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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 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public in spection

	For the	e 2009 calenda	ar year, o	or tax year beginning	, 2009, and en	iding	ig ,					
В	Check if	applicable		C Name of organization	<u>-</u>	tufication Number						
	Add	dress change	Piease use IRS label	YOUTH SERVICE INTERNATIONAL,	, INC.		36-	3926	5031			
	Nar	me change	or print or type.	Number and street (or P.O. box if mail is not delivered	to street addr) Roc	om/suite	E Telepho	nber				
	Initi	Initial return See specific Instruc- See See Section 1815 N. CICERO						(773) 283-1099				
	-	mination	City, town or country	e + 4								
	H	ended return	tions.	CHICAGO	IL 6064	16	G Gross r	eceipts	s 416,970.			
	Ħ	<u> </u>	F Name a	and address of principal officer:			is a group retur					
				BARRY 5059 WARWICK TERRACE PITTSBURG	SH PA 1521		all affiliates inc		Yes No			
$\overline{}$	Tax-	exempt status				- II 'N	o,' attach a list.	(see in	structions)			
ij				ww.ysi.org/	.,, .,	H(c) Grou	up exemption ni	ımher	•			
K			X Corpora		L Year of Fo	rmation 19			legal domicile IL			
_		Summa		Trust Association Color	1= 100.0110			, w. c. c.	regar derinence 2.2			
				anization's mission or most significant activities	s: Youth	Service	Intern	ati	onal (YSI)			
	' '	organizes	and	sponsors a variety of progra	ams to ass	sist ot	hers in	the	;			
Activities & Governance				nd around the world. YSI wa								
E				ing people to learn how to se								
o e				if the organization discontinued its operations			25% of its as	sets				
Ŏ				pers of the governing body (Part VI, line 1a).					6			
8	1			voting members of the governing body (Part \	VI, line 1b) .			4	6			
ŧ				vees (Part V, line 2a)				5	30			
ŧ				eers (estimate if necessary)	<u> </u>	•		6 7a	80			
•		_		usiness revenue from Part VIX count (t)		•		7 a 7 b	0.			
		vet unrelated t	ousmess	taxable income from Form 990-1, line 34	- · · · · · · · · · · · · · · · · · · ·	· I			†			
	ر ـ ا			s (Part VIII, line 1h)	10 9	-	Prior Year	110	Current Year			
9			_	5 (5. c · · · · · · · · · · · · · · · · · ·	'' Ω ····	-	335,2 339,3		61,251. 353,498.			
Revenue				ue (Part VIII, line 2g)	<u></u> 1 <u>~</u> 1			96.	2,026.			
é	10 11 (Other revenue	Ome (Pa	rt VIII, column (A), lines 3, 40 mg m in 1. I, column (A), lines 5, 6d, 8c, 9c, 16c, and 1.	TT		2,2	. 90.	195.			
				es 8 through 11 (must equal Part VIII, column	(A) line 12)		679,8	351.	416,970.			
_				ounts paid (Part IX, column (A), lines 1-3)	(),	-			120,0101			
				nembers (Part IX, column (A), line 4)								
		-		sation, employee benefits (Part IX, column (A)			14,8	20,073.				
မေ	1		•	g fees (Part IX, column (A), line 11e)	·							
Expenses	1			•	o 85.35							
젌	l .		•	ses (Part IX, column (D), line 25) -		<u>0. 🖺 📉</u>						
		-	-	K, column (A), lines 11a-11d, 11f-24f) .		ļ	418,8		404,540.			
		•		es 13-17 (must equal Part IX, column (A), line	25) .	ļ.—	433,6		424,613.			
		Revenue less e	expenses	Subtract line 18 from line 12			246,1	.69.	-7,643.			
Net Assets or Fund Balances						Be	ginning of Y		End of Year			
1 2	20 T	Total assets (P	-	-	• •	·	317,0	166.	309,532.			
A P	21 7	Total liabilities	(Part X,	line 26)	•	<u> </u>						
				nces. Subtract line 21 from line 20		l	317,0	<u> 166.</u>	309,532.			
Pa	rt II 😁	Signatu							·			
		Under penalties	of perjury,	declare that I have examined this return, including accompa Declaration of preparer (other than officer) is based on all in	nying schedules and	i statements, a	ind to the best only knowledge	of my kr	nowledge and belief, it is			
		auc, correct, and						_				
Siç	jn		Jimo	my surry			Man	6,	2010			
He	re	Signature of	officer				Date /					
		TIMOT										
		Type or prin	t name and	title.				Te	Proparar's identifying number			
			_	1 0 0 1	Date		Check if self-		reparer's identifying number see instructions)			
Pre- Preparer's signature > Out of tulin CPA 5-7-							employed P	\Box				
		signature	<u> </u>	my vum CIH		, ,,	_	L				
	rer c											
Us	rer's e	Firm's name (or		RIOLA NEIGHBORS LLP								
Üs On	е	yours if self- employed)	60 2	ABELE ROAD, SUITE 1103			EIN ►					
On	e ly	yours if self- employed), address, and ZIP + 4	BRII		15017		EIN ► Phone no ►		X Yes No			

Form 990 (2009)

Form	990 (2009) YOUTH SERVICE INTERNATIONAL, INC.	36-3926031	Page 2
Par	付根製 Statement of Program Service Accomplishments		
1	= · · , · · · · · · · · · · · · · · · · · · ·		
	Youth Service International (YSI)		
	organizes and sponsors a variety of programs to assist others in	the	. _
	See Form 990, Page 2, Part III, Line 1 (continued)		-
2	Did the organization undertake any significant program services during the year which were not listed on t	he prior	_
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces? Yes	X No
	If 'Yes,' describe these changes on Schedule O.	_	
4	Describe the exempt purpose achievements for each of the organization's three largest program services to	by expenses. Section 501	(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	allocations to others, the	total
	expenses, and revenue, it any, for each program service reported.		
4 a	a (Code:) (Expenses \$ 365,875. including grants of \$ 0.)		1,750.)
	EDUCATIONAL SEMINARS AND GUIDANCE PROGRAMS INCLUDING A LEADERSHI	P CAMP FOR YOU	NG MEN _
		- -	
		. _	
4b	(Code:) (Expenses \$56,265. including grants of \$0.)		1,747.)
	VOLUNTEER SERVICE PROGRAMS, INCLUDING INTERNATIONAL VOLUNTEER TE	RIPS	
			
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		. 	
		·	
		 	
4 d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	<u> </u>)
4e	Total program service expenses ► 422,140.		<u> </u>

			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		_x_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		x
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 similar funds or 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		_X_
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		_ <u>x</u> _
	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		_ X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			\$ "." \$***
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	被		1.5
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .		33.	·" {
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X	*	142	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	The state of		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u> x</u>
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		<u>x</u>
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		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		_x_
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		_ X
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	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		
25 a	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		x
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
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		х
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2009)

UII	Had (2009) TOOTH SERVICE INTERNATIONAL, INC. 36-392003	<u> </u>	r	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
_			'Yes	-No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	· · · · ·
2	a 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	•	2	-
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	-	
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
	b If 'Yes,' enter the name of the foreign country:	70	-	^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		71.	· ·
_	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		, <u>x</u>
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
		30		├ ^
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		<u> </u>
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
-	of If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	- ,	, ,	1,3
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	ر 7a		X
1	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7c	۲, ۱, ۲۲	X
	If 'Yes,' indicate the number of Forms 8282 filed during the year	1	-	
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	8	12	
	holdings at any time during the year?		A 51	X
9	Sponsoring organizations maintaining donor advised funds. I Did the organization make any taxable distributions under section 4966?		سننت	
	Did the organization make any taxable distributions under section 4900:	9a 9b		X
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12		ر میں ج اور	,,,
	· · · · · · · · · · · · · · · · · · ·	3	J.; (,
			, i	ķ .
	Section 501(c)(12) organizations. Enter: Gross income from other members or shareholders		·	,
			, m. 1873.4	7 - 7
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	-	ائے۔ اید کی د	

BAA

Form **990** (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 920 (2009) YOUTH SERVICE INTERNATIONAL, INC. 36-3926031 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body . . . **b** Enter the number of voting members that are independent 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? ... 2 Х 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? 3 Did the organization make any significant changes to its organizational documents 4 Х since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Яa Х **b** Each committee with authority to act on behalf of the governing body? ... Х 8Ы 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Х 17 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 X 14 Does the organization have a written document retention and destruction policy? . Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15 a X **b** Other officers of key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 81 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . 16 a Х ٠, 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. Disclosures List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 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. X Upon request Another's website Own website 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.

______5090 WARWICK TERRACE PITTSBURGH PA 15213 (412) 683-8448

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

(E)

(F)

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees'

(B)

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 List persons in the following order: individual trustees or directors: institutional trustees: officers; key employees; highest compensations.

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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	(c)				(0)	(E)	(F)		
Name and Title	Average hours per week		Position (check Officer or direct					Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation
		ier Str	tution	3	key employee	est o	헃	(W-21033-MISC)	(W-2/1099-MISC)	from the organization and related
		advict a trustee	Institutional fourtee		ye.	Highest compensated employes				organizations
		, A	i i i			Syled				
WILLIAM KIPP										
PRESIDENT	8.00		_	X	_	<u> </u>	<u> </u>			
CHARLES CUSHNIE VICE PRESIDENT	4.00			х						
JOHN R. BICKFORD	1.00			^						
SECRETARY	2.00			х					<u>.</u> .	
LUCIANO LEJANO					Ì					
ASST. SECRETARY	2.00			Х						
TIMOTHY BARRY TREASURER	10.00			Х						
JL MARTI										
ASST. TREASURER	2.00			X	_					
								:		
										··· =·
										- · · · · · · · · · · · · · · · · · · ·
						i				
							\vdash			
	l							<u> </u>		

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization >

	Train Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues	61,251.	61,251.			
		Business Code	· 表现结合 ()		•	
PROGRAM SERVICE REVENUE	2a LEADERSHIP_CAMP	900099	166,461.	166,461.	0.	0.
₩ [b VOLUNTEER SERVICE PROGRAMS		41,747.	41,747.	0.	0.
핑	c EDUCATIONAL/GUIDANCE SEMINARS		145,290.	145,290.	0.	0.
₹		00000	143,230.	143/230.		
35	°					
\$	e					
Ö	f All other program service revenue			,,		
<u></u>	g Total. Add lines 2a-2f	<i></i> >	353,498.	- (, ,
	3 Investment income (including dividends, other similar amounts)		2,026.	2,026.	0.	0.
ŀ	4 Income from investment of tax-exempt be	ond proceeds				
	5 Royalties	··· · · · · · · · · · · · · · · · · ·				 ,
	(ı) Real	(II) Personal			11154	
	6a Gross Rents .	<u></u>		, ,	:	- 1
	b Less: rental expenses			- ' '		,
l	c Rental income or (loss)					
l	d Net rental income or (loss)	>				
	7a Gross amount from sales of assets other than inventory	(II) Other		\$ - \$ * 1 * 1	r = 2,1	
	b Less: cost or other basis and sales expenses					2
]	c Gain or (loss)		1. A. S.			
i	d Net gain or (loss)		ACAL MEDICAL CO.			
INUE	8a Gross income from fundraising events (not including \$			(e' ,	,	,
2	of contributions reported on line 1c).			, *		
OTHER REVEN	See Part IV, line 18 a		7.00	,		
욷ㅣ	b Less: direct expenses b					, , , , , , , , , , , , , , , , , , ,
0	c Net income or (loss) from fundraising even	ents ▶				
	9a Gross income from gaming activities. See Part IV, line 19 a			- 4	,	
	b Less direct expenses b		7 (100 100 100 100 100 100 100 100 100 1		*	1
	c Net income or (loss) from gaming activiti	es .				
			Carlotte C	<u></u>	1.1 (2.5)	• • • • •
	10 a Gross sales of inventory, less returns and allowances a			-,* ;	-	5,*,
1	b Less cost of goods sold b				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ļ	-			المباليد بمنيد سيوسديد	~	
}	c Net income or (loss) from sales of invent	Business Code		,,,,	2 (4) (3)	· · · · · · · · · · · · · · · · · · ·
}			195.	195.	0.	museuminessus e c. f
j		00099	195.	132.	Ų.	0.
- 1	b					
}	°					
l	d All other revenue					, , , , , , , , , , , , , , , , , , , ,
	e Total. Add lines 11a-11d	▶	195.	-3	1 3 4	
	12 Total revenue. See instructions	•	416,970.	355,719.	0.	0.

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),

	All other organizations must com		(B)	(C)	(D)
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				The state of the s
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				The spring of the second
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				The state of the s
4 5	Benefits paid to or for members	<u></u>		To the second se	
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	17,575.	17,575.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
10	,	2,498.	2,498.	0.	0.
11	Fees for services (non-employees)				
ä	a Management		<u> </u>		
ŀ	b Legal				
•	c Accounting	480.	480.	0.	0.
•	d Lobbying			hadi	
•	e Prof fundraising svcs. See Part IV, In 17		Constitution of the second	केन्द्रां ।	
f	Investment management fees				
Ç	g Other				
12	Advertising and promotion	1,452.	1,452.	0.	0.
13	Office expenses	895.	0.	895.	0.
14	Information technology .				
15	Royalties				
16	Occupancy	111,858.		0.	0.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	12,574.	12,574.	0.	0.
10					
19 20	· · · · · · · · · · · · · · · · · · ·				
21	Interest			-	
22	Depreciation, depletion, and amortization				
23	Insurance	4,450.	4,450.	0.	0.
	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.)				2 ~
2	BANK CHARGES	1,134.	0.	1,134.	0.
	AUTOMOBILE EXPENSES	17,610.	17,610.	0.	0.
	TELEPHONE	113.	0.	113.	0.
	POSTAGE AND SHIPPING	408.	408.	0.	0.
	TAXES AND GOVT FEES	326.	0.	326.	0.
	All other expenses	253,240.	253,235.	5.	0.
	Total functional expenses. Add lines 1 through 24f	424,613.	422,140.	2,473.	0.
26	Joint costs. Check here ▶ ☐ 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				Farry 000 (2000)
BAA					Form 990 (2009)

		(A) Beginning of year		(B) End of year
1 Cash – non-interest-bearing		57,655.	1	1,884.
2 Savings and temporary cash investments		259,411.	2	304,146.
3 Pledges and grants receivable, net	, , , , , . [3	
4 Accounts receivable, net			4	3,502
5 Receivables from current and former officers, directors, tru and highest compensated employees. Complete Part II of S	Schedule L		5	
6 Receivables from other disqualified persons (as defined un	der section 4958(f)(1))	\$7.		,
and persons described in section 4958(c)(3)(B). Complete	Part II of Schedule L .		6	<u> </u>
7 Notes and loans receivable, net	[7	
8 Inventories for sale or use	[8	
9 Prepaid expenses and deferred charges	[**-	9	
10a Land, buildings, and equipment: cost or other basis 10	a	19 July 19 19 19 19 19 19 19 19 19 19 19 19 19		
Complete Part VI of Schedule D				
b Less accumulated depreciation	b		10 c	
11 Investments – publicly-traded securities		<u>-</u>	11	
12 Investments – other securities See Part IV, line 11			12	
13 Investments - program-related. See Part IV, line 11			13	
14 Intangible assets	T T		14	
15 Other assets. See Part IV, line 11			15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	T T	317,066.	16	309,532
17 Accounts payable and accrued expenses		•	17	
18 Grants payable			18	
19 Deferred revenue			19	
20 Tax-exempt bond liabilities			20	
	-		21	`
22 Payables to current and former officers, directors, trustees, highest compensated employees, and disqualified persons.	kev employees.			
of Schedule L			22	·
23 Secured mortgages and notes payable to unrelated third pa	irties		23	
24 Unsecured notes and loans payable to unrelated third partie	-		24	·
25 Other liabilities. Complete Part X of Schedule D		 	25	
26 Total liabilities. Add lines 17 through 25		0.	26	0
	and complete lines	n (\$375	.*.,	
Organizations that follow SFAS 117, check here ► ☐ :	•			
27 Unrestricted net assets		***************************************	27	
29 Tomporarily restricted not assets	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · ·	28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here ▶	X and complete	· A 🛱	* ;	. • ,
-		A. A.		
lines 30 through 34. 30 Capital stock or trust principal, or current funds	. [30	
	fund .		31	
31 Paid-in or capital surplus, or land, building, and equipment 32 Retained earnings, endowment, accumulated income, or oth 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances		317,066.	32	309,532.
33 Total net assets or fund balances	· [317,066.	33	309,532
34 Total liabilities and net assets/fund balances.	<u> </u>	317,066.	34	309,532

BAA

Form 990 (2009)

Form 990 (2009) YOUTH SERVICE INTERNATIONAL, INC. 36-392603	1	Pa	age 12
Part XI * Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		3	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	·	, , ,	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2 b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		ļ. ,	4*
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
Separate basis Consolidated basis Both consolidated and separate basis			· · ·
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?	3 a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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Form 990 (2009)

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.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

YOU	TH SERVICE INT	ERNATIONAL, I	NC.					36-39	26031			
Part	Reason for Pu	blic Charity Statu	ıs (All organızatıons	must o	comple	te this	part.)	See ir	nstructi	ons		
The o	rganization is not a pri	vate foundation becaus	se it is: (For lines 1 throu	gh 11, c	heck onl	y one bo	ox.)					
1	A church, conventi	on of churches or asso	ociation of churches desc	ribed in	section	1 70(b)(1	χΑχί).					
2	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	.)								
3	A hospital or coope	erative hospital service	organization described i	n sectio	n 170(b)	(1)(A)(ii	i).					
4	A medical research	n organization operate	d in conjunction with a ho	ospital de	escribed	ın secti	on 170(Ь)(1)(А)(iii). Ente	r the hospit	lal's	
	name, city, and sta	ate:									·	
5	170(b)(1)(A)(iv). ((Complete Part II.)	of a college or university					nental ui	nit descri	ibed in sec	tion	
6 7												
8	[]		70(b)(1)(A)(vi). (Complete	e Part II.	.)							
9												
10	_ ,	•	exclusively to test for put		-							
11	more publicly supp	orted organizations di	exclusively for the benefi escribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	ons of, See s e	or carry ection 50	out the ()9(a)(3).	purposes of Check the	f one of box th	or nat
	a 🔲 Type I	b Type II	с 🗌 Туре ІІ	1 — Fund	tionally	integrate	ed		d 🗌	Type III—	Other	
е	By checking this both than foundation ma 509(a)(2).	ox, I certify that the organizers and other than	ganization is not controlle none or more publicly su	ed directl pported	y or indi organiza	rectly by itions de	one or scribed	more di in sectio	squalifie on 509(a	d persons)(1) or sect	other	
f		received a written dete	ermination from the IRS t	hat is a	Type I, 7	Гуре II о 	r Type I	II suppo	rting orga	anızatıon,		
g	Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ition fron	n any of	the foll	owing pe	ersons?			
											Yes	No
	(i) a person who	directly or indirectly of	controls, either alone or to ipported organization?	ogether v	with pers	sons des	cribed	ın (II) anı	d (III)	11g (i)		
				• • •	•		• •			11g (ii)		
	• • •	iber of a person descri	••			•	•					
	• •	, ,	described in (i) or (ii) ab		•		•		•	11 g (iii)		<u> </u>
h		T*	ne supported organization	7		T			 	4 10 4		
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in col d in your erning ment?	the organ	ou notify itzation in (i) of ipport?	(vi) Is organizati (i) organiz U S	on in col	(vii) Amoun	t of Sup	port
				Yes	No	Yes	No	Yes	No			
						ŀ						
		i										
	***					<u> </u>						
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				1	1]	- 1			
		- <u>y</u>	Take 1 Tak	11115	40. 32.4	ļ.,	, ,	 				
Total						41 .						

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	t II Support Schedule for (Complete only if you checked)				(b)(1)(A)(iv) an	d 170(b)(ΊχΑχ	(vi)
Sec	tion A. Public Support	ed the box on line	3, 7, 01 0 01 1 art					
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	41,350.	51,606.	48,491.	335,210.	61,2	251.	537,908.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3	41,350.	51,606.	48,491.	335,210.	61,2	251.	537,908.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						en Legar Legar	
6	Public support. Subtract line 5 from line 4					W. T.	(16) (16)	537,908.
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	19	(f) Total
7	Amounts from line 4	41,350.	51,606.	48,491.	335,210.	61,251.		537,908.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	807.	752.	305.	5,297.	2,026.		9,187.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10					1. 18 1. 18 1. 19 1. 18	<u>```</u>	547,095.
12	Gross receipts from related active	ities, etc. (see inst	tructions)	•			12	
	First five years. If the Form 990 organization, check this box and	stop here	•	d, third, fourth, or		section 50	1(c)(3)	▶ 🗍
	tion C. Computation of Pu							
	Public support percentage for 20			e 11, column (f)	•	•	14	98.32%
	Public support percentage from 2			•	•	•	15	98.54%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did i qualifies as a publ	not check the box licly supported org	on line 13, and t janization	he line 14 is 33-1.	/3 % or mor	e, ched	ck this box
Ł	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a publ	not check a box o icly supported org	n line 13, or 16a, panization	and line 15 is 33-	1/3% or mo	re, che	eck this box
	7a 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 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							
t	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar I-circumstances' t	nd-circumstances' test. The organiza	test, check this bation qualifies as a	ox and stop here. a publicly supporte	Explain in i ed organizat	Part IV tion.	now the
18 3AA	Private foundation. If the organiz	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,				uctions > 90 or 990-EZ) 2009

36-3926031

Page 2

4 Schedule A (Form 990 or 990 EZ) 2009 YOUTH SERVICE INTERNATIONAL, INC.

Page 3 Part III # Support Schedule for Organizations Described in Section 509(a)(2) -(Complete-only-if-you-checked-the-box-on-line-9-of-Part-l:)-Section A. Public Support Calendar year (or fiscal yr beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 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 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 点部實際的 点线 心的自然的情報學 医结节 學行法 8 Public support (Subtract line **江州海洋教学** ははないまでは 1965年1964年1966年 7c from line 6.) Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) ► (f) Total 9 Amounts from line 6 ... 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b ... Net income from unrelated business 11 activities not included inline 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.) 13 Total support. (add ins 9, 10c, 11, and 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. 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 b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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

s Sche	edula A	(Form	990 or	990-E	Z) 2009	3	YOUT	H SE	ERVIC	E I	NTE	RNAT	IONAI	, I	NC.		36	-392	6031		Page 4
Pai	t:IV#	Sup	pleme	ntal I	nform or-17	atio	n. Co	mple	ete thi	s pa	rt to	prov	ide th	e exp	olanati	ions re	equire	d by F	Part II	, line	10;
		r-ai-t	-II, IIIIE	; 1-7a	-0117-1	υ,-a	iiu-F-c	21-(-111	1,-11116	12	I=-1 U V	iuc-a	TIY-UII	101- a	aditioi	101-1111	Ulliati	01-1. 0			
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(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

Open to Public Inspection

Employer identification number

YOUTH SERVICE INTERNATIONAL, INC.	36-3926031
Pt_VI-B, Line 11A THE FORM 990 IS REVIEWED BY THE TREASURER FOR A	ACCURACY.
Pt_VI-C, Line 19 GOVERNING DOCUMENTS ARE AVIALABLE UPON REQUEST.	·
	~

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

United State and around the world. YSI was formed for the purpose of helping young people to learn how to serve others.