

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-1150

2009

Open to Public Inspection

AF	or use	zoos calend	ar year,	or tax year beginning	July 1	, 2009,	and endin	g .	June 3	<u>u</u>	, 20 10
<b>B</b> 0	heck if a	applicable	Please	C Name of organization				D Emp	loyer ic	lentifica	ation number
	Address	change	use IRS label or	Youth Service Fund, Inc.					5	8-603	3204
=	Name ch	•	pnnt or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele			ohone n	umber				
=		tital return type. See 100 Edgewood Ave. 508				- 1	404-522-2767				
$\equiv$	Specific City or town, state or country, and ZIP + 4							E Gro	F Group Exemption		
=	Application pending linstruc-   Instruc-   Application pending   Number ▶										
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  G Accounting Method.  ☐ Cash ☑ Accrual Other (specify) ►										
		·	- a coi	pietea Scriedule A (FOITII 950					<u> </u>		
		_								-	zation is <b>not</b>
	Website: ► required to attach Schedule B (Form 990,										
JT	J Tax-exempt status (check only one) —										
K	K Check F I if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A										
F	Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.										
L A	dd line			9 to determine gross receipts; if \$					<u></u>		132,636
Pa	art I	Revenu	e, Exp	enses, and Changes in N	let Assets or F	und Baland	es (See	the instru	ction	s for	Part I.)
	1	Contribution	ons, gif	s, grants, and similar amount	s received				1		131,478
	2			evenue including governmen		cts			2		
	3	-		and assessments					3		
	4	Investment	•						4		1,158
	5a			n sale of assets other than in	ventory	5a	' ' '		,		
	ь			basis and sales expenses .	•						
				•			ino Fo)		5c		
ā	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here >							30			
Ĭ	_					-	iiig, oneon i	Hele P	1000		
Revenue	a Gross revenue (not including \$ of contributions reported on line 1)										
Œ									198		
	b		-	ses other than fundraising ex			<u></u>		ئىڭدىت		
	C			s) from special events and a	•	I .	line ba) .		_6c_		
i	7a			entory, less returns and allow	ances	<del></del>	<del> </del>		7. 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		
	b	Less: cost	•			<u>  7b</u>	<u> </u>				
	C	-		s) from sales of inventory (Si	ibtract line /b fro	m line /a) .			7c_	-	
	8	Other reve	,					)	8_		
	9_			d lines 1, 2, 3, 4, 5c, 6c, 7c,				<u> </u>	9_		132,636
	10			amounts paid (attach sched	ule)	RECEIV	\EI3\"	17 ·	10_		131,150
	11	•		for members	j m j.		<u>, i i i i i i i i i i i i i i i i i i i</u>	.:  ·	11		
Ses	12	Salaries, o	ther co	npensation, and employee b		NOV AA		βI.	12		
Expenses	13			and other payments to indep	endent contracto	rsu.v.Qy	2010 -	) () ()	13_		2,000
ğ.	14		-	itilities, and maintenance .	Ψ .			& · ·	14		
ш	15	Printing, pi	ublicati	ns, postage, and shipping .	$\cdots \cdot \cdot \cdot \overline{\cap}$	COENT		=.} · ·	15_		
	16	Other expe	enses (d	escribe Bank fees \$446;	Corporation_regist	ration (ee)\$30		)	16_		476
	17_			dd lines 10 through 16					17		133,626
ts	18			for the year (Subtract line 17					18		(990)
Se	19			balances at beginning of y				gree with			
Ä		-	-	reported on prior year's retu	•				19_		154,579
Net Assets	20			et assets or fund balances (					20		6,131
	21			balances at end of year. Co					21		159,720
Pa	art II	Balance	Shee	s. If Total assets on line 25,		1,250,000 or					
				(See the instructions for Pa	rt II.)		(A)	Beginning o	<u> </u>		B) End of year
22				restments				14	7,839	22	159,231
23	La	and build	dings .							23	
24		•					)		6,640		489
25	To	otal assets .						19	4,479	25	159,720
26	To	otal liabilitie	s (desc	ibe ►			) [			26	
27	Ne	et assets or	fund b	lances (line 27 of column (E	) must agree wit	h line 21) .	· [	15	4,479	27	159,720
For	Privac	y Act and Pa	perwor	Reduction Act Notice, see the	e separate instruc	tions.	Cat No	o 10642I		Form	990-EZ (2009)



Part	Part III Statement of Program Service Accomplishments (See the instructions for Part III.)					Expenses			
	hat is the organization's primary exempt purpose? Camp programs for underprivileged youths (Required for section								
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organization								
	er, describe the services provided, the number program title.	of persons benefited, and o	other relevant info	rmation for		a)(1) trusts, optional			
28	Camperships awarded to underprivileged youths fo	r summer camp programs.							
,									
	Crosto ¢ 131 150 \ If this amoun	t includes foreign grants, ab			28a	131,150			
29	<del>-</del>	t includes foreign grants, ch			208	131,130			
		t includes foreign grants, ch			29a				
30									
					ļi				
		t includes foreign grants, ch		<u>. ▶ Џ</u>	30a	<del> </del>			
	Other program services (attach schedule)				31a				
	Total program service expenses (add lines 28a				32	131,150			
Part									
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio	ns to	(e) Expense account and			
	(a) Name and address	devoted to position	enter -0)	deferred compe		other allowances			
Board	of Trustees - Statement 2	- As needed							
			0		0	0			
			ĺ						
		·-							
		<del> </del>							
		-							
		_	ļ						
		-	ļ						
		<del> </del>	<del>                                     </del>			<del></del>			
		-							
					_				
		-		,					
		-							
	· · · · · · · · · · · · · · · · · · ·	<del> </del>							
		-[		1	i				
						_			
		-							
		<del> </del>	ļ	<del></del>		<u> </u>			
		-		,					
		<del> </del>	-			<del> </del>			
		-	Ì						
		<u> </u>							
		1	I	i e					

Part	Other Information (Note the statement requirements in the instructions for Part V.)			<u> </u>
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		L t	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	A-goulant r-N	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		167	Sec.
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		14.00	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		10 10 10 10	
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.	23
b	Gross receipts, included on line 9, for public use of club facilities		100	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	1.4.3		1
	section 4911 ▶	1		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	ENE		
	transaction during the year or is it 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	40b		✓
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	* 41% 2 ************************************	A 1.2.2	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	*-	*1	*
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶ Georgia			
42a	The organization's books are in care of ▶ Linda Thomason Glass Telephone no. ▶	404-52	2-276	7
	Located at ► 100 Edgewood Ave., Atlanta, GA ZIP + 4 ►	30:	303	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here		•	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			<u> </u>	Γ
4.6	Did the secondarile control of the second se	yga, nhai re	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		2.1	
45	Form 990-EZ	44	m,%335a~-	1030/5845
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes " Form 990 must be completed instead of Form 990 FZ		3	
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	\	_✓

	501(c)(3) organizations and section and complete the tables for lines 50	4947(a)(1) nonexempt char	ritable trusts mu	st answer questic	ns 46	tion 549b	)
46	Did the organization engage in direct or ind	lirect political campaign activit	ties on behalf of c	r in opposition to		Yes	No
	candidates for public office? If "Yes," compl	lete Schedule C, Part I			46		<b></b>
47	Did the organization engage in lobbying acti				47		✓
48	Is the organization a school as described in se	ection 170(b)(1)(A)(ii)? If "Yes," (	complete Schedule	eE	48		<b>√</b>
49a	Did the organization make any transfers to a	in exempt non-charitable relate	ed organization?		49a		✓
b	If "Yes," was the related organization a secti				49b		
50	Complete this table for the organization's five						d key
	employees) who each received more than \$1						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensiount a allowa	nd
None						_	
f	Total number of other employees paid over \$	†100 000 <b>•</b>	0	1			
None	\$100.000 of compensation from the organiz  (a) Name and address of each independent contra			/pe of service	(c) Cor	npensa	tion
d	Total number of other independent contractor			0	-		
•	Under penalties of perjury, I declare that I have exa	amined this feturn, including accomparation of preparer (other than officer) is	nying schedules and st based on all informatio	atements, and to the bes	any kno	knowle wledge	dge
Sign Here	Signature of officer	Has Eigen	Clar Di	11/4/20 Date	10		
	Type or print name and title	Glass Execu	tive Du	rector			
Paid Prepare	Preparer's signature	ne Date 10/20	Check if self- employed ▶ ✓	Preparer's identifying nun P0044	•	Instruct	ions)
Use On	ly vours if self-employed).  James DyRhouse,		E	N►			
	address, and ZIP + 4 7 330 Amherst Ct., A		P		-393-1	364	
May the	e IRS discuss this return with the preparer sh	nown above? See instructions			Yes т 990		<b>lo</b> (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

Department of the Treasury

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

Open to Public Inspection

OMB No 1545-0047

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service Name of the organization Employer identification number

Youth Service Fund, Inc. 6033204 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 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 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 I, 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) 11g(i) and (III) below, the governing body of the supported organization? 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). (i) Name of supported (u) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) is the organization (described on lines 1-9 in col. (i) listed in your organization in col the organization in troggue above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes No Yes

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) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 139,261 134,152 126,640 126,985 131.478 658,516 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 139,261 134,152 126,640 126,985 131,478 658,516 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 O shown on line 11, column (f) Public support. Subtract line 5 from line 4. 658,516 Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 139,261 134,152 126,640 126,985 131,478 658,516 Amounts from line 4 , , , Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 5,282 1,158 8,766 5.655 2,813 23,674 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) . . 682,190 Total support. Add lines 7 through 10 . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.53 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 96.21 Public support percentage from 2008 Schedule A, Part II, line 14 \_15 . . . . . . 16a 331/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/3 % 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 🕨 🗌

Scho	dule A (Form 990 or 990-EZ) 2009						D 3
	rt III Support Schedule for Orga (Complete only if you check				1)(2)		Page <b>3</b>
Sec	tion A. Public Support			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
C	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to 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						
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			7752			
8	Public support (Subtract line 7c from						
500	tion B. Total Support				7.66	1.5%	<u>'' 1</u>
	nlendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(-,	(2) 2000	(0) 200.	(4, 2000	(6, 2000	(1) / 014.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			t			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
с 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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)						
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourth		year as a secti	
Sec	tion C. Computation of Public Su						
15 16	Public support percentage for 2009 (lir Public support percentage from 2008)	ne 8, column (f	) divided by li			15	%
	tion D. Computation of Investmen			<del>.</del>	• • •	10	%
17	Investment income percentage for 200			d by line 13. c	olumn (fl)	17	%
18	Investment income percentage from 20					18	%
19a	<del>-</del>				and line 15 is i	more than 331/3	%, and line

17 is not more than 33½ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ □

b 33½ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ □

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
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.
		· · · · · · · · · · · · · · · · · · ·			
					***************************************
					-
	•				
		***************************************			
		• • • • • • • • • • • • • • • • • • • •			
	•	• • • • • • • • • • • • • • • • • • • •			
	•••••				

#### YOUTH SERVICE FUND, INC. 58-6033204 FORM 990EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S <u>RELATIONSHIP</u>	AMOUNT
CAMPERSHIPS	FAMILIES FIRST	ATLANTA, GA	NONE \$	5,000
CAMPERSHIPS	BOY SCOUTS OF AMERICA - ATLANTA AREA	ATLANTA, GA	NONE	20,000
CAMPERSHIPS	YMCA - CAMP HIGH HARBOUR	ATLANTA, GA	NONE	15,000
CAMPERSHIPS	MUSCULAR DYSTROPHY ASSOC.	ATLANTA, GA	NONE	1,950
CAMPERSHIPS	CAMP TWIN LAKES	ATLANTA, GA	NONE	11,800
CAMPERSHIPS	FAMILIES OF CHILDREN UNDER STRESS	ATLANTA, GA	NONE	10,000
CAMPERSHIPS	CAMP KUDZU	ATLANTA, GA	NONE	12,500
CAMPERSHIPS	EPILEPSY FOUNDATION	ATLANTA, GA	NONE	5,000
CAMPERSHIPS	METRO ATLANTA BOYS & GIRLS CLUBS, INC	ATLANTA, GA	NONE	15,000
CAMPERSHIPS	NW GEORGIA GIRL SCOUT COUNCIL	ATLANTA, GA	NONE	20,000
CAMPERSHIPS	KANUGA CONFERENCES, INC.	ATLANTA, GA	NONE	4,000
CAMPERSHIPS	CAMP SUNSHINE	ATLANTA, GA	NONE	4,200
CAMPERSHIPS	KATE'S CLUB -GOOD MOURNING	ATLANTA, GA	NONE	5,000
CAMPERSHIPS	SPECIAL OLYMPICS	ATLANTA, GA	NONE	1,700
	TOTAL		\$	131,150

#### YOUTH SERVICE FUND, INC. TRUSTEES 2009-2010

## 100 Edgewood Avenue, Suite 508 Atlanta, GA 30303

Ken Byers	David Satcher
Byers Engineering Company	Morehouse School of Medicine
6285 Barfield Road	720 Westview Drive
Atlanta, GA 30328	Atlanta, GA 30310
Marnite Calder	Larry Schall
PO Box 725228	Oglethorpe University
Atlanta GA 31139	4484 Peachtree Road
	Atlanta, GA 30319
Bobbi Cleveland	James Stephenson
Tull Charitable Foundation	Yancey Bros. Co.
50 Hurt Plaza	PO Box 43326
Suite 1245	Atlanta, GA 30336
Atlanta, GA 30303	
Jim Goldin	John Stephenson
8905 River Trace Drive	J. Bulow Campbell Foundation
Duluth, GA 30097	50 Hurt Plaza
	Atlanta, GA 30303
Ann Hooper	Philip Vincent
Lathem Time Corporation	9 Club Drive
200 Selig Drive	Newnan, GA 30263
Atlanta, GA 30378	
Elizabeth Long	Howard Young
Superior Court of Fulton County	General Wholesale Company
185 Central Avenue, SW, #T8655	1271 Tacoma Drive
Atlanta, GA 30303	Atlanta, GA 30318
Alicia Philipp	Robert Yellowlees
The Community Foundation	2696 Habersham Road
The Hurt Building, Suite 449	Atlanta, GA 30305
Atlanta, GA 30303	
Mark Pirrung	
Atlanta Beverage Company	
5000 Fulton Industrial	
Atlanta, GA 30336	

#### YOUTH SERVICE FUND, INC. #58-6033204 FORM 990EZ, PART II, LINE 20, OTHER CHANGES IN NET ASSETS

DESCRIPTION AMOUNT
UNREALIZED GAINS ON INVESTMENTS \$ 6,131

STATEMENT 3