276	71,701,966
ПE	9	Program service	e revenue (Part VIII, line 2g)	-	0	0	
Revent	10	Investment inco	ome (Part VIII, column (A), lines 3, 4	, and 7d)		1,075,670	3,666
_	11		Part VIII, column (A), lines 5, 6d, 8c			25,113	43,442
	12	Total revenue— 12)	add lines 8 through 11 (must equal P	art VIII, column (A), lır	ne	70,294,059	71,749,074
	13		lar amounts paid (Part IX, column (A), lines 1-3)		, ,	40,044
	14	Benefits paid to	or for members (Part IX, column (A),	line 4)			0
	15	Salaries, other	compensation, employee benefits (Pa	rt IX, column (A), lines	5-		
\$		10)				51,371,958	57,284,583
Expenses	16a		draising fees (Part IX, column (A), lir				0
ठ	b		xpenses, Part IX, column (D), line 25 66,975				
	17	-	(Part IX, column (A), lines 11a-11d			17,847,562	13,422,318
	18		—add lines 13–17 (must equal Part I			69,219,520	70,746,945
_ 97	19	Revenue less ex	openses Subtract line 18 from line 12	2		1,074,539	1,002,129
ရုံးရောင် လည					Beginni	ng of Year	End of Year
988 888	20	Total assets (P				17,819,359	15,142,149
Net Assets or Fund Balances	21	Total liabilities				12,699,706	8,985,456
	22		nd balances Subtract line 21 from lir	ne 20		5,119,653	6,156,693
Pa	rt II	Signature B	lock perjury, I declare that I have examined this re	oturn including	a schodul s	tatamenta ==== t== !!	no host of my limited and
			erjury, I declare that I have examined this re , correct, and complete Declaration of prepar				
	ase	*****				01-11	
Sig: Her		Signature of offi	cer		Date		
	-	RICHARD STOTT					
		Type or print na	me and title			1	
		Preparer's Geor	ge N Dotzel CPA	Date	Check if self-	Preparer's PTIN (See Gen Inst)
Paid		Signature - CCO			empolyed 🕨 🦵		
-	arer's	Firm's name (or you if self-employed),	rs Seligman Friedman & Company PC			EIN Þ	
Jse	Only	address, and ZIP +	4 10 Wyntre Brooke Drive				
			York, PA 174034555			Phone no 🕨 (7:	17) 741-0004
May	the IDS	S discuss this ret	urn with the preparer shown above? (See instructions)			Vas ENo

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

	otatement	or regram service A	iccomprisiments (See the	mad decionary	
1		AMS, INC MISSION IS TO PROVIDI P, CONTRIBUTE AND BE VALUED A	E INDIVIUDALS WHO ARE, HAVE BEEN O S ASSETS SO THAT COMMUNITIES HAVE		
2	Did the organization	undertake any significant pr	ogram services during the year v	which were not listed on	
	the prior Form 990 o	r990-EZ?	· · · · · · · · · · · ·		┌ Yes ┌ No
	If "Yes," describe the	ese new services on Schedu	le O		
3	services?		ıgnıfıcant changes ın how it cond	ducts any program	┌ Yes ┌ No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) ai	nd (4) organizations and 494	each of the organization's three l l7 (a)(1) trusts are required to re or each program service reporter	port the amount of grants	•
4a	(Code) (Expenses \$ 63	3,167,980 including grants of \$	40,044) (Revenue \$	71,632,160)
	INDIVIDUALS WHO ARE, INSTITUTIONS THE OBJUTE RESIDENTIAL CARE AS A RESIDENTIAL PROGRAM SERVED BY THE PROGRAM ARE IN NEED OF IN-HO ACCEPTS CLIENTS WHO SUBSTANCE ABUSE IN CAROLINA AND STATES PURSUANT TO SURSUANT	HAVE BEEN, OR MAY BE SUBJECT ECTIVES OF YOUTH ADVOCATE PROWELL AS AN AFTERCARE SERVICE IS ARE OFFERED THEY ARE THE CAME SUPPORT SERVICES IN ORDER ARE EXPERIENCING ABUSE, NEGLORDER TO ENHANCE THE DELIVERY APPLIED FOR AND RECEIVED LICEN TEXAS YOUTH ADVOCATE PROGRASTATE AND COUNTY CONTRACTS OF WITH YOUTH ADVOCATE PROGRASTATE AND COUNTY COU	TO PROVIDE HUMANE COMMUNITY-BAS TO COMPULSORY CARE, SUPERVISION, OGRAMS, INC IS TO PROVIDE TO SOCIL TO THOSE WHO ARE RETURNING TO THOM AND THE PARENTS HOWEVER, TO LIVE INDEPENDENTLY AND REMAIN ECT, DELINQUENCY, MENTAL ILLNESS, OF MENTAL AND BEHAVIORAL HEALTH SES TO PROVIDE SERVICES IN THE STAMS, INC PROVIDES BEHAVIORAL HEALTH OR PURSUANT TO TITLE IXX OF THE SOCIATION OF SUBJECT TO INSTITUTIONALIZATION OF SUBJECT TO INSTITUTIONALIZATION OF	, TREATMENT, AND/OR INCARCI AL AND JUDICIARY AGENCIES A IE COMMUNITY TO FULFILL THI THE SUPPORTED WORK PROGRA HE PROGRAM ALSO ACCEPTS RE IN COMMUNITY PLACEMENTS Y DEVELOPMENTAL DISABILITIES, SERVICES TO CHILDREN AND T ITES OF PENNSYLVANIA, NEW JE HR REHABILITATION SERVICES T CIAL SECURITY ACT ("MEDICAID N TO PROVIDE COMMUNITY BAS	ERATION IN PUBLIC OR PRIVATE COST-EFFECTIVE ALTERNATIVE TO S OBJECTIVE, TWO NON- AM THE CLIENT POPULATION FERRALS OF ADULT CLIENTS WHO OUTH ADVOCATE PROGRAMS, INC MENTAL RETARDATION, OR HE COMMUNITY, YOUTH ADVOCATE RSEY, NEW YORK, ARIZONA, O CHILDREN AND YOUTH IN THESE O') THESE SERVICES ARE ED ALTERNATIVE PROGRAMS FOR
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
70	(0000	, (Expenses ¢	melading grants of ϕ) (Nevende 4	,
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	(0000	/ (Expenses 4	melading grants of ϕ) (Nevende 4	,
4-1	O + h = 1:		0.)		
4d	(Expenses \$	rices (Describe in Schedule includina	grants of \$) (Revenue \$)
4e	Total program serv		3,167,980 Must equal Part IX, i		
	i otai piografii servi	ice evhelises b 0:	,, 101, 300 must equal rait 1X, 1	Line 25, coluilli (D).	

Part IV	Checkl	ist 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," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors 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.	6		No
7	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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			. 490 -
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 172			
D	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		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," 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		No
b	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 and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
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	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
	· · · · · · · · · · · · · · · · · · ·			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	Governing	Rody ar	nd Management	
Section A.	Governing	Douy ar	iu manayement	

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	iter the number of voting members of the governing body 1a 14						
Ь	Enter the number of voting members that are independent	1b	13					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization	ion's assets?	5		Νo			
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		7a		No			
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the					
а	the governing body?			8a	Yes			
ь	each committee with authority to act on behalf of the governing body?			8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?			9a		No		
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		• •	9b				
10		as a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations nust describe in Schedule O the process, if any, the organization uses to review the Form 990						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		Νο		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NJ, NY, SC, MD, PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

RICK STOTTLEMYER 2007 NORTH THIRD STREET HARRISBURG,PA 17108 (717) 232-7580

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							_				

Part VII Continued

			tion that a		all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			<u> </u>						
			<u> </u>						
1b Total						<u> </u>	1,587,937	7 (493,218
2 Total number of individuals (including		- \		 •					1 -,===

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►10

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	marvidual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation		
I 111 NI CANAL SIDEEL SIE 801	UNEMPLOYMENT COMPENSATION SERVICES	476,000		
Dotzel & Company Inc 10 Wyntre Brooke Drive York, PA 17402	Auditing Services	168,027		
Titusville Travel 131 Harrison Street Titusville, FL 32780	Travel Arrangement Services	152,147		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization				

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
25 25	1a	Federated campaigns	1a					314
ž Ž	ь	Membership dues .	1b					
ge E	c	Fundraising events	1c					
± ±	d	Related organizations	s 1d					
% E	e	Government grants (conti	nbutions) 1e	71,632,159				
<u>5</u> .5	f	All other contributions, gif		69,807				
₽ E		sımılar amounts not ınclud Noncash contribution						
i i i	g	lines 1a-1f \$						
Contributions, gifts, grants and other similar amounts	h	Total (Add lines 1a-1		►	71,701,966			
————				Business Code				
ĒΕ	2a							
es Es	ь							
- 03 - 03	c		_					
ž.	d							
S.	e							
Program Service Revenue	f	All other program se	rvice revenue					
Š	g	Total. Add lines 2a-2	 f , , ,	 \$				
	3	Investment income (
		other similar amount	_		3,666			3,666
	4	Income from investment	of tax-exempt bond p	oroceeds				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or	(loss)					
		(1)	Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss) .						
	8a	Gross income from fu events (not including						
		\$						
ΞŒ		of contributions repo See Part IV, line 18	rted on line 1c)					
5 >		Attach Schedule G if to						
æ		\$15,000	-					
<u>u</u>	b	Less direct expense	L	2,852	20,185	20,185		
Other Revenue	c 9a	Net income or (loss) Gross income from g		events F	20,103	20,183		
_	"	See part IV, line 19						
		Complete Schedule G i \$15,000	f total exceeds					
		<i>413</i> /600	а	16,316				
	ь	Less direct expense	s b	10,043				
	С	Net income or (loss)	from gaming activ	/ities :	6,273	6,273		
	10a	Gross sales of invent returns and allowance						
	ь	Less cost of goods s						
	c	Net income or (loss)	L	ntory 📂				
		Miscellaneous Reve	enue	Business Code				
	11a	MISC INCOME		900,099	16,984	16,984		
	ь							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-						
	12	Takal Bassa - 1997		\$ 16,984	71,749,074	43,442	0	3,666
	12	Total Revenue. Add I	ines 1h, 2g, 3, 4,	5,6a,/d,8c, ▶-	71,749,074	43,442	0	3,000

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	40,044	40,044						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	1,624,468		1,624,468					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	47,461,790	45,725,916		14,406				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	673,156	159,812	513,294	50				
9	Other employee benefits	3,338,108	3,180,288	156,763	1,057				
10	Payroll taxes	4,187,061	3,923,462	262,294	1,305				
11	Fees for services (non-employees)								
а	Management	718,941	157,119	561,822					
b	Legal	11,552		11,552					
c	Accounting	136,093		136,093					
d	Lobbying	236,081	82,081	154,000					
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	429,870	369,250	60,620					
12	Advertising and promotion	80,898	57,913	22,700	285				
13	Office expenses	1,435,987	1,115,658	318,003	2,326				
14	Information technology								
15	Royalties								
16	Occupancy	2,454,243	2,316,252	137,991					
17	Travel	217,971	121,284	96,687					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials		·						
19	Conferences, conventions and meetings	333,658	246,637	86,737	284				
20	Interest	212,358		165,096	47,262				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	375,878		375,878					
23	Insurance								
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	ADVOCATE EXPENSE	2,719,978	2,719,978						
b	ACTIVITIES	981,558	981,558	0	0				
c	INSURANCE	965,452	885,186	80,266	0				
d	ADMINISTRATION	873,289	11,525	861,764					
e	EQUIPMENT RENTAL & MAIN	603,730	451,590	152,140	0				
f	All other expenses	634,781	622,427	12,354					
25	Total functional expenses. Add lines 1 through 24f	70,746,945	63,167,980	7,511,990	66,975				
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,	,		rm 990 (2008)				

Part X	Balance	Sheet

					(A)		(E	
	1	Cook was interest because			Beginning of year 1.550.047	1	End o	1 year 348,174
	2	Cash—non-interest-bearing			400,000	2		375,000
	3	Savings and temporary cash investments			400,000	3		373,000
	_	Pledges and grants receivable, net			11,862,212	_		0,228,505
	4 5	Accounts receivable, net			11,862,212	4		0,226,303
		Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		•		5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of .				6		
	7	Notes and loans receivable, net			7			
	8	Inventories for sale or use				8		
ş	9	Prepaid expenses and deferred charges			408,987	9		559,104
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	3,924,472				
ď	ь	Less accumulated depreciation Complete Part VI of	104	0,024,472	1			
		Schedule D	10b	3,034,866	 			889,606
	11	Investments—publicly traded securities			274,070	11		316,447
	12	Investments—other securities See Part IV, line 11 $\it Complete Passive Passive$	rt VII d	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$	art VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			2,180,227	15		2,425,313
	16	Total assets. Add lines 1 through 15 (must equal line 34)			17,819,359	16	1	5,142,149
	17	Accounts payable and accrued expenses			4,916,194	17		5,572,968
	18	Grants payable				18		
	19	Deferred revenue		829,772	19		803,694	
	20	Tax-exempt bond liabilities				20		
eS	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>. İa</u>		persons Complete Part II of Schedule L		•		22		
_	23	Secured mortgages and notes payable to unrelated third parties			6,254,695	23		1,827,888
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			699,045	25		780,906
	26	Total liabilities. Add lines 17 through 25			12,699,706	26		8,985,456
- S		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lin	es 27				
Balance		through 29, and lines 33 and 34.			4.070.515			- OFO 105
<u> </u>	27	Unrestricted net assets			4,676,042	27		5,652,490
	28	Temporarily restricted net assets			440.044	28		
Fund	29	Permanently restricted net assets	_		443,611	29		504,203
or FL		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d comp	lete				
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			5,119,653	33		6,156,693
_	34	Total liabilities and net assets/fund balances			17,819,359	34	1	5,142,149
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

 E' ' - 1 O - 1 1 1 B	

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	Yes	
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493026015500

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Employer identification number

YOUTI		CATE PROGRAM	MS INC						pioyei ide		namber	
									-197751			_
	rt I			harity Status (to be co			_		Instruct	ions)		_
	organı		•	ation because it is (Please		-		-				
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	<u> </u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Г	A medical	research organ	zation operated in conjuncti	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	Г	An organiz	ation operated 1	for the benefit of a college or	universit	y owned o	r operated	d by a gove	ernmental	unıt desc	rıbed ın	
	_			(Complete Part II)								
6		A federal, s	state, or local g	overnment or governmental	unıt desci	ribed in Se	ct ion 170	(b)(1)(A)	(v).			
7	Г	An organiz	atıon that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental ι	ınıt or fror	n the gene	ral public	
	_	described i	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)							
8			•	ped in Section 170(b)(1)(A)		•	-					
9				ally receives (1) more than								
		receipts fro	om activities re	lated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
			=	estment income and unrelate			-			x) from bu	sinesses	
	_		=	on after June 30, 1975 See			•		-			
10	<u> </u>	=	=	and operated exclusively to	-		-				· ·	
11	ı	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
e	\sqcap	By checkin	g this box, I ce	rtıfy that the organizatıon ıs	not contr	olled direc	tly or indi	rectly by	ne or moi	re disquali	fied persons	
				agers and other than one or	more pub	licly supp	orted orga	nızatıons	described	ın sectior	1509(a)(1) or	
•		section 50		d a western determination from	m the IDC	- +6-+ .+	a Tuna I	TunaII.a	. Tuna III			
f		check this		d a written determination fro	om the IR:	S MALILIS	a Type I,	Type II o	r Type III	Supportin	ig organization,	-
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	!		,	
		following pe										
				r indirectly controls, either			th persons	s describe	d in (ii)		Yes No	
			· -	ng body of the the supported	_	tion?				11g	- 	-
			•	erson described in (i) above						11g(
_				ty of a person described in (11g(iii)	-
h		Provide the	tollowing infor	mation about the organizatio	ns the org	janization	supports					
	/:> N		(ii) EIN	(iii) Tuna of average	(:)	s the	() D.d.	ou notify	/:\ T		(vii) A mount o	_
		ame of ported	(II) EIN	(iii) Type of organization (described on lines 1-9	, , ,	ation in	1	anization		s the ation in	support?	ונ
		nization		`above or IRC section	_	listed in		i) of your		rganized		
				(See Instructions))		verning	sup	port?	ın the	US?		
						ment?				1	-	
					Yes	No	Yes	No	Yes	No		_
						-		-		-		_
						-	-	-		-		_
												_
						-				-		_

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check						
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	62,898,994	62,301,880	63,596,874	69,195,745	71,632,160	329,625,653
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						
5	or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the						
6	organization without charge Total Add lines 1-5	62,898,994	62,301,880	63,596,874	69,195,745	71,632,160	329,625,653
	A mounts included on lines 1, 2, and 3	02,030,334	02,501,000	03,330,074	05,155,145	71,032,100	323,023,033
/a	received from disqualified persons						
h	A mounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						329,625,653
	line 6)						
	tal Support				, n T		(4) =
	ndarvear (orficeal vear beginning in) l	/ ~ 1 7 0 0 / 1		(c) 2006	(d) 2007	(e) 2008	/# \ T a + a
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005				(f) Total
Cale 9	A mounts from line 6	62,898,994	62,301,880	63,596,874	69,195,745	71,632,160	329,625,653
	A mounts from line 6 Gross income from interest, dividends,	62,898,994					
9	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans,						
9	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	62,898,994	62,301,880	63,596,874	69,195,745	71,632,160	329,625,653
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,898,994	62,301,880	63,596,874	69,195,745	71,632,160	329,625,653
9	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less	62,898,994	62,301,880	63,596,874	69,195,745	71,632,160	329,625,653
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	62,898,994	62,301,880	63,596,874	69,195,745	71,632,160	329,625,653
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less	62,898,994	62,301,880	63,596,874	69,195,745	71,632,160	329,625,653
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	62,898,994	62,301,880 15,709	63,596,874 32,765	69,195,745 16,266	71,632,160 3,666	329,625,653 75,202
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business	62,898,994	62,301,880 15,709	63,596,874 32,765	69,195,745 16,266	71,632,160 3,666	329,625,653 75,202
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	62,898,994	62,301,880 15,709	63,596,874 32,765	69,195,745 16,266	71,632,160 3,666	329,625,653 75,202
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	62,898,994	62,301,880 15,709	63,596,874 32,765	69,195,745 16,266	71,632,160 3,666	329,625,653 75,202
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and	62,898,994	62,301,880 15,709	63,596,874 32,765	69,195,745 16,266	71,632,160 3,666	329,625,653 75,202
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	62,898,994 6,796 6,796	15,709 15,709	63,596,874 32,765 32,765	16,266 16,266	71,632,160 3,666 3,666	329,625,653 75,202 75,202 329,700,855
9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the otheck this box and stop here	62,898,994 6,796 6,796 rganization's firs	15,709 15,709	63,596,874 32,765 32,765	16,266 16,266	71,632,160 3,666 3,666	329,625,653 75,202 75,202 329,700,855
9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the or	62,898,994 6,796 6,796 rganization's firs	62,301,880 15,709 15,709	63,596,874 32,765 32,765 , fourth, or fifth t	16,266 16,266	71,632,160 3,666 3,666	329,625,653 75,202 75,202 329,700,855
9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the otheck this box and stop here	62,898,994 6,796 6,796 rganization's first	15,709 15,709 st, second, third	63,596,874 32,765 32,765 , fourth, or fifth t	16,266 16,266	71,632,160 3,666 3,666	329,625,653 75,202 75,202 329,700,855
9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8)	62,898,994 6,796 6,796 6,796 entage column (f) dividuale A , Part IV - A	15,709 15,709 st, second, third	63,596,874 32,765 32,765 , fourth, or fifth t	16,266 16,266	71,632,160 3,666 3,666	329,625,653 75,202 75,202 329,700,855 ation, 99 980 %
9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	62,898,994 6,796 6,796 6,796 entage column (f) dividule A, Part IV-A	62,301,880 15,709 15,709 st, second, third ed by line 13 co	63,596,874 32,765 32,765 , fourth, or fifth t	16,266 16,266	71,632,160 3,666 3,666 01(c)(3) organiza	329,625,653 75,202 75,202 329,700,855 ation, 99 980 % 99 980 %
9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8)	rganization's firs entage column (f) dividule A, Part IV-A Percentage ne 10c column (15,709 15,709 15,709 st, second, third ed by line 13 co , line 27g	63,596,874 32,765 32,765 , fourth, or fifth t	16,266 16,266	71,632,160 3,666 3,666	329,625,653 75,202 75,202 329,700,855 ation, 99 980 %

33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

▶▼

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 23-1977514

Name: YOUTH ADVOCATE PROGRAMS INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	1									
		Posit t	(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
THOMAS L JEFFERS , CH OF THE BOARD, EMERITU	40 00	Х						168,709	0	253,825
LYNETTE M BROWN-SOW , CHAIRMAN OF THE BOARD	50	Х						0	0	0
JOHN HARDING , DIRECTOR	50	Х						0	0	0
DR EDGAR S CAHN , PRESIDENT	50	X						0	0	0
J MITCHELL MILLER , DIRECTOR	50	Х						0	0	0
JOSEPH ALLEN JAY SNYDE , SECRETARY	50	Х						0	0	0
REVEREND MALCOLM H MCDOW, DIRECTOR	50	Х						0	0	0
STANLEY L STRAUGHTER , DIRECTOR	50	X						0	0	0
VIVIAN SANKS-KING ESQ , DIRECTOR	50	×						0	0	0
JEROME MILLER PHD , DIRECTOR	50	Х						0	0	0
JOE MUNOZ , DIRECTOR	50	Х						0	0	0
VERONICA EVANS LEWIS PH , DIRECTOR	50	×						0	0	0
MONA POLACCA , DIRECTOR	50	X						0	0	0
MICHAEL G HORSEY , TREASURER	50	Х						0	0	0
JEFF FLEISCHER , CEO	40 00			Х				145,422	0	32,368
MINETTE BAUER , DEPUTY CEO	40 00			Х				138,084	0	30,327
DORIENNE SILVA , DEPUTY CEO & SOUTHEAST P	40 00			х				133,880	0	22,561
DANA NEWMAN , DEPUTY CEO & NJ, PHILA ,	40 00			х				141,369	0	29,625
RICHARD STOTTLEMYER II , CFO	40 00			Х				93,333	0	23,070
MARK SAWYER , PRES ,NAT'L B/H, CHIEF C	40 00					х		142,584	0	12,394
MARTIN D'URSO , CHIEF OF CORPORATE & LEG	40 00					х		145,951	0	2,716
STEPHANIE HART , PRESIDENT, NEW YORK	40 00					Х		98,452	0	3,077
DOMINIQUE URRUTIA-CHAMBE, BH SPEC CONSULT/MT	40 00					Х		101,484	0	1,931
DAVID WHITE , PRESIDENT, PA & OH	40 00					Х		142,347	0	67,833
GARY IVORY , PRESIDENT, SOUTHWEST	40 00					х		136,322	0	13,491

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Open to Public

					Inspection
		s," to Form 990, Part IV, Line 3, or mplete Parts I-A and B Do not complet		art VI, line 46 (Political Ca	mpaign Activities)
	1 1 1	01(c)(3)) organizations complete Par	ts I-A and C belov	v Do not complete Part I-B	
	ction 527 organizations complete	· Part I-A only s," to Form 990, Part IV, Line 4, or	Form 990F7 Da	art VI line 47 (Lobbying A	ctivities \
		: have filed Form 5768 (election under		,	•
	, ,, ,	: have NOT filed Form 5768 (election u		•	•
		s," to Form 990, Part IV, Line 5 (Pr	oxy Tax)		
	ction 501(c)(4), (5), or (6) organized me of the organization	zations complete Part III		Employer iden	tification number
	JTH ADVOCATE PROGRAMS INC			Employer iden	tineation number
D	To be completed by			23-1977514	F27
Раг		y all organizations exempt e the instructions for Schedule (1 501(c) and section	
1	Provide a description of the org	ganızatıon's dırect and ındırect polıtı	cal campaıgn act	ıvıtıes ın Part IV	
2	Political expenditures				\$0
3	V olunteer hours				0
Par	To be completed b	y all organizations exempt	under section	1 501(c)(3) . (See the i	nstructions
	for Schedule C for de				
1	Enter the amount of any excise	tax incurred by the organization und	der section 4955		\$0
2	Enter the amount of any excise	tax incurred by organization manag	ers under sectior	1 4955	\$0
3	If the organization incurred in a	a section 4955 tax, did it file Form 4	720 for this year	?	┌ Yes
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par		y all organizations exempt for Schedule C for details.)	under sectior	ı 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities	\$
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contrıbu	ted to other orgar	nizations for section	\$
3	•	mpt function expenditures Add lines	1 and 2 and ent	er here and on Form	T
	1120-POL, line 17b				\$
4	Did the filing organization file F	·			☐ Yes ☐ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (lipaid and indicate if the amount was peland promptly and directly delivered is and promptly and directly delivered iction committee (PAC) If additiona	aid from the filing to a separate po	organization's own internal litical organization, such as	funds or were a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter - Output Interes Inter	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 file of the subtract line 1 file form 20 either line 1 file of line 1 file file file file file file file file	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Ver \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of the excess over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of the excess over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

incadic c (i	om 330 cr 330 E2/2000		raye
Part II-B	To be completed by organizations exempt under section 501(c)(3) that h	ave NOT file	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for	details.)	
		(a)	(h)

		(a	1)	(b)
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		236,08
j	Total lines 1c through			236,08
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		ľ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying A ctivities	LOBBY ORGANIZATIONS HAVE BEEN USED TO (1) KEEP THE ORGANIZATION ADVISED OF PENDING LEGISLATION THAT MAY AFFECT PROGRAMS FOR YOUTH, (2) ASSIST WITH IMPLEMENTATION OF MANAGED CARE FUNDING, (3) MAKE THE ORGANIZATION AWARE OF AVAILABLE GRANTS AND/OR FUNDING OPPORTUNITIES FOR THE PROGRAM

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

	JTH ADVOCATE PROGRAMS INC		Empi	oyer identii	ication numbe	51
				977514		
Pā	organizations Maintaining Donor A organization answered "Yes" to Form 9		imilar Funds o	r Accou	its. Complet	te if the
	organization answered Tes to Form s	(a) Donor advised fund	ls (b) Funds ar	ıd other accou	nts
1	Total number at end of year		,	•		
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to th			ed	□Yes	
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the beimpermissible private benefit?	d donor advisors in writing that g	rant funds may be		√Yes	, No
Pa	rt III Conservation Easements. Complete	e if the organization answere	d "Yes" to Form	990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recrea Protection of natural habitat Preservation of open space	ition or pleasure) Preserva	ation of an histori ation of certified h	ıstorıc stru	cture	a
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	alified conservation contribution i	n the form of a co		easement at the End of	the Year
а	Total number of conservation easements			2a	dt the End of	the rear
ь	Total acreage restricted by conservation easemei	nte.		2b		
c	•			2c		
d	Number of conservation easements on a certified	• •		2d		
	Number of conservation easements included in (c			<u> </u>		
3	Number of conservation easements modified, trans	ferred, released, extinguished, or	terminated by th	e organizati	on during	
	the taxable year 🕨					
4	Number of states where property subject to conser	vation easement is located 🕨				
5	Does the organization have a written policy regards enforcement of the conservation easements it hold		ction, violations, a	and	☐ Yes	☐ No
6	Staff or volunteer hours devoted to monitoring, insp	pecting and enforcing easements	during the year 🕨			
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements du	rıng the year ► \$			
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requireme	ents of section		☐ Yes	┌ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization'	•		•	
Pai	t III Organizations Maintaining Collecting Complete if the organization answered			er Simila	ar Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education	or research in fur			е,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	r public exhibition, education, or i				
	(i) Revenues included in Form 990, Part VIII, line	1		F \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, his following amounts required to be reported under SF		r assets for financ	ıal gaın, pr	ovide the	
а	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Par	3 11111	Organizations Maintaining Co	llections of Art,	His	tori	<u>cal Tr</u>	easu	res, or O	ther	· Simila	<u>r Asse</u>	ts (co	ntınued)
3		ng the organization's accession and othe is (check all that apply)	r records, check any	of th	e foll	owing tl	hat are	e a significa	nt us	e of its co	ollection	ı	
а	Γ	Public exhibition		d	\vdash	Loan o	rexch	nange progra	ams				
b	Γ	Scholarly research		e	Γ	Other							
С	Γ	Preservation for future generations											
4		vide a description of the organization's co XIV	ollections and explain	n how	v they	/ furthe	r the o	rganızatıon'	s ex	empt purp	ose in		
5		ing the year, did the organization solicit o ets to be sold to raise funds rather than t								lar	Γ.	Yes	Г No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						nızatıon ar	ารพ	ered "Ye:	s" to Fo	rm 99	90,
1a		he organization an agent, trustee, custod uded on Form 990, Part X?	lian or other intermed	liary	for c	ontribut	ions o	r other asse	ets n	ot	Γ,	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	ete the following table	!									
								_			A mou	nt	
С	Beg	inning balance							1c				
d	Add	litions during the year							1d				
е	Dist	tributions during the year							1e				
f	End	ing balance							1f				
2a	Did	the organization include an amount on Fo	orm 990, Part X, line	21?							Γ,	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV	/										
Pa	rt V	Endowment Funds. Complete											
4_	D		(a)Current Year 457,788	(b)	Prior \	/ear	(c)Two	o Years Back	(d)T	hree Years	Back (e)	Four Ye	ars Back
1a		Inning of year balance tributions	56,221										
b		estment earnings or losses	-2,306										
c d		nts or scholarships											
e		er expenditures for facilities	-7,500										
_		programs	<u> </u>										
f	Adm	ninistrative expenses											
g	End	of year balance	504,203										
2	Prov	ride the estimated percentage of the yea	r end balance held as	;									
а	Boai	rd designated or quasi-endowment 🕨											
b	Perr	manent endowment 🕨 100 000 %											
c	Terr	m endowment 🕨 0 %											
3a		there endowment funds not in the posses	ssion of the organizat	ion t	that a	re held	and a	dmınıstered	for t	he			
	_	inization by									2-43	Yes	No
	• •	inrelated organizations			•				•		3a(i) 3a(ii)		No No
ь		related organizations ′es" to 3a(ii), are the related organizatio		on S	ched	ule R?			• . •		3a(11)	<u> </u> 	-140
4		cribe in Part XIV the intended uses of th	•				•	• •	-				
Par	t VI		<u> </u>				90, Pa	rt X, line :	10.				
		Description of investment			(a)	Cost or	other	(b)Cost or o basis (othe	ther	(c) Depre	eciation	(d) Bo	ok value
1a	Land												
b	Buıldı	ıngs						1,223	3,627		919,836		303,79
c	Lease	ehold improvements											
d	Equip	oment						2,490	,369	2	,007,036		483,333
e	O the	r						210	,476		107,994		102,482

Part VIII Investments—Other Securities. S	ee Form 990, Part X, line 12.		
(a) Description of security or cateory	(b)Book value	(c) Method of valua	
(including name of security)		Cost or end-of-year mar	rket value
Financial derivatives and other financial products			
Closely-held equity interests Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	+		
Part VIII Investments—Program Related.	See Form 990. Part X. line 13		
(a) Description of investment type	(b) Book value	(c) Method of valua	ition
(a) Description of investment type	(b) Book value	Cost or end-of-year mar	rket value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X			
	cription	(b)	Book value
CSV -OFFICERS' LIFE INSURANCE			554,212
CSV -ENDOWMENT LIFE INSURANCE			1,090,195
deferred compensation plan assets			780,906
Total. (Column (b) should equal Form 990, Part X, col.(B) II.		<u> </u>	2,425,313
Part X Other Liabilities. See Form 990, Pa			
(a) Description of Liability Federal Income Taxes	(b) A mount		
	720.006		
deferred compensation plan liability	780,906		
	+		
	+ -		
	_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 780,906		

2 3	Fotal revenue (Form 990, Part VIII, column (A), line 12) Fotal expenses (Form 990, Part IX, column (A), line 25)	1	71,749,074
3	Fotal expenses (Form 990, Part IX, column (A), line 25)		1
		2	70,746,945
	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,002,129
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
_	nvestment expenses	6	
	Prior period adjustments	7	
_	Other (Describe in Part XIV)	8	34,911
	Fotal adjustments (net) Add lines 4 - 8	9	34,911
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,037,040
Part			<u> </u>
1	Total revenue, gains, and other support per audited financial		71,652,810
	statements	1	, ,
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	71,652,810
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	96,264
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	71,749,074
Part >	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	70,716,901
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	10,000
3	Subtract line 2e from line 1	3	70,706,901
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	40,044
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	70,746,945
Part	XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The purpose of the Endowment Fund is to provide scholarships for youth upon their successful completion of the YAP program It is hoped that recipients will have the opportunity to thrive in the professional world and focus on achieving personal goals Scholarships are awarded for college, technical school, business school or other practical endeavors Scholarships are awarded any time of the year and recipients can re-apply every semester

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OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization	AMC INC				Employer ide	entification number
101	JTH ADVOCATE PROGR	AMSINC				23-197751	4
Pa		rmation on Ac 990, Part IV, Iir		de the United State	s. Complete	e if the organ	nization answered
1				ecords to substantiate	the amount	of the grant	s or
	assistance, the grant	_					
	the grants or assista			┌ Yes ┌ No			
2	For grant makers. Descr United States	nt funds outsid	le the				
3	Activites per Region (l	Jse Schedule F-1	(Form 990) ıf adı	ditional space is needed)	·		
		(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,		ty listed in (d)	
	(a) Region	offices in the	employees or	fundraising, program services,			(f) Total expenditures in
		region	agents in region	grants to recipients located in the region)		pecific type of s) in region	region
	ntral America and the	0	0	Grants made to recipient		-	22,450
	-Saharan Africa	0	0	in region Grants made to recipient			17,594
Jub	Sanaran Amea			in region			17,55

Totals .

40,044

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		Sub-Saharan Africa	Cash donations serve as general support for the children and teens of war torn Sierra Leone With a mission similar to YAP's own of protecting homeless children, these donations help support the purchase of school supplies and school books, as well as help nurture the skills of these children, helping to ensure that their future remains bright Nearly all of the donated funds arise through YAP employee donations	17,594	Check and EFT			
	•							
	•							
	•							
	•							
	•							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Cash donations serve as direct cash assistance for the support of Guatemalan youth programs similar in mission to Yap's own The assistance is often used for building maintenance and upkeep, and providing Guatemalan children with small advantages to remain off the streets and out of danger Nearly all of the donated funds arise through employee		1	22,450	Check and EFT			
donations							
							-l- F /F 000\ 2000

Part IV	Supplemental Infor		
			ın Part I, line 2, and any other additional information.
Procedure f	Identifier or Monitoring Grants	ReturnReference	Explanation Schedule F, Part I, Line 2 Executive senior staff periodically
Outside the			telephone and visit both Guatemala and Sierra Leone to observe
Method Use	ed to Acccount for		how the grants were spent Schedule F, Part I, Line 3 Accrual
Expenditure			
Explanation Recipients	for Estimated Number of		Schedule F, Part III, Col (c) While the donation is made to a single individual, this individual works with thousands of
Recipients			homeless children through the National Movement for Street
Schodulo E	Dort IV	Other Information	Children
Schedule F,	Part IV		Youth Advocate Programs, Inc (YAP) asks their employees to help organizations in other countries whose missions mirror YAP's mission YAP facilitates these donations to two recipients the National Movement for Street Children in Guatemala and Sierra Leone Youth Advocate Programs in Sierra Leone They accomplish this by providing for payroll withholdings to support these two entities. Youth Advocate Programs, Inc. withholds voluntary payroll deductions from employees who have so requested, pools these withholdings and periodically forwards these amounts to the above designated recipients. Additionally, a few (non-employee) donors make gifts restricted to these programs. No funds other than these contributions to Youth Advocate Programs, Inc. is used to support overseas organizations. Executive Senior Staff periodically call and visit both Guatemala and Sierra Leone and advise the staff how their donations were used.
			donations were used
-			
-			
-			
-			
-			
l			

Software ID:

Software Version:

EIN: 23-1977514

Name: YOUTH ADVOCATE PROGRAMS INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

Form 990 Schedu	ie r Pail II -	- Grants and Otne	r Assistance to O	rganizations or E	ntities Outside ir	ie United States		
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Cash donations	17,594	Check and EFT			
			serve as general					
			support for the					
			children and teens of					
			war torn Sierra					
			Leone With a					
			mission similar to					
			YAP's own of					
			protecting homeless					
			children, these					
			donations help					
			support the purchase					
			of school supplies and school books, as					
			well as help nurture					
			the skills of these					
			children, helping to					
			ensure that their					
			future remains					
			bright Nearly all of					
			the donated funds					
			arıse through YAP					
			employee donations					

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OMB No 1545-0047

2008

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

** Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17. 18. or 19. and by organizations that enter more than \$15.000 on Form 990-EZ. line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Internal Revenue Service		· -			•	Inspection	
Name of the organization	OCDAMO INC				Employer idei	ntification number	
YOUTH ADVOCATE PRO	OGRAMS INC				23-1977514		
Part I Fundraisin	ig Activities. Complete	e if the or	ganızat	ion answered "Yes"	to Form 990, Part IV	/, line 17.	
<u> </u>	e organization raised funds				· · · · · · · · · · · · · · · · · · ·	•	
a Mail solicitation	-	till ough at	1, 01 1110		non-government grants		
b Email solicitatio					government grants		
c Phone solicitation	ons			g Special fundrai	sing events		
d In-person solicit	tations						
	ı have a wrıtten or oral agre sted ın Form 990, Part VII					Γ Yes ∇ No	
	highest paid individuals or			•	-		
	at least \$5,000 by the org						
		(iii)	Dıd				
		fundraiser have		fundraiser have		(v) A mount paid to	(vi) A mount paid to
(i) Name of individua or entity (fundraiser	I (III) A CTIVITY	custo		(iv) Gross receipts from activity	eceipts (or retained by)	(or retained by)	
or entity (idilaraiser	'	contribu		I I I I I I I I I I I I I I I I I I I	col (i)	organization	
		Yes	No				
			<u> </u>				
<u>Total</u>]		

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1 VARIOUS SMALL EVENTS	(b) Event #2 (event type)	(c) O ther Events (total number)	(Add col	otal Eve I (a) th ol (c))	
ds			(event type)					
Ě	1	Gross receipts	23,037					3,037
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	23,037	7			2	3,037
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
per	6	Rent/Facility costs						
വ ദ	7	Other direct expenses	2,852	2				2,852
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)				2,852
	9	Net income summary Combine lir	nes 3 and 8 in column (d))	•		2	0,185
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	e thai	n
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
~	1	Gross revenue			16,316		1	6,316
Ses	2	Cash prizes			10,000		1	0,000
Expenses	3	Non-cash prizes						
Direct D	4	Rent/facility costs						
≧	5	Other direct expenses			43			43
	6	Volunteer labor	┌ Yes <u>%</u> No	Yes	Yes 100 000 % No			
	7	Direct expense summary Add lines	s 2 through 5 ın column ((d)			1	0,043
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	umn (d)				6,273
							Yes	No
9		er the state(s) in which the organiza		<u> </u>				
a		the organization licensed to operate	gaming activities in eacl	h of these states?		· 9a	Yes	<u> </u>
b	11 "1	No," Explain						
10a	Wer	re any of the organization's gaming l	ıcenses revoked, susper	nded or terminated during	g the tax year?	10a		No
b		Yes," Explain	, , ,		- '			
11	— Doe	es the organization operate gaming a	activities with nonmembe	ers?				No
12	Is t	the organization a grantor, beneficiar the organization a grantor, beneficiar the organization of the control o	ry or trustee of a trust or	a member of a partners	nip or other entity			NI -
		-			Schedule G (Form 9	990 or 990	 J-EZ) 2(<u> No</u> 008

			res	140
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	_		
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨	-		
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		Νο
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the amount of gaming revenue retained by the third party 🏲 \$			
c	If "Yes," enter name and address			
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🟲	-		
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			-

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DLN: 93493026015500

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization YOUTH ADVOCATE PROGRAMS INC Employer identification number

23-1977514

Pa	rt I Questions Regarding Compensati	on			
				Yes	Νo
1a		rovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
Ь	If line 1a is checked, did the organization follow a provision of all the expenses described above? If	written policy regarding payment or reimbursement or "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to	o reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executi	ve Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990), Part VII, Section A , line 1a			
а	Receive a severance payment or change of contro	l payment?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must	complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section Appayments not described in lines 5 and 6? If "Yes,"	A , line 1a, did the organization provide any non-fixed " describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III	, paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		N o

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
THOMAS L JEFFERS	(I) (II)	168,709			250,748	3,077	422,534	227,210
JEFF FLEISCHER	(I) (II)	145,422			29,291	3,077	177,790	91,440
MINETTE BAUER	(I) (II)	138,084			25,497	4,830	168,411	86,488
DORIENNE SILVA	(I) (II)	133,880			17,731	4,830	156,441	79,334
DANA NEWMAN	(ı) (ıı)	141,369			26,548	3,077	170,994	87,443
MARK SAWYER	(I) (II)	142,584			9,317	3,077	154,978	78,770
DAVID WHITE	(I) (II)	142,347			64,756	3,077	210,180	109,918
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	[(יי)]							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

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DLN: 93493026015500

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization YOUTH ADVOCATE PROGRAMS INC Employer identification number

23-1977514

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section A, line 10		AFTER COMPLETION OF THE FORM 990, THE CFO ELECTRONICALLY FORWARDS IT TO THE INDEPENDENT TREASURER AND THE AUDIT COMMITTEE THE FORM IS FILED WHEN THE CFO IS NOTIFIED BY THE TREASURER TO DO SO	

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section B, line 12c		Youth Advocate Programs, Inc. does an annual distribution of their conflict of interest policy with a renewal statement attesting compliance or noncompliance with an explanation of the circumstances of such. The policy is renewed at the November meeting with the Board of Directors and executive managers and with all suspected or reported breaches investigated by the Chief Compliance Officer for occurrences in between		

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section B, line 15		Describe the process for determining the compensation of the CEO and top management. The Board of Directors sets the evaluation criteria and compensation package for the CEO. This was completed after an independent study of executive salaries and the Board Executive Committee ensures compensation similarity of all officers to industry measures as determined by any and all factors including the study of IRS 990s for similar companies. Describe the process for determining the compensation of other officers and key employees. The Chief Executive Officer sets the evaluation criteria and compensation package for all other key employees. This was completed after an independent study of executive salaries and the Chief Executive Officer ensures compensation similarity using any and all factors including the study of other companys IRS 990s.		

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section C, line 19		Upon request (phone, mail, email), YAP, Inc. mails a copy of the 990 to the individual within 24 hours		

ldentifier	Return Reference	Explanation
		YOUTH ADVOCATE PROGRAMS, INC HAS A FINANCE COMMITTE COMPRISED OF THE INDEPENDENT TREASURER AND THREE INDEPENDENT DIRECTORS THEIR RESPONSIBILITY IS TO REVIEW FINANCIAL STATEMENTS PREPARED BY CFO AND REPORT RESULTS TO FULL BOARD OF DIRECTORS A SEPARATE AUDIT COMMITTEE IS COMPRISED OF FOUR INDEPENDENT DIRECTORS WHOSE RESPONSIBILITY IS TO CHOOSE THE AUDIT FIRM, MEET WITH THE AUDITORS TO REVIEW THE SCOPE OF THE ENGAGEMENT AND TO RECEIVE THE AUDITORS REPORT UPON COMPLETION THE CHAIR OF THIS COMMITTEE REPORTS THE FINDINGS TO THE FULL BOARD OF DIRECTORS