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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2009

Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning _____, and ending _____

G Check all that apply: Initial return, Initial return of a former public charity, Final return, Amended return, Address change, Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation THE YOUTH FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite P.O. BOX 2761 City or town, state, and ZIP code EDWARDS, CO 81632	A Employer identification number 84-1442909 B Telephone number 970-763-7000
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation, <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust, <input type="checkbox"/> Other taxable private foundation		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input checked="" type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 763,315. (Part I, column (d) must be on cash basis.)		
J Accounting method: <input type="checkbox"/> Cash, <input checked="" type="checkbox"/> Accrual, <input type="checkbox"/> Other (specify) _____		

Part I	Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))</small>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	1,948,055.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	7,052.	7,052.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	1,955,107.	7,052.	0.	
	13 Compensation of officers, directors, trustees, etc	71,042.	3,552.	0.	67,490.
	14 Other employee salaries and wages	737,232.	0.	0.	737,232.
	15 Pension plans, employee benefits	26,681.	0.	0.	0.
	16a Legal fees				
	b Accounting fees STMT 2	25,355.	0.	0.	25,355.
	c Other professional fees STMT 3	2,000.	0.	0.	2,000.
	17 Interest				
	18 Taxes STMT 4	19,935.	272.	0.	19,663.
	19 Depreciation and depletion	3,863.	0.	0.	
	20 Occupancy	44,571.	0.	0.	44,571.
	21 Travel, conferences, and meetings	33,597.	0.	0.	33,597.
	22 Printing and publications	640.	0.	0.	640.
	23 Other expenses STMT 5	851,210.	0.	0.	838,680.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,816,126.	3,824.	0.	1,769,228.
	25 Contributions, gifts, grants paid				
	26 Total expenses and disbursements.				
	27 Add lines 24 and 25	1,816,126.	3,824.	0.	1,769,228.
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	138,981.			
	b Net investment income (if negative, enter -0-)		3,228.		
	c Adjusted net income (if negative, enter -0-)			0.	

SCANNED NOV 24 2010
Operating and Administrative Expenses

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For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	290,203.	565,667.	565,667.
	2 Savings and temporary cash investments	4,025.	4,507.	4,507.
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ 141,128.			
	Less allowance for doubtful accounts ▶	229,550.	141,128.	141,128.
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	199,133.	38,409.	38,409.
	10a Investments - U S and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis ▶				
Less accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment basis ▶ 27,420.				
Less accumulated depreciation STMT 7 ▶ 14,816.	23,639.	12,604.	12,604.	
15 Other assets (describe ▶ OTHER ASSETS)	31,907.	1,000.	1,000.	
16 Total assets (to be completed by all filers)	778,457.	763,315.	763,315.	
Liabilities	17 Accounts payable and accrued expenses	27,210.	21,307.	
	18 Grants payable			
	19 Deferred revenue	115,610.	35,121.	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ OTHER LIABILITIES)	0.	68,812.	
23 Total liabilities (add lines 17 through 22)	142,820.	125,240.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	635,637.	638,075.	
30 Total net assets or fund balances	635,637.	638,075.		
31 Total liabilities and net assets/fund balances	778,457.	763,315.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	635,637.
2 Enter amount from Part I, line 27a	2	138,981.
3 Other increases not included in line 2 (itemize) ▶ PY DIRECT DEPOSIT LIABILITY ADJUSTMENT	3	30,821.
4 Add lines 1, 2, and 3	4	805,439.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 6	5	167,364.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	638,075.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a				
b NONE				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8			3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	1,324,772.	304,973.	4.343899
2007	1,423,437.	366,934.	3.879273
2006	953,391.	312,387.	3.051955
2005	555,377.	218,176.	2.545546
2004	355,558.	157,174.	2.262193

2 Total of line 1, column (d)	2	16.082866
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	3.216573
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	564,375.
5 Multiply line 4 by line 3	5	1,815,353.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	32.
7 Add lines 5 and 6	7	1,815,385.
8 Enter qualifying distributions from Part XII, line 4	8	1,769,228.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, tax under section 511, and credits/payments. Total tax due is 65.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, unrelated business income, and substantial contributors. Includes 'Yes' and 'No' columns.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address WWW.THEYOUTHFOUNDATION.ORG
14 The books are in care of THE FOUNDATION Telephone no 970-763-7000
Located at PO BOX 2761, EDWARDS, CO ZIP+4 81632
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official?
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income?
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **5b** X
Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** Yes No
If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No **6b** X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A** **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		71,042.	2,131.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances	
DAVID R. KOLQUIST P.O. BOX 2761, EDWARDS, CO 81632	THE FIRST TEE EAGLE	COUNTY DIRECTOR 40.00	61,852.	1,944.	0.
SUSAN B. MILHOAN P.O. BOX 2761, EDWARDS, CO 81632	DEVELOPMENT DIRECTOR	40.00	54,792.	0.	0.
LEE JONES P.O. BOX 2761, EDWARDS, CO 81632	AFTER SCHOOL ENRICHMENT DIRECTOR	40.00	53,159.	1,616.	0.
CATHRYN SANTAMBROGIO P.O. BOX 2761, EDWARDS, CO 81632	MARKETING & EVENT DIRECTOR	40.00	50,712.	1,564.	0.

Total number of other employees paid over \$50,000 **4**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		0

Total number of others receiving over \$50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 THE PURPOSE OF THE AFTER SCHOOL LITERACY PROGRAM IS TO CREATE LITERACY OPPORTUNITIES FOR ELEMENTARY SCHOOL STUDENTS WHOSE NATIVE LANGUAGE IS NOT ENGLISH	411,261.
2 GUARDIAN SCHOLARS IS A COMPREHENSIVE SCHOLARSHIP PROGRAM THAT SUPPORTS AMBITIOUS COLLEGE-BOUND STUDENTS WHO COME FROM CHALLENGED BACKGROUNDS.	167,674.
3 FIRST TEE IS TO INTRODUCE YOUNG PEOPLE OF ALL BACKGROUNDS TO THE GAME OF GOLF AND ITS INHERENTLY POSITIVE VALUES.	184,291.
4 MAGIC BOOK BUS IS TO PROVIDE LITERACY-BASED OPPORTUNITIES FOR UNDER-SERVED FAMILIES THROUGH A MOBILE LIBRARY PROVIDING CHILDREN'S LITERATURE	142,075.

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 ▶	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	516,450.
c	Fair market value of all other assets	1c	56,520.
d	Total (add lines 1a, b, and c)	1d	572,970.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	572,970.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,595.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	564,375.
6	Minimum investment return. Enter 5% of line 5	6	28,219.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part)

1	Minimum investment return from Part X, line 6	1	28,219.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	65.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	65.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	28,154.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	28,154.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	28,154.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,769,228.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,769,228.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,769,228.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				28,154.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004	347,399.			
b From 2005	544,468.			
c From 2006	937,772.			
d From 2007	1,405,094.			
e From 2008	1,309,523.			
f Total of lines 3a through e	4,544,256.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 1,769,228.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				28,154.
e Remaining amount distributed out of corpus	1,741,074.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,285,330.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	347,399.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	5,937,931.			
10 Analysis of line 9				
a Excess from 2005	544,468.			
b Excess from 2006	937,772.			
c Excess from 2007	1,405,094.			
d Excess from 2008	1,309,523.			
e Excess from 2009	1,741,074.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year				(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

SEE STATEMENT 9

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

SEE STATEMENT 10

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p>a <i>Paid during the year</i></p> <p>NONE</p>				
Total				▶ 3a 0.
<p>b <i>Approved for future payment</i></p> <p>NONE</p>				
Total				▶ 3b 0.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

Employer identification number

THE YOUTH FOUNDATION

84-1442909

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization THE YOUTH FOUNDATION	Employer identification number 84-1442909
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRIGHT START 14034 SWEET GRASS LANE CHINO, CA 91709	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	EAGLE COUNTY SCHOOL DISTRICT 757 E. 3RD STREET EAGLE, CO 81631	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	COLORADO HEALTH FOUNDATION 501 S. CHERRY STREET, SUITE 1100 DENVER, CO 80246	\$ 121,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	VAIL VALLEY FOUNDATION P.O. BOX 309 VAIL, CO 81658	\$ 116,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	VAIL RESORTS P.O. BOX 7 VAIL, CO 81658	\$ 67,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MICHAEL BYRAM & ANN BECHER SMEAD 395 MILL CREEK CIRCLE VAIL, CO 81658	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	EAGLE COUNTY BOARD OF COMMISSIONERS P.O. BOX 850 EAGLE, CO 81631	\$ 43,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GALLEGOS CORPORATION P.O. BOX 99 WOLCOTT, CO 81655	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	JOE PERRY 710 WEST LIONSHEAD CIRCLE, SUITE B VAIL, CO 81657	\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SIDNEY E. FRANK FOUNDATION C/O ROCKWELL PHILANTHROPY ADVISORS 6 W 48TH ST., 10TH FLOOR NEW YORK, NY 10036	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	WECMRD P.O. BOX 246 EAGLE, CO 81631	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	JAMES C. ALLEN CHARITABLE FOUNDATION P.O. BOX 1619 EDWARDS, CO 81632	\$ 22,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	CINDY V. CALLAWAY FOUNDATION 50 PENNCROSS LANE CORDILLERA, CO 81632	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
14	JAMES C. ALLEN P.O. BOX 1619 EDWARDS, CO 81632	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
15	KEITH & CAROL BROWN 11 AUBURN PLACE SAN ANTONIO, TX 78209	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	MACK NICHOLS TRUST P.O. BOX 2492 EDWARDS, CO 81632	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	USGA P.O. BOX 708 FAR HILLS, NJ 07931-0708	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	BRENDAN SYNNOTT 2121 N. FRONTAGE ROAD W #125 VAIL, CO 81657	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	PHILLIP L. SMITH 249 GRANADA HILL ROAD CORDILLERA, CO 81632	\$ 15,314.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	ANDREW ARNOLD 3964 BIGHORN ROAD VAIL, CO 81657	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	CARTER & BARBARA STRAUSS 4 DEER RUN RIDGE WHEELING, WV 26003	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	CHRIS HYNES P.O. BOX 2718 EDWARDS, CO 81632	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	JOHN & CHRISTINE BAKALAR P.O. BOX 1446 VAIL, CO 81658	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	ROBERT BUCKMAN 6075 POPLAR AVENUE SUITE 418 MEMPHIS, TN 38119	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	STEVE COYER P.O. BOX 1979 AVON, CO 81620	\$ 13,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	TREASURER OF EAGLE COUNTY P.O. BOX 479 EAGLE, CO 81631	\$ 11,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	BOB BROWN P.O. BOX 4440 EDWARDS, CO 81632	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	EL POMAR FOUNDATION 10 LAKE CIRCLE COLORADO SPRINGS, CO 80906	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	GERALD & SUZANNE GALLEGOS P.O. BOX 220 EDWARDS, CO 81632	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	J. GILBERT REESE P.O. BOX 475 GRANVILLE, OH 43023	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	JILL & JOHN ALFOND P.O. BOX 880 VAIL, CO 81658	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	LINDSAY & DAPHNE WEBBE P.O. BOX 3000 PMB 400 EDWARDS, CO 81632	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	MILLENNIUM SOCIETY P.O. BOX 3402 VAIL, CO 81658	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	ROBERT GWYN P.O. BOX 2469 EDWARDS, CO 81632	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	RON & LUCY DAVIS P.O. BOX 4525 EDWARDS, CO 81632	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	SAM GALE 8207 MELROSE #166 LENEXA, KS 66214	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	WIEGERS FAMILY FOUNDATION 1600 BROADWAY STE 1030 DENVER, CO 80202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	LISA ZINNA 5513 ST. ANDREWS COURT PLANO, TX 75093	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	DONALD REMEY 274 LOCHA DRIVE JUPITER, FL 33458	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	JOHN & PAMELA HORAN-KATES P.O. BOX 2482 EDWARDS, CO 81632	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	MAY FAMILY FOUNDATION P.O. BOX 219 MCCOY, CO 80463	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	THE SIDHU FAMILY FOUNDATION 10229 TAVISTOCK ROAD ORLANDO, FL 32827-7054	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	CHEVRON 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
44	COLORADO CAPITAL BANK P.O. BOX 5559 EAGLE, CO 81631	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
45	COUNTRY CLUB OF THE ROCKIES P.O. BOX 66 EDWARDS, CO 81632	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
46	GEORGE FAMILY FOUNDATION 1818 OLIVER AVENUE MINNEAPOLIS, MN 55405-2208	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
47	JEAN GRAHAM 0038 ELK WOODS ROAD CORDILLERA, CO 81632	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
48	OSCAR & ARGIE TANG 600 5TH AVENUE, 8TH FLOOR NEW YORK, NY 10020	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	PEGGY FOSSETT 401 S. LASALLE ST. SUITE 200 CHICAGO, IL 60605	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	R.A. NELSON DRAWER 5400 AVON, CO 81620	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	SAM BRONFMAN 30 ATHERTON AVENUE ATHERTON, CA 94027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	THE ROTHKOPF FAMILY CHARITABLE FOUNDATION 314 W. SUPERIOR, SUITE 600 CHICAGO, IL 60610	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	US BANK 34353 HIGHWAY 6 SIDE C-101 EDWARDS, CO 81632	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	VAIL DAILY 40780 US HIGHWAY 6 & 24 AVON, CO 81620	\$ 100,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	EAGLE COUNTY SCHOOL DISTRICT 757 E. 3RD ST EAGLE, CO 81631	\$ 34,351.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	ATI JET CHARTER 5 FAIRWAY LANE EDWARDS, CO 81632	\$ 24,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	VAIL GOLF CLUB 1778 VAIL VALLEY DR VAIL, CO 81657	\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	VAIL VALLEY JET CENTER 871 COOLEY MESA RD GYPSUM, CO 81637	\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	WECMRD 450 MILLER RANCH RD EDWARDS, CO 81632	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	ALPINE BANK 141 E MEADOW DR STE B178 VAIL, CO 81657	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	TV 8 1060 WEST BEAVER CREEK BOULEVARD AVON, CO 81620	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	NRC BROADCASTING 307 14TH STREET GLENWOOD SPRINGS, CO 81601	\$ 6,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	BEAVER CREEK RESORT COMPANY 26 AVONADALE LN 118C AVON, CO 81620	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
54	ADVERTISING AND PROGRAMS	\$ 100,000.	01/01/09
55	SCHOOL BUSES AND FACILITY USAGE	\$ 34,351.	01/01/09
56	DONATED AND AUCTIONED OFF ATI JET TICKETS	\$ 24,000.	07/16/09
57	FACILITY USAGE	\$ 10,000.	09/30/09
58	FACILITY USAGE	\$ 10,000.	08/31/09
59	FACILITY USAGE	\$ 8,000.	01/01/09

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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
60	PR/MARKETING AND ADVERTISING _____ _____ _____	\$ 8,000.	01/01/09
61	PR/MARKETING AND ADVERTISING _____ _____ _____	\$ 8,000.	01/01/09
62	PR/MARKETING AND ADVERTISING _____ _____ _____	\$ 6,500.	01/01/09
63	DONATED AND AUCTIONED OFF BEAVER CREEK TRIP _____ _____ _____	\$ 5,000.	08/31/09
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	APPLE POWERBOOK HAYWORTH 7X8 STATION OFFICE	032405SL	SL	3.00	16	1,580.			1,580.	1,463.		117.
2	FURNITURE-CHAIRS, T061305SL	033105SL	SL	3.00	16	1,725.			1,725.	1,597.		128.
3	43 CORNER HUTCHES	122705SL	SL	7.00	16	1,318.			1,318.	742.		192.
5	53 WORKSTATIONS	121506SL	SL	3.00	16	4,015.			4,015.	2,788.		1,227.
4	CONFERENCE TABLE	121506SL	SL	7.00	16	1,452.			1,452.	452.		250.
7	73 OFFICE CHAIRS	121506SL	SL	7.00	16	1,177.			1,177.	366.		203.
8	APPLE MACBOOK	011607SL	SL	3.00	16	1,398.			1,398.	815.		583.
9	TENANT IMPROVEMENTS NEW OFFICE, UNIT 107	070105SL	SL	15.00	16	4,992.			4,992.	1,151.		349.
10	TILE AND WIRING OF COMPUTER LAB	121506SL	SL	15.00	16	7,365.			7,365.	820.		545.
11	* TOTAL 990-PF PG 1 DEPR	022407SL	SL	15.00	16	1,123.		0.	1,123.	42.		83.
						27,420.		0.	27,420.	10,953.	0.	3,863.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	7,052.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	7,052.

FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	25,355.	0.	0.	25,355.
TO FORM 990-PF, PG 1, LN 16B	25,355.	0.	0.	25,355.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	2,000.	0.	0.	2,000.
TO FORM 990-PF, PG 1, LN 16C	2,000.	0.	0.	2,000.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES	19,935.	272.	0.	19,663.
TO FORM 990-PF, PG 1, LN 18	19,935.	272.	0.	19,663.

FORM 990-PF OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK SERVICE CHARGE	6,744.	0.	0.	6,744.
OFFICE EXPENSES	52,761.	0.	0.	52,761.
MARKETING EXPENSES	11,760.	0.	0.	0.
REPAIR AND MAINTENANCE	16,628.	0.	0.	16,628.
TRAINING AND EDUCATION	7,497.	0.	0.	7,497.
DUES AND SUBSCRIPTIONS	6,274.	0.	0.	6,274.
INSURANCE	4,673.	0.	0.	3,903.
TUITION AND FEES	163,102.	0.	0.	163,102.
CONTRIBUTED PROPERTY & SERVICES	322,248.	0.	0.	322,248.
SPECIAL EVENTS	177,380.	0.	0.	177,380.
OTHER EXPENSES	82,143.	0.	0.	82,143.
TO FORM 990-PF, PG 1, LN 23	851,210.	0.	0.	838,680.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 6

DESCRIPTION	AMOUNT
PY CAPITAL ASSET ADJUSTMENT	7,171.
UNDEPOSITED FUNDS ADJUSTMENT	160,193.
TOTAL TO FORM 990-PF, PART III, LINE 5	167,364.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
APPLE POWERBOOK	1,580.	1,580.	0.
HAYWORTH 7X8 STATION	1,725.	1,725.	0.
OFFICE FURNITURE-CHAIRS, TABLE ECT.	1,318.	934.	384.
3 CORNER HUTCHES	1,275.	903.	372.
3 WORKSTATIONS	4,015.	4,015.	0.
CONFERENCE TABLE	1,452.	702.	750.
3 OFFICE CHAIRS	1,177.	569.	608.
APPLE MACBOOK	1,398.	1,398.	0.
TENANT IMPROVEMENTS	4,992.	1,500.	3,492.
NEW OFFICE, UNIT 107	7,365.	1,365.	6,000.

TILE AND WIRING OF COMPUTER
LAB

1,123.

125.

998.

TOTAL TO FM 990-PF, PART II, LN 14

27,420.

14,816.

12,604.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUSAN DAVIS P.O. BOX 2761 EDWARDS, CO 81632	EXECUTIVE DIRECTOR 40.00	71,042.	2,131.	0.
STEVE COYER P.O. BOX 2761 EDWARDS, CO 81632	PRESIDENT 0.00	0.	0.	0.
JILL ALFOND P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
JIM ALLEN P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
ANDY ARNOLD P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
BOB BROWN P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
KEITH BROWN P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
DOE BROWNING P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
RON DAVIS P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.

TINA FLEISHMAN P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
GERALD GALLEGOS P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
BECKY HERNREICH P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
CHRIS HYNES P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
MACK NICHOLS P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
JOE PERRY P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
DOM REMEY P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
DICK ROTHKOPF P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
MARK SMITH P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
PHIL SMITH P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.
SANDRA SMYSER P.O. BOX 2761 EDWARDS, CO 81632	DIRECTOR 0.00	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

71,042.	2,131.	0.
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FORM 990-PF

PART XV - LINE 1A
LIST OF FOUNDATION MANAGERS

STATEMENT 9

NAME OF MANAGER

STEVE COYER
ANDY ARNOLD
BOB BROWN
KEITH BROWN
CHRIS HYNES
MACK NICHOLS
JOE PERRY
DOM REMEY
PHIL SMITH

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE YOUTH FOUNDATION
P.O. BOX 2761
EDWARDS, CO 81632

TELEPHONE NUMBER

970-763-7000

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS MUST BE IN WRITING AND INCLUDE NAME, ADDRESS, PHONE NUMBER, CONTACT PERSON, ORGANIZATIONAL PURPOSE, TAX-EXEMPT STATUS, AMOUNT OF GRANT REQUESTED, AND A DESCRIPTION OF PROGRAM AND CURRENT FINANCIAL INFORMATION OF THE REQUESTING BODY.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
	THE YOUTH FOUNDATION	84-1442909
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P.O. BOX 2761	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	EDWARDS, CO 81632-2761	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE FOUNDATION

- The books are in the care of ▶ **PO BOX 2761 - EDWARDS, CO 81632**
Telephone No. ▶ **970-763-7000** FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2009** or
▶ tax year beginning _____, and ending _____

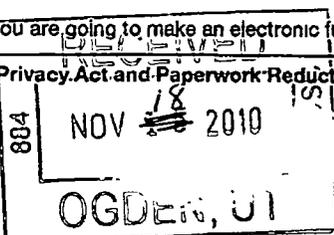
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)



923831 05-26-09

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print	Name of Exempt Organization		Employer identification number
	THE YOUTH FOUNDATION		84-1442909
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	P. O. BOX 2761		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	EDWARDS, CO 81632-2761		

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE FOUNDATION

- The books are in the care of **PO BOX 2761 - EDWARDS, CO 81632**
Telephone No. 970-763-7000 FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME NECESSARY TO CLOSE BOOKS.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title CPA Date 8/16/10