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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

50 CLANSON

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning 2009, and ending 20 C Name of organization Youth Life Foundation of Richmond Employer identification number Check if applicable Please Doing Business As Youth Life Foundation of Richmond 0569287 Address change label or Telephone number print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change type. 266-1616 Initial return 2325 West Broad Street 804) Specific City or town, state or country, and ZIP + 4 Terminated Richmond, VA 23220-2009 G Gross receipts \$ 234,407 Amended return F Name and address of principal officer: Stephanie Gossett Application pending H(a) Is this a group return for affiliates? Yes 2325 W. Broad Street Richmond, VA 23220 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) Website: ► www.ylfr.org H(c) Group exemption number Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile. VA Part I Summarv Briefly describe the organization's mission or most significant activities: Creating opportunities for children. After school and summer programs were held for children at the Delmont Learning Center and the Highland Park Learning Center. The children receive homework assistance and tutoring, computer training, nutritious snack and various field trips. 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 3 11 Activities & 4 10 Number of independent voting members of the governing body (Part VI, line 1b) 5 12 6 35 Total number of volunteers (estimate if necessary) 0 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 276.301 214.511 8 Contributions and grants (Part VIII, line 1h) 644 Program service revenue (Part VIII, line 2g) . 250 305 201 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 7,999 15,481 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 285.249 230,443 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . Benefits paid to or for members (Part IX, column (A), line 4) 160.576 192,295 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24T CFI 66,464 95,784 227,040 288,079 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12 io 58,209 (57,636)eginning of Current Year **End of Year** 203,979 143,410 Total assets (Part X, line 16) . 9,540 6,608 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 194,439 136,802 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is been correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Check if Date Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ __ Paid Preparer's Firm's name (or yours Use Only if self-employed), address, and ZIP + 4 Phone no ► (May the IRS discuss this return with the preparer shown above? (see instructions) Yes

1	Briefly describe the organization's mission: The Youth Life Foundation of Richmond operates Learning Centers to develop leaders by making long term Investments in children from at-risk communities. Our vision is to nurture the child, strengthen the family and rebuild the community.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services 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 allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 249,434 including grants of \$) (Revenue \$) After school and summer programs were held for children at the Delmont and Highland Park Centers. The children receive homework assistance and tutoring, nutritious snacks and lunches, field trips and computer training. With the assistance of 35 volunteers, 45 children were served in 2009.
75	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 249.424

Pai	t IV Checklist 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓_	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓	
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	√	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a		14a		✓
b	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		✓
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		✓
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		1
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		✓
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	✓	
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		✓,
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pai	t IV Checklist of Required Schedules (continued)			
			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		✓
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		✓
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? If "Yes," complete Schedule J	23	✓	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		1
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		√
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		✓
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		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
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		√
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance 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	Ye	s No
		.a 140
0.5. Information Returns. Effer -0- it not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		
gaming (gambing) withings to prize withers:	lc 🗸	<u></u>
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 2a 12	 2b ✓	,
at least one is reported on the East and the organization me an required reactal employment tax returns:	ZD V	+-
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		
	3a	√
b 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		
· · · · · · · · · · · · · · · · · · ·	la	
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.		
	ā -	· · · · 🗸 ·
The the organization a party to a promotion tax orionor transcation at any time daring the tax year.	ib	17
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		
	ic _	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Sa	✓
organization solicit any contributions that were not tax deductible?	1	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or		
· · · · · · · · · · · · · · · · · · ·	Sb	+
 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 		
	7a	
· · · · · · · · · · · · · · · · · · ·	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
required to file Form 8282?	7c	_
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		
	7e 7f	-+
- Did the eigenment of the year, pay promisine, and only or mandely, on a portonial bottom contract.	rg	
b For contributions of qualified intellectual property, did the organization file Form 8899 as required?	9	
	7h	
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 holdings at any time during the year?	8	
· · · · · · · · · · · · · · · · · · ·	_ -	-
a sid the digarization make any taxable distributions and discount 4000	a	-
bid the organization make a distribution to a denot, defined advisor, or related persons.	9b	+-
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12		
a Initiation fees and capital contributions included on Part VIII, line 12		
11 Section 501(c)(12) organizations. Enter:		
a 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? 12b 12b	2a	_

Form	990 (2009)		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, Schedule O. See instructions.			
Sec	tion 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]		
2	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		✓.
3	Did the organization delegate control over management duties customarily performed by or under the direct		ĺ	_
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	_	/
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		V
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		1
	of the governing body?	7a	-	1
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		1	
	The governing body?	8a 8b	-	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	80		_
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		/
Sec	tion B. Policies (This Section B requests information about policies not required by the Int			<u> </u>
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	<u> </u>	✓
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	<u> </u>	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	ا ا		
	form?	11	-	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		-
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	-
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406		./
	rise to conflicts?	12b	-	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		1
13	describe in Schedule O how this is done	13		1
	Does the organization have a written whistleblower policy?	14	-	1
14 15	Does the organization have a written document retention and destruction policy?	<u> </u>		<u> </u>
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
	Other officers or key employees of the organization	15b		Ì
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	L		
	with a taxable entity during the year?	16a		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	'	1	
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		L	ļ
	the organization's exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	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.			
	☐ 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 int	erest	
	policy, and financial statements available to the public.			

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Stephanie Gossett 2325 W. Broad Street Richmond, VA 23220 (804) 266-1616

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. Report compensation for the calendar year ending with or within the organization'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 employee."
- 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 compensated employees; and former such persons.

☐ Check this box if the organization did not co	mpensate	any o	curr	ent	offi	cer, d	lirec	tor, or trustee.	,	
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	k Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Brian A. Richardson, Chairman of the Board	8			✓				0	0	0
Daryl Shetterly, Vice-Chairman of the Board	5			/				0	0	0
Lindsey Barr, Treasurer	5			✓				0	0	0
Emily Souder, Secretary	3			1				0	0	0
Joe Dunn, Board Member	2			1			1	0	0	0
Pamela Foxworth-Gaines, Board Member	2			1				0	0	0
Daniel Johnson, Board Member	2			1				0	0	0
Richard Schofield, Board Member	2			1				0	0	0
Michael Wasch, Board Member	2			1				0	0	0
Heather Goodlett, Founder	4			1				0	0	0
Stephanie Gossett, Executive Director	40	1						17,164	0	0
Sherri Roccaforte, Executive Director	40						1	29,423	0	0
								_		

Pa	rt VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A)						(F)				
Name and title	Name and title	Average hours per week	Position Individual trustee or director	nstitutional trustee	Officer	Key employee	a Highest compensated employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
		,									
1b	Total			٠.		!			46,587		0 0
2	Total number of individuals (including but		to the	ose	liste	ed a	above) wi	no received mo	ore than \$100,	000 in
	reportable compensation from the organiza	ation > 0									
											Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							-	e, or highest o	•	3 1
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of repo	ortabl	e c	omp	ens	ation	and	d other compe	nsation from	
5	Individual. Did any person listed on line 1a receive	or accrue	com	en:	satio	on f	rom a	anv	unrelated org	anization for	4
	services rendered to the organization? If " ction B. Independent Contractors	res," comp	olete 3	Scn	eau	ie J	tor s	ucn	person	· · · · ·	5 ✓
1	Complete this table for your five highest co	ompensate	d ind	ene	nde	ent c	contra	cto	rs that receive	d more than \$	100 000 of
	compensation from the organization.							1			
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
No	ne							-			
2	Total number of independent contractors (i					to	those	liste	ed above) who	received	

Part	t VII	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
nts	1a	Federated campaigns 1a					
tributions, gifts, grants other similar amounts	t	Membership dues 1b					
S, C	1	Fundraising events 1c	15,481				
gif lar	1	Related organizations 1d		ļ			
ž E	+	Government grants (contributions). 1e	5,000				
		All other contributions, gifts, grants,					
혈충	1	and similar amounts not included above	209,511				ł
Contributions, and other simil	g	Noncash contributions included in lines 1a-1f: \$	28,000				
ပြည်		Total. Add lines 1a-1f	•	229,992			
97			Business Code				
Program Service Revenue	2a	Program Fees Collected	624410	250	250		
æ.	ь						
<u>8</u>	G					·-	
<u>5</u>	d						
E				-	-		
gra	f	All other program service revenue .					
Pro	g	Total. Add lines 2a-2f	•	250			
	3	Investment income (including dividends other similar amounts)	, interest, and	201			
	5	Royalties	proceeds				
		(i) Real	(ii) Personal				
	6-	 - '' ' ' 	(,,				
İ	t						
	1	Less: rental expenses Rental income or (loss)					
	d		•	-		-	-
	_		(ii) Other	-			
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	_						
	b	Less: cost or other basis					
		and sales expenses					
		Gain or (loss) .			-		†
	d	Net gain or (loss)	·_ · · · •				
Other Revenue	8a	Gross income from fundraising events (not including \$					
ě		of contributions reported on line 1c).					
<u>-</u>		See Part IV, line 18 a					
ţ		Less: direct expenses b		~		-	1
0	C	Net income or (loss) from fundraising ev	vents ▶				ļ
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b					
	С	Net income or (loss) from gaming activi	ties ▶				
	10a	Gross sales of inventory, less					1
	1	returns and allowances a					
		Less: cost of goods sold b		_		_	
	C	Net income or (loss) from sales of invento					_
		Miscellaneous Revenue	Business Code				
	11a						
	ь		_				
	С						
	ď	All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		230,443			

Part IX Statement of Functional Expenses

	Section 5	01(c)(3) and 501(c)(4	l) organizations	must comple	ete all columns	S.	
All other or	ganizations mus	t complete column	(A) but are not	required to c	omplete colum	nns (B), (C), and (D).

	All other organizations must complete colu	umn (A) but are no	t required to comp	olete columns (B), (C	
	o not include amounts reported on lines 6b, b, 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	46,587	23,293	4,659	18,635
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	124,748	124,748		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	7,711	7,083	126	502
10	Payroll taxes	13,249	11,384	373	1,492
11	Fees for services (non-employees):				
а	Management	-			
b					
	Accounting	3,500	-	3,500	
	, ,				
_	Professional fundraising services. See Part IV, line 17	· · ·			
f		2,689	219	520	4.050
	Other	2,009	219	320	1,950
12	Advertising and promotion	2 644	256	4 500	4 700
13	Office expenses	3,644	256	1,598	1,790
14	Information technology				
15	Royalties				
16	Occupancy	30,403	29,597	806	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,410	1,525	689	196
20	Interest	249		249	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	16,496	15,971	26	499
23	Insurance	2,176	1,176	1,000	
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	Transportation - Mini-Buses	5,552	5,552		
b	Program Supplies	28,630	28,630		
C	Corporate Annual Filing Fee	35		35	· - ·-
d					
e	All other expenses		·····		
25	All other expenses	288,079	249,434	13,581	25,064
26	Joint costs. Check here ▶ ☐ if following	200,079	243,434	13,301	25,004
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				··

Part X **Balance Sheet** (A) Beginning of year (B) End of year Cash-non-interest-bearing 44,407 1 64.986 1 Savings and temporary cash investments 66,609 2 2,600 2 22,500 60,000 3 3 Pledges and grants receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Assets Notes and loans receivable, net 8 8 Inventories for sale or use Prepaid expenses and deferred charges . 9 9 Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 69,826 32,963 10c 53,324 11 11 Investments—publicly traded securities 12 12 Investments-other securities. See Part IV. line 11 13 13 Investments-program-related. See Part IV, line 11 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 203,979 16 143,410 9,540 17 17 6,608 Accounts payable and accrued expenses 18 18 Grants payable 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities. Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25. 9,541 26 6,608 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 161,352 27 122,519 27 33,086 28 14,283 28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds 32 136,802 33 194,438 33 Total liabilities and net assets/fund balances 143,410 203,979 34

Page	1	2
raue		~

Pa	t XI Financial Statements and Reporting				
			Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	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		1	
_	b Were the organization's financial statements audited by an independent accountant?				
С	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		1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
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?	3a		1	
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			
		•			

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.

OMB No 1545-0047
2009
Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization Youth Life Foundation of Richmond, Inc. 0569287 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33\% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. a Type I **b** Type II c Type III-Functionally integrated d ☐ Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of in col. (i) listed in your organization (described on lines 1-9 organization in col the organization in support above or IRC section governing document? (i) organized in the col (i) of your (see instructions)) support? Yes No Yes Yes

Total

Part II Support Schedule for Organizations Described in Sections 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (e) 2009 (f) Total (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 Gifts, grants, contributions, and membership fees received. (Do not 122,648 153,685 214,511 923,881 156,736 276,301 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 furnished by a governmental unit to the organization without charge 122,648 153,685 156,736 276,301 214,511 923,881 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) 923,881 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) > (e) 2009 (f) Total 122,648 153,685 156,736 276,301 214,511 923,881 Amounts from line 4 . . Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 1,321 225 971 1,592 201 4,310 sources Net income from unrelated business activities, 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.) 928,191 11 Total support. Add lines 7 through 10 . 181,040 12 Gross receipts from related activities, etc. (see instructions) 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 99.54 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.53 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33% % support test-2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 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 b 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 ▶

Pa	rt III Support Schedule for Orga (Complete only if you checke	nizations De	escribed in S	section 509(a	1)(2)		rage U
Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·		
	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
-	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		<u> </u>		<u> </u>	ļ	
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				l 		
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						
С	Add lines 7a and 7b					1	
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
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.)				·	ļ	
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u></u>				on 501(c)(3) ▶ □
	tion C. Computation of Public Su					1 1	
15	Public support percentage for 2009 (lin					15	<u>%</u>
16 Sec	Public support percentage from 2008 Stion D. Computation of Investmen			<u> </u>	· · · ·	16	<u>%</u>
						17	
17 18	Investment income percentage for 2009 Investment income percentage from 2009				olumn (f)) .	17	
19a	33% % support tests—2009. If the orga				 and line 15 is :		
	17 is not more than 331/3 %, check this b	ox and <mark>stop h</mark> e	e re. The organi	zation qualifies	as a publicly	supported org	anization 🕨 🗌
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	box and stop	here. The organ	nine 14 or line nization qualifie	raa, and line 1 s as a publicly	o is more than supported orga	anization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Scriedule A (FC	Jill 990 Or 990-EZ) 2009				Page 🕶
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12.	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.
		•••••			
			•		
•••		· · · · · · · · · · · · · · · · · · ·		·····	······································
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 0569287 Youth Life Foundation of Richmond 81 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) . . 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Page	2

Par	rt III Organizations Maintainin	g Collections	of Art, H	istorical	Treasures,	or Ot	her Similar	Assets (continued)
3	Using the organization's acquisition, a collection items (check all that apply)	accession, and o	ther reco	rds, ched	ck any of the	follow	ing that are a	significant use of its
а	Public exhibition		d		oan or exchar			
b	Scholarly research		е	□ 0	ther			
C	Preservation for future generation	ons						
4	Provide a description of the organiza Part XIV.	tion's collections	and exp	laın how	they further	the or	ganization's e	xempt purpose in
5	During the year, did the organization so assets to be sold to raise funds rather	olicit or receive do than to be mainta	onations o uned as p	f art, hist art of the	orical treasure organization's	s, or o	ther similar ction?	. Yes No
Par	rt IV Escrow and Custodial Ar IV, line 9, or reported an a					swere	ed "Yes" to F	form 990, Part
	Is the organization an agent, trustee, included on Form 990, Part X?					ns or	other assets i	not Yes No
b	If "Yes," explain the arrangement in F	art XIV and com	plete the	followin	g table:		· · · · · · · · · · · · · · · · · · ·	
								Amount
C	Beginning balance							
d	Additions during the year							
е	Distributions during the year					1e		
f						1f		
	If "Yes," explain the arrangement in F	Part XIV.						. Yes No
Par	rt V Endowment Funds. Com	nplete if the org	ganizatio	n answe	ered "Yes" t	o For	m 990, Part	IV, line 10.
		(a) Current year	(b) Pno	or year	(c) Two years t	oack (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance		_					
b	Contributions							
С								
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f g	Administrative expenses							
2	Provide the estimated percentage of	the year end bal	lance held	d as:	I			····· · · · · · · · · · · · · · · · ·
а		-						
b	Permanent endowment ▶	%						
C	Term endowment ▶ %							
3a	Are there endowment funds not in the	possession of th	e organiz	ation tha	t are held and	i admı	nistered for th	e <u> </u>
	organization by:		-					Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							3a(ii)
	If "Yes" to 3a(ii), are the related organ							. 3b
4	Describe in Part XIV the intended use							
Par	rt VI Investments—Land, Buil	dings, and Eq	uipment	L. See Fo	orm 990, Pa	rt X, li	ne 10.	
	Description of investment	(a) Cost or other			st or other s (other)		ccumulated preciation	(d) Book value
1a	Land		_					
b	Buildings				<u> </u> _			
C	Leasehold improvements							
d e	Equipment		123,150				69,826	53,324
Tota	al. Add lines 1a through 1e. (Column (d) m	ust equal Form 9:	90, Part X.	column	(B), line 10(c).)			53.324

Part VII Investment	s-Other Securitie	s. See Form 990, Part X	(, line 12.	r age U
(a) Description of security (including name of	y or category	(b) Book value	(c) Method of value Cost or end-of-year ma	ation irket value
Financial derivatives				
Closely-held equity interests	s			
Other				
		·	 	
•			<u> </u>	
***************************************			<u> </u>	
		-		

Total. (Column (b) must equal Form 990			<u> </u>	
Part VIII Investment	s—Program Relate	ed. See Form 990, Part X	(, line 13.	
(a) Description of inve-	stment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation arket value
				· · · · · · · · · · · · · · · · · · ·
			<u> </u>	
		<u> </u>		
			,	
			<u> </u>	
Total. (Column (b) must equal Form 990). Part X. col (B) line 13) >	-		<u>-</u>
	ts. See Form 990, P	art X line 15		
		(a) Description		(b) Book value
·		· · · · · · · · · · · · · · · · · · ·		-
		· · · · · · · · · · · · · · · · · · ·		
			·	
Total. (Column (b) must equa	l Form 990. Part X. col.	(B) line 15.)		
	ities. See Form 990			<u> </u>
1. (a) Description	of liability	(b) Amount		
Federal income taxes				
			_	
		<u> </u>		
		<u> </u>		
				
Total. (Column (b) must equal Form 99	0, Part X, col (B) line 25) ▶			
		of the footnote to the organi	zation's financial statements that	reports the
organization's liability for un	certain tax positions	under FIN 48.		

Schec	lule D (Form 990) 2009	_		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial S	tater	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		8	
8	Other (Describe in Part XIV.)		9	
9 10	Total adjustments (net). Add lines 4 through 8	ine lines 3 and 0	10	
	t XII Reconciliation of Revenue per Audited Financial Sta			r Return
1	Total revenue, gains, and other support per audited financial statemen		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d 3,90	64	
e	And the action of the second code		26	3,964
3	Subtract line 2e from line 1		3	230,043
4	Amounts 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.)	4b		
C	Add lines 4a and 4b		40	>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	-	. 5	200,040
Par	t XIII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses p	
1	Total expenses and losses per audited financial statements		. 1	292,043
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ı	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	_	
С	Other losses	2c	_	
d	Other (Describe in Part XIV.)	2d 3,90		_
е	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1	, . ,	<u> 3</u>	288,079
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		
	Other (Describe in Part XIV.)	4b		_
	Add lines 4a and 4b		40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	I, IINE 18.)	5	288,079
	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b			
	part to provide any additional information.	, and rare will, intoo 20 c	., id 40	. Alloo complete
The	fund-raising income from the golf tournament is reduced by costs	to show net income on	the 99	30. The audited
tina	ncial statements shows gross receipts in fund-raising income and i	includes fund-raising ex	pens	es as a line item
in t	otal avagancae			
	otal expenses.			

Schedule D (For	orm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
• • • • • • • • • • • • • • • • • • • •		
- 		
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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
2009

Open To Public Inspection

Employer identification number

Youth Life Foundation of Richmond 81 0569287 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d ✓ In-person solicitations 2a 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? Ves VIII) 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 (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (or retained by) (vi) Amount paid to custody or control of contributions? or entity (fundraiser) from activity (or retained by) fundraiser listed in col (i) organization Yes No . • 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.

Pá	art I	Fundraising Events. Commore than \$15,000 on F	omplete if the organiza form 990-EZ. line 6a. L	ition answered "Yes" t list events with aross r	o Form 990, Part IV, I eceipts greater than :	line 18, o \$5,000.	r reporte	d
			(a) Event #1 Golf Tournament	(b) Event #2	(c) Other events	(d) To	otal events	gh
m			(event type)	(event type)	(total number)	С	ol (c))	
Revenue	1 2	Gross receipts	19,446				1	9,446
		contributions						
	3	Gross income (line 1 minus line 2)	19,446				1	9,446
	4	Cash prizes						
	5	Noncash prizes	365					365
ses	6	Rent/facility costs	3,600				·	3,600
Direct Expenses	7	Food and beverages						
Direct	8	Entertainment						
	9	Other direct expenses				-		
	10	Direct expense summary. Ad				(,965)
	11 art II	Net income summary. Comb Gaming. Complete if t				or repo		5,481
		than \$15,000 on Form		vered res to roini	550, raitiv, inte 15	, or repe	orted in	516
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		tal gaming through co	
	1	Gross revenue						
nses	2	Cash prizes						
Direct Expenses	3	Noncash prizes				1		
Direct	4	Rent/facility costs				-		
	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	-		
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summary	. Combine line 1, colun	nn d, and line 7				
					-		Yes	No
9 a		ter the state(s) in which the o the organization licensed to o	-	_			9a	
b	If "	No," explain:						
10a		ere any of the organization's g	gaming licenses revoke	d, suspended or termin	ated during the tax ye	ear?	10a	1
b	lf "	Yes," explain:						
				····				
11		es the organization operate g					11	ļ
12	ls for	the organization a grantor, be med to administer charitable		a trust or a member of			12	

Sche	dule G (Form 990 or 990-EZ) 2009		P	age 3
	•		Yes	No
13 a	Indicate the percentage of gaming activity operated in: The organization's facility			
14	An outside facility			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
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 of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			i
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE J (Form 990) ·

Department of the Treasury

Questions Regarding Compensation

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization Employer identification number Youth Life Foundation of Richmond 81 0569287

				Yes	No
1a	Check the appropriate box(es) if the organization provided ar 990, Part VII, Section A, line 1a. Complete Part III to provide				
	☐ First-class or charter travel ☐ H	ousing allowance or residence for personal use			
	☐ Travel for companions ☐ P	ayments for business use of personal residence		-	
	☐ Tax indemnification and gross-up payments ☐ H	ealth or social club dues or initiation fees	1		
	☐ Discretionary spending account ☐ P	ersonal services (e.g., maid, chauffeur, chef)	1		
			- 1		
b	If any of the boxes on line 1a are checked, did the organic or reimbursement or provision of all of the expenses desc	ribed above? If "No," complete Part III to	- 1b		_
_	explain	· · · · · · · · · · · · · · · · · · ·	10		_
2	Did the organization require substantiation prior to reimbu		ا م		
	officers, directors, trustees, and the CEO/Executive Direct	or, regarding the items checked in line 1a? .	2		
3	Indicate which, if any, of the following the organization use organization's CEO/Executive Director. Check all that app	y.			
		/ritten employment contract	1		
		ompensation survey or study			,
	Form 990 of other organizations	pproval by the board or compensation committee	1		
4	During the year, did any person listed in Form 990, Part V organization or a related organization:	II, Section A, line 1a, with respect to the filing		:	
а	Receive a severance payment or change-of-control payment	ent?	4a		✓
b	Participate in, or receive payment from, a supplemental no	onqualified retirement plan?	4b		✓
C	Participate in, or receive payment from, an equity-based of	ompensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III.			!
			İ		
_	Only section 501(c)(3) and 501(c)(4) organizations must	•			
5	For persons listed in Form 990, Part VII, Section A, line 1a compensation contingent on the revenues of:	, did the organization pay or accrue any			 <u>-</u>
а	The organization?		5a		✓
b	Any related organization?		5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.		1		
6	For persons listed in Form 990, Part VII, Section A, line 1a	, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	-			
а	• • • • • • • • • • • • • • • • • • • •	<i></i>	6a		√
b	Any related organization?	· · · · · · · · · · · · · · · · · · ·	6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.			- -	
7	For persons listed in Form 990, Part VII, Section A, line 1a payments not described in lines 5 and 6? If "Yes," described in lines 6 and 6	, did the organization provide any non-fixed pe in Part III	7		✓
8	Were any amounts reported in Form 990, Part VII, paid or	accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs.				
	in Part III		8		✓
9	If "Yes" to line 8, did the organization also follow the rebu Regulations section 53.4958-6(c)?		9		

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

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.

	F	Propher C W to minimum of W o	14. COOL "C/Pag C 'A!	10,400,000				
		(a) Digardowii O	אואיבספטו וסיסווס א-אא	O LOSSING COLINERIOS	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(f) Base compensation	(il) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(g)-(y)(g)	reported in prior Form 990 or Form 990-EZ
Stephanie Gossett	€ €	17,164					17,164	0
	€ €	29.423					29.423	40.048
Sherri Koccarone						· · · · · · · · · · · · · · · · · · ·		
	8							
	<u>:</u>	 	 					
	€							
	€							
	8							
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	0							
	(E)							
	€					:		
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1	(E)	,						
							Sche	Schedule J (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2009

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Youth Life Foundation of Richmond 0569287 Part I Types of Property (b) (a) (c) Method of determining Check if Number of contributions Revenues reported on applicable Form 990, Part VIII, line 1g revenues Art-Works of art Art-Historical treasures . . 3 Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 8 9 Securities-Publicly traded . 10 Securities-Closely held stock . Securities-Partnership, LLC. or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution-Historic structures Qualified conservation contribution—Other . . . Real estate—Residential 15 16 Real estate—Commercial 2 28,000 **Rental Market Value** 17 Real estate—Other 18 Collectibles 19 Food inventory Drugs and medical supplies . 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts . . . 25 Other ▶ (.....) 26 Other ► (.....) 27 Other ▶ (.....) 28 Other ▶ (.....) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Form 990) 2009	age 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30 32b, and 33. Also complete this part for any additional information.)b,
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Inspection

Name of the organization	Emple	oyer identification number
Youth Life Foundation of Richmond	81	0569287
000 PortVI Costion P. 444 Positioned by Europeting Pinnets and Transport	4 !41	
990, Part VI, Section B. 11A - Reviewed by Executive Director and Treasurer, copies share	ea with	all board members.
•••••••••••••••••••••••••••••••••••••••		
990, Part VI, Section B. 19 - All documents are available upon request.		
•••••••••••••••••••••••••••••••••••••••		
•••••••••••••••••••••••••••••••••••••••		

Scriedule O (Form 990) 2009		Page Z
Name of the organization	Employer identification number	
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