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Form 990-EZ

Short Form 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)

OMB No 1545-1150 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

For the 2009 calendar year, or tax year beginning and ending Check if applicable Please D Employer identification number Name of organization use IRS Address change label or YOUTH EMERGENCY SERVICES FOUNDATION 02-0613686 Name change print or Initial return type. Number and street (or P O box, if mail is not delivered to street address) Telephone number Room/suite See PO BOX 2151 307-257-0216 Termination Specific Group Exemption Amended return City or town, state or country, and ZIP + 4 Instruc-WY 82717-2151 GILLETTE Application pending Number • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ N/A H Check ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **X** 501(c) (**3**) **4** (insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) — If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 486,064 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 396,167 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 10,140 Investment income 4 59,000 Gross amount from sale of assets other than inventory 5b 59,000 Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ 29,897 of contributions 20,757 reported on line 1) 6a 14,265 6b Less direct expenses other than fundraising expenses 6,492 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances 7a 7b b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract lii 7с 8 Other revenue (describe 412,799 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and (8) 9 Ö Stmt 2 236,908 NOV 1 9 2010 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 64,161 12 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 2,214 13 13 745 14 14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping 13,431 Other expenses (describe See Statement 3 16 16 317,459 17 17 Total expenses. Add lines 10 through 16 95,340 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 630,924 end-of-year figure reported on prior year's return) 19 13,655 š 20 See Statement 4 20 Other changes in net assets or fund balances (attach explanation) 739,919 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (B) End of year (A) Beginning of year (See the instructions for Part II) 739,919 630,924 22 22 Cash, savings, and investments Land and buildings 23 24 24 Other assets (describe 630,924 739,919 25 Total assets 0 26 26 Total liabilities (describe 630,924 739,919 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-EZ (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

	EMERGENCY SERVICES FOR					Page 2
	Program Service Accomplishments	(See the instructi	ons for Part III.		Expens	
What is the organization's primary e				1 '	quired for se	
	FOR YOUTH EMERGENCY SERVICES, INC.				(c)(3) and 5	
	rying out the organization's exempt purposes. In ided, the number of persons benefited, or other			-	ınızatıons a 7(a)(1) trusi	
each program title	idea, the number of persons beneficed, or other	Televant information for			thers)	is, optional
	OR YOUTH EMERGENCY SERVICES, INC. F	POR			ALLEGO /	V
	BUILDING, AND EXPANSION					
(Grants \$ 236,	908) If this amount includes foreign grants,	check here	_	28a		<u>236,908</u>
29						
				_,		
(Grants \$) If this amount includes foreign grants,	check here	<u> </u>	29a		
30						
(Grants \$) If this amount includes foreign grants,	check here	▶ [30a		
31 Other program services (attach		CHECK HEIE		-1 000		
(Grants \$) If this amount includes foreign grants,	check here	▶ [31a		
32 Total program service expens				32		236,908
	Directors, Trustees, and Key Employees. List	each one even if not co	mpensated (See th	e instruction	s for Part I	V)
		(b) Title and average hours per week	(c) Compensation	(d) Contributi employee benefi	ions to (e	e) Expense account and
(8	a) Name and address	devoted to position		deferred compe		ner allowances
JOSH MCGRATH	GILLETTE	PRESIDENT				
600 4-J COURT	WY 82716	2.00	0		0	0
BARRY HAYDEN	GILLETTE	SECRETARY				_
319 S GILLETTE AVE	WY 82716	2.00	- 0	· · · · · · · · · · · · · · · · · · ·	0	
TOM ROBERTS	GILLETTE					•
7890 RIMROCK	WY 82716	2.00	0		0	
SCOTT BARSTAD	GILLETTE	2.00	اه		0	c
222 S GILLETTE AVE CHRIS SHELLEDY	WY 82716 GILLETTE	TREASURER				
PO BOX 819	WY 82717	2.00	٥		اه	c
CHRIS RINGER	GILLETTE	-				
319 S GILLETTE AVE	WY 82716	2.00	o		0	
JERRI SCHLOREDT	GILLETTE					
17 HEREFORD DRIVE	WY 82718	2.00	0		0	
KATHY SHANOR	SHERIDAN	DIRECTOR				
1910 DEMPLE ST	WY 82801	40.00	64,161		0	
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Form	990-EZ (2009) YOUTH EMERGENCY SERVICES FOUNDATION 02-0613686		P	age 3
<u>Pa</u>	at V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	1 1		
	description of each activity	33		<u> </u>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	1 1	ļ	
	the changes	34		<u> </u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	1 1	ŧ	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			v
	6033(e) notice, reporting, and proxy tax requirements?	35a		<u> X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1 20		X
	during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		ı	X
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a	1	X
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	304		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9			
a		-		
b	Cross receiped, metaded on time of the pasticle and the contraction	-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶			
_	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			İ
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			1
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	100		
·	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
Ī	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None			
42a	The organization's books are in care of ▶ JERRY BANNER PO BOX 2151 Telephone no ▶ 30	7-25	7-0	216
		717-	215	1
b	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		Yes	No
	account/2	42b		X

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. c At any time during the calendar year, did the organization maintain an office outside of the U S ?

		Yes	NO
	42b		X
_			
	42c		X

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

▶ L	43	>	Ш —	

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

•	43			
			Ves	No

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of 44 Form 990-EZ

	103	2
44		X
45]	X

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 45 "Yes," Form 990 must be completed instead of Form 990-EZ

Form **990-EZ** (2009)

· CITTI CCC EE	2009) YOUTH EMERGENCY SERVICES FOUN	DATION	02-0	613686			Page 4
Part VI	Section 501(c)(3) organizations and section 4947(a						
	501(c)(3) organizations and section 4947(a)(1) none:	xempt charit	table tru	sts must a	inswer question	ıs 46-49b)
	and complete the tables for lines 50 and 51.					,	
	organization engage in direct or indirect political campaign activities on	behalf of or in o	pposition 1	:0		Yes	
candidat	es for public office? If "Yes," complete Schedule C, Part I					46	X
	organization engage in lobbying activities? If "Yes," complete Schedule					47	X
	ganization operating a school as described in section 170(b)(1)(A)(ii)? I		te Schedu	le E		48	X
	organization make any transfers to an exempt non-charitable related org	ganization?				49a	X
	was the related organization a section 527 organization?					49b	<u> </u>
•	e this table for the organization's five highest compensated employees	•					
employe	es) who each received more than \$100,000 of compensation from the	organization If t		ne, enter "No Compensation	ne " (d) Contributions to	(e) Expe	
	(a) Name and address of each employee paid more than \$100,000	hours per wee	ek i	Compensation	employee benefit plans &	account	and
	tilan \$100,000	devoted to posi	ition		deferred compensation	other allow	ances
None		1					
		 					
		+					
		1					
					-		
		1					
				-			
		1					
f Total nu	mber of other employees paid over \$100,000	<u> </u>			.4,		
	0 of compensation from the organization. If there is none, enter "None"	<u> </u>	(h) Tun	o of copues	(c) (ompensation	
	Name and address of each independent contractor paid more than \$100,000		(в) тур	e of service	(6)	onipensation	<u> </u>
None							
					L .		
				<u> </u>		··	
d Total nu	mber of other independent contractors each receiving over \$100,000	> _					
d Total nu	mber of other independent contractors each receiving over \$100,000	> _					
d Total nu	Under penalties of perjury, I declare that I have examined this return, including	accompanying scl	hedules and	statements, an	ad to the best of my knowledge and to the best of my knowledge.	wledge	
		accompanying scl	hedules and	ation of which pi	reparer has any knowle	wledge dge	
Sign	Under penalties of perjury, I declare that I have examined this return, including	accompanying sci	hedules and	ation of which pi	nd to the best of my knowle	wledge dge	
	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than Signature of officer	officer) is based o	hedules and	ation of which pi	reparer has any knowle	wledge dge	
Sign	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete Declaration of preparer (other than Signature of officer	officer) is based o	hedules and	ation of which pi	reparer has any knowle	wledge dge	
Sign	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than Signature of officer	officer) is based o	n all informa	ation of which pi	reparer has any knowle	dge	(See instr)
Sign Here	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than Signature of officer Type or print name and title	officer) is based o	n all informa	Date Check if self-	Preparer's Ider	dge	(See instr)
Sign Here Paid	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than Signature of officer Type or print name and title Preparer's signature OLLEEN J. CROWELL, CPA	officer) is based o	n all informa	Date Check if	Preparer's Ider	ntifying Number	
Sign Here Paid Preparer's	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete Declaration of preparer (other than Signature of officer Type or print name and title Preparer's signature OLLIEEN J. CROWEDS, CPA Firm's name (or yours Crowell & Sylte, LLC	officer) is based o	n all informa	Date Check if self-	Preparer's Ider P0088 EIN	dge	
Sign Here Paid	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete Declaration of preparer (other than Signature of officer Type or print name and title Preparer's signature Preparer's signature Crowell & Sylte, LLC if self-employed), PO Box 1568	officer) is based o	n all informa	Date Check if self-	Preparer's Ider P0088 EIN Phone	nufying Number 0940 33-032	7079
Sign Here Paid Preparer's Use Only	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete Declaration of preparer (other than Signature of officer Type or print name and title Preparer's signature OLLIEEN J. CROWEDS, CPA Firm's name (or yours Crowell & Sylte, LLC	officer) is based o	n all informa	Date Check if self-	Preparer's Ider Phone No 307	ntifying Number	7079

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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YOUTH EMERGENCY SERVICES FOUNDATION

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

► Attach to Form 990 or Form 990-EZ.

02-0613686 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

2	Ц	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Ц	A hospital or a	a cooperative hospital service	ce organization described in section	on 170(b)	(1)(A)(iii).						
4		A medical res	earch organization operated	d in conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii). l	Enter th	e hospit	al's name,	
		city, and state	•									
5		An organization	on operated for the benefit o	of a college or university owned or	operated	by a gove	rnmenta	l unit de:	scribed	ın		
		section 170(b)(1)(A)(iv). (Complete Part	II)								
6		A federal, stat	te, or local government or go	overnmental unit described in sec	tion 170(b)(1)(A)(v).					
7		An organization	on that normally receives a s	substantial part of its support from	a govern	mental un	it or from	the ger	eral pul	blic		
	_	described in s	section 170(b)(1)(A)(vi). (C	omplete Part II)								
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part II)							
	X	•) more than 33 1/3 % of its suppo	•	ntributions	s, memb	ership fe	es, and	gross		
-		_	-	pt functions—subject to certain e								
				nd unrelated business taxable inco								
				0, 1975 See section 509(a)(2).			,					
10	П		_	exclusively to test for public safety			1(4)					
11	H			exclusively for the benefit of, to pe				carry out	the			
''	ш			ed organizations described in sec						tion		
				he type of supporting organization								
				c Type III–Functiona			ا به		e III–Oth	ner.		
	\Box	a Type		<i>,</i> ,			or more			ici		
0	Ш			anization is not controlled directly						tion		
				and other than one or more public	ciy suppoi	teu organi	24110115	Jescribe	u III sec	LIOII		
			ection 509(a)(2)	and a transition from the IDC that it is a	Tuna I Tu	mall or T	voo III sa	innortin	~			
f				rmination from the IRS that it is a	Type I, Ty	pe II, or I	ype iii si	upporting	y			
		-	check this box									Ш
g		•	•	tion accepted any gift or contributi	on from a	ny of the						
		following per										T
		(i) A persor	who directly or indirectly co	ontrols, either alone or together wi	th persons	s describe	d in (ii)				Yes	No
				f the supported organization?							11g(ı)	+
		(ii) A famıly	member of a person describ	oed in (i) above?							11g(ii)	+
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							[11g(iii)]	
h		Provide the f	ollowing information about t	he supported organization(s)	T							
(i)		e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify		s the	(vii) Amount o	f
	org	janization		(described on lines 1–9 above or IRC section		sted in your document?	tne organ	ization in of your	organizat	zed in the	support	
				(see instructions))	governing	document.		ort?		S ?		
				1	Yes	No	Yes	No	Yes	No		
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		acy Act and Pa 0 or 990-EZ.	aperwork Reduction Act N	lotice, see the Instructions for					JUNEQ	ule A (F	Oill 330 Of 330-E2	_, _003

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Schedule A (Form 990 or 990-EZ) 2009 YOUTH EMERGENCY SERVICES FOUNDATION 02-0613686

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (c) 2007 (d) 2008 (e) 2009 (f) Total (b) 2006 (a) 2005 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 17a more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

(b) 2006

(c) 2007

(d) 2008

(e) 2009

(f) Total

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2005

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	169,036	538,102	159,845	318,635	396,167	1,581,785
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	154,083	203,011	49,875	57,447	20,757	485,173
3	Gross receipts from activities that are not an unrelated trade or business under section 513						- ***
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	323,119	741,113	209,720	376,082	416,924	2,066,958
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						2,066,958
Sec	tion B. Total Support						
Ca	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	323,119	741,113	209,720	376,082	416,924	2,066,958
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,891	17,616	30,024	12,889	10,140	73,560
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,891	17,616	30,024	12,889	10,140	73,560
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	326,010	758,729	239,744	388,971	427,064	2,140,51
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourth,	or fifth tax year as	a section 501(c)(3)) 	> [
Sec	tion C. Computation of Public Su	ipport Percent	age				
15	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column (f)))		15	96.56%
16	Public support percentage from 2008 Sche				-	16	69.32%
Sec	tion D. Computation of Investme					T T	
17	Investment income percentage for 2009 (lin			lumn (f))		17	3 %
18	Investment income percentage from 2008					18	4 %
19a	33 1/3 % support tests—2009. If the organization is not more than 33 1/3 %, check this box						▶ 2
b	33 1/3 % support tests—2008. If the organ		=				_
-	line 18 is not more than 33 1/3 %, check th						▶ [
20	Private foundation. If the organization did						▶
DAA						dule A (Form 990	or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009 YOUTH EMERGENCY SERVICES FOUNDATION 02-0613686

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

YOUTH EMERGENCY SERVICES FOUNDATION

Employer identification number

YOUTH EMERGENCY SERVICES FOUNDATION 02-06136									
Part i Fundraising Activities. Complete if Form 990-EZ filers are not required				red "Yes" to Form	990, Part IV, line	9 17.			
1 Indicate whether the organization raised funds through ar	ny of the following a	ctivities	Che	eck all that apply					
a Mail solicitations	e Solicitation	of non-g	jovei	rnment grants					
b Internet and email solicitations	f Solicitation	of gover	nme	ent grants					
c Phone solicitations	g Special fund	draising	ever	nts					
d In-person solicitations									
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No									
b If "Yes," list the ten highest paid individuals or entities (fur to be compensated at least \$5,000 by the organization	b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization								
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fu raiser ha custody control of contribution	or of	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
		Yes I	No		• • • • • • • • • • • • • • • • • • • •				
			\dashv						
			1						
			\top						
	-	 -	\dashv						
	i								
···									
Total	<u></u>		▶						
3 List all states in which the organization is registered or lice	ensed to solicit fund	ds or ha	s be	en notified it is exempt	from	1			

registration or licensing

	art I		vents. Complete if the orga 5,000 on Form 990-EZ, line 6		" to Form 990, Part IV,		, or repo	orted	<u>e 4</u>
		more man who	(a) Event #1 ANNUAL DINNER E (event type)	(b) Event #2	(c) Other events None (total number)		(d) Total en (add col (a) col (d	through	
Revenue	1	Gross receipts	50,654				5	50,65	<u>54</u>
_	2	Less Charitable contributions	29,897				2	29,89	9 7
	3	Gross revenue (line 1 minus line 2)	20,757				2	20,75	<u>57</u>
	4	Cash prizes		<u> </u>					
	5	Noncash prizes							
ses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							_
Direct	8	Entertainment							
	9	Other direct expenses	14,265				1	L4,26	<u>65</u>
	10	•	Add lines 4 through 9 in column (d)				1	6,49	65 92
P	art	III Gaming. Com	ombine line 3, column (d), and line 1 plete if the organization ans	wered "Yes" to Form 99	00, Part IV, line 19, or re	eported	more		
 e		tnan \$15,000	on Form 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		i) Total gam		
Revenue		2					-		
	1	Gross revenue					_		
uses	2	Cash prizes							
Direct Expenses	3	Noncash prizes					- '		
Direct	4	Rent/facility costs							
	5	Other direct expenses			, D	<u> </u>			
	6	Volunteer labor	X No	X No	6 Yes X No	%			
	7	Direct expense summary	y Add lines 2 through 5 in column (d)		•			
_	8	Net gaming income sum	mary Combine line 1, column d, and	d line 7		>			
9			e organization operates gaming acti						No X
b		the organization licensed t "No," Explain	o operate gaming activities in each o	of these states?			9a_		^
10a		ere any of the organization "Yes," Explain	's gaming licenses revoked, suspen	ded or terminated during the ta	ıx year?		10a		X
11	De	pes the organization opera	te gaming activities with nonmember	rs?			11		x
12	Is	-	beneficiary or trustee of a trust or a		her entity		12		х

Sche	dule G (Fo	m 990 or 990-EZ) 2009 Y	OUTH	EMERGENCY	SERVICES	FOUNDATION	02-061368	6	P	age 3
						,			Yes	No
13	Indicate t	ie percentage of gaming activity op	erated in						1	
а	The organ	ization's facility				13a	†———			
b	An outsid	e facility				13b	%			
14	Provide th	e name and address of the person	who pre	pares the organization	n's gaming/special	events books				
	and recor	ds								
	Name >	JERRY BANNER								
		PO BOX 2151								
	Address >	GILLETTE				WY	82717-2151			
15a	Does the	organization have a contract with a	third par	ty from whom the org	anization receives	gaming				
	revenue?							15a		_X_
b	If "Yes," e	nter the amount of gaming revenue	e received	I by the organization l	\$	and	the			
	amount o	gaming revenue retained by the th	nird party	\$						
С	If "Yes," e	nter name and address of the third	party							
	Name >									
	Address ▶									
16	Gaming r	nanager information								
	Name ▶									
	Gaming r	nanager compensation > \$								
	Description	n of services provided ▶								
	Direc	tor/officer Employe	ee	Independen	t contractor					
17	Mandator	y distributions								
а	Is the org	anization required under state law	to make c	haritable distributions	from the gaming p	proceeds to				
	retain the	state gaming license?						17a	L	X
b	Enter the	amount of distributions required ur	nder state	law distributed to oth	er exempt organiza	ations or spent				
	ın the org	anization's own exempt activities d	uring the	tax year ▶ \$				<u> </u>		<u> </u>
						Sc	hedule G (Form 990	or 99	90-EZ)	2009

020613686 YOUTH EMERGENCY SERVICES FOUNDATION 02-0613686 02-0613686

FYE: 12/31/2009

	Gain / Loss			0	
	Depreciation	v ₂		\$ 0	
	Cost & Expense	16,000 \$	43,000	\$ 000'65	
	Sale Price	16,000 \$	43,000	\$ 000,65	
	Date Sold	\$/22/09 \$	12/29/09	w.	
	Date Acquired	5/15/07	12/17/08 12/29/09		
Description	Whom Sold		АКОМ		
	How Received	FIRSTBANK RDM Donation	TOWN NORTH BK N Donation	Total	

	FMV Explanation	
	Book Value Explanation	
	Book Value	
	Noncash Contribution	
Class of Activity	Cash Contribution	ONSTR PROJECT 236,908
	Description of Property	BLDG C
Name and Address	Date of Gift	
		YES, INC

PO BOX 2151

GILLETTE, WY 82717-2151

Total

236, 908

020613686 YOUTH EMERGENCY SERVICES FOUNDATION

02-0613686

Federal Statements

FYE: 12/31/2009

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount	
Expenses	\$	
Advertising and Promotion	480	
Conferences/Meetings	90	
Insurance	1,040	
BOOKS, REFERENCE MATERIAL	291	
DONOR CULTIVATION	479	
TELEPHONE	1,692	
SUMMER CELEBRATION	6,953	
MEMBERSHIP DUES	932	
SUPPLIES	986	
OTHER	488	
Total	\$ 13,431	

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount	
CHANGE IN INVESTMENT VALUE FOR 12 MONTHS	\$	13,655
Total	\$	13,655