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SCANNEU JUN 23 2011

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)

Sponsonng 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 \$5,00,000 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

Α	For the	e 2009 calend	ar year,	or tax year beginning	10/01/09 ,	and ending	09/30/1	.0		
В	Check if	fapplicable	Please	C Name of organization					D Emp	ployer identification number
	Address	change	use IRS label or		STANCE PROGI	RAM INC				
1	Name ch	hange	print or	C/O JAMES I	WILSON				38	3-3078676
٠,	Initial ret	tum	type.	Number and street (or P	O box, if mail is not deliver	ed to street addre	ess)	Room/suite	E Tele	ephone number
	Termina	ation	See Specific	7292 LAKE 1	BLUFF 19.4 I	RD		<u> </u>	90	6-280-4836
	Amende	ed return	Instruc-	City or town, state or cou	ntry, and ZIP + 4				F Gro	up Exemption
_	Applicati	cation pending tions GLADSTONE MI 49837								mber •
	Sec	tion 501(c)(3) organiz	tations and 4947(a)(1)	nonexempt charitable	trusts must a	ttach	G Accounting n	nethod	X Cash Accrual
				npleted Schedule A (F	orm 990 or 990-EZ).			Other (specify)	<u> </u>	
1	Websit	te: N /	<u>'A</u>		· · · · · · · · · · · · · · · · · · ·			H Check ▶	X If the	e organization is not
<u>J</u>	Tax-exe	empt status (ch	heck only one	e) — 🔀 501(c) (3) ◄ (insert no)	4947(a)(1) o	or 527	990-EZ, or 9	90-PF)	e organization is not hedule B (Form 990,
K	Check	•	of the org	ganization is not a section	on 509(a)(3) supporting	organization ai	n d its gross re	ceipts are normally	not me	ore than \$25,000 A
	Form 9	90-EZ or Forr	m 990 ret	urn is not required, but	if the organization choo	ses to file a retu	urn, be sure to	file a complete ret	urn	
<u>L</u>	Add line			to determine gross receipts				•	▶ \$	`
	art I	Reven	nue, Ex	penses, and Chan	iges in Net Assets	or Fund Ba	alances (See the instruc	<u>ctions</u>	
	1	Contributions,	, gifts, gran	its, and similar amounts rec	eived				1	35,081
	2	Program ser	rvice reve	enue including governme	ent fees and contracts				2	
	3	Membership	dues an	d assessments					3_	
	4	Investment i	ıncome						4	
	5a	Gross amou	unt from s	ale of assets other than	inventory		5a		_	
	b	Less cost o	r other ba	asis and sales expenses	· .		5b		_	
	С	Gain or (loss)	from sale	of assets other than invento	ory (Subtract line 5b from lii	ne 5a)			5c	
ne	6	Special events	s and activ	rities (complete applicable p	arts of Schedule G) If any	amount is from g	aming, check h	ere 🕨 🗌		
Revenue	a	Gross reven	nue (not ii							
		reported on	line 1)				6a	 		
	Ь	Less direct	expense	s other than fundraising	expenses		6b			:
	С	Net income	or (loss)	from special events and	activities (Subtract line	6b from line 6a) .		6c	
	7a	Gross sales	of invent	ory, less returns and all	owances		7a	··		
	Ь	Less cost o	f goods s	old			7b		_	
	С									
	8	Other revenue (describe								
	9	Total reven	ue Add	ines 1, 2, 3, 4, 5c, 6c, 7	c, and 8	- PEOF	VED	}	9	35,081
	10	Grants and	sımılar ar	mounts paid (attach sche	edule)	RECSTN	11-12		10	48,074
	11	Benefits paid	d to or fo	r members] [χ.	11	
Ś	12	Salanes, oth	ner comp	ensation, and employee	benefits 🖔	MAY 24	} 2011 .[5	12	
penses	13	Professional	l fees and	d other payments to inde	ependent contractors	,		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	13	
ç	14	Occupancy,	, rent, utili	ties, and maintenance	.].	0005	AL LIT	_	14	
ñ	15			, postage, and shipping	. \	OGDE	18, 01	}	15	
	16	Other expen	nses (des	cribe ▶ SEE ST	ATEMENT 2)	16	764
	17	Total exper	nses. Add	lines 10 through 16				<u> </u>	17	48,838
10	18	•	•	the year (Subtract line	•	•			18	-13,757
Net Assets	19	Net assets of	or fund ba	alances at beginning of y	year (from line 27, colur	nn (A)) (must a	gree with			
As		end-of-year	figure rep	ported on prior year's re	turn)				19	50,344
Net	20	Other chang	ges in net	assets or fund balance	s (attach explanation)				20	
	21	Net assets o			21	36,587				
_ <u>F</u>	art II	Balan	<u>ce She</u>	ets. If Total assets on I	line 25, column (B) are	\$1,250,000 or n	nore, file Forn	990 instead of Fo	rm 990-	
				(See the instructions f	or Part II)		(A)	Beginning of year		(B) End of year
		savings, and i	ınvestmei	nts				50,34		36,587
		ınd buildıngs							23	ļ
		assets (descn	be 🕨		· · ·)		24	
•	Total	11						50,34		36,587
	(())	iabilities (des)		0 26	0
	. (.,			s (line 27 of column (B)		•	L	50,34	4 27	36,587
Foi	Priyae	Act and Pa	perwork	Reduction Act Notice	, see the separate inst	tructions.				Form 990-EZ (2009)
DA	4 \	J								<i>(</i>

DAA

	ANCE PROGRAM INC		<u>3-3078676</u>				Page 2
Part III. Statement of Program Ser	vice Accomplishments (See the instruct	ions for Part III	.)		Ex	penses
What is the organization's primary exempt purpose?	?				(R	equired t	for section
PROVIDE ASSISTANCE TO UNDERPRIVILEGE	D CHILDREN				50	1(c)(3) a	ind 501(c)(4)
Describe what was achieved in carrying out the orga	anization's exempt purposes. In a	clear and concise			org	ganızatıo	ns and section
manner, describe the services provided, the numbe	r of persons benefited, or other re	elevant information for	•		49	47(a)(1)	trusts, optional
each program title					for	others))
28 SEE STATEMENT 3	_						
•	•	•					
		•	•				
(Grants \$ 48,074) If this a	imount includes foreign grants, ch	eck here	▶		28a		48,074
29							
· · · ·			• ••				
·	• •		•• •				
(Grants \$) If this a		eck here	·		29a		
30			· · · · · · · · · · · · · · · · · · ·	/ 			
			•				
(Grants \$) If this a	imount includes foreign grants, ch	neck here			30a		
31 Other program services (attach schedule)	inioan includes loreign grants, er	icer nere		!! -	300		
	Imount includes foreign grants, ch	ack hore			31a		
32 Total program service expenses (add lines 2)		ieck fiele	<u></u>	<u> _</u> !_	32		48,074
Part IV List of Officers, Directors, Truste		ach and avan if not as	mponented (See t	bo in		one for P	
Fait IV List of Officers, Directors, Truste	ees, and key Employees. List ea	(b) Title and average	(c) Compensation		Contrib		(e) Expense
(a) Name and adda	ress	hours per week	(If not paid,			efit plans &	account and
		devoted to position	enter -0)	ueie	neu com	pensation	other allowances
MELISSA BONIFAS	ESCANABA .	PRESIDENT				ا	
3925 L PT 15 LANE	MI 49829	3.00		-		0	0
LACY LAUZON .	ESCANABA	SECRETARY				ا	•
610 S 20TH ST	MI 49829	3.00	0	\vdash		0	0
JAMES WILSON	GLADSTONE .	TREASURER	_			_	_
7292 LAKE BLUFF 19.4 RD	MI 49837	3.00	0	-		0	0
BRUCE HANSEN	ESCANABA	TRUSTEE					
5682 PORTAGE PT 11.14 LANE	MI 49829	2.00	0	<u> </u>			0
JODY JAEGER	ESCANABA	TRUSTEE					
1620 18TH AVE SO	MI 49829	2.00	0	_		0	0
NANCY KOLICH	ESCANABA	TRUSTEE					
3613 US 2-41	MI 49829	2.00	0			0	0
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DAA						Fo	m 990-EZ (2009)

Pa	art V. Other Information (Note the statement requirements in the instructions for	Part V.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				
	the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no	t reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		<u> </u>
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	<u> </u>	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.	a	4		
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved	b	4		
39	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on line 9 . 39	a	4		
þ	Gross receipts, included on line 9, for public use of club facilities	b	4		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:				
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefits	efit		ļ	
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			1	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior				l
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				Ì
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		10		x
•	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. MI		40e	1	<u> </u>
41		Telephone no. ▶ 90	6-28	0-4	836
42a	The organization's books are in care of ► JAMES WILSON 7292 LAKE BLUFF 19.4 RD	relephone no.	0 20		.000
		7ID ± 4 A A A	829		
_	Located at GLADSTONE, MI At any time during the calendar year, did the organization have an interest in or a signature or other authority	•	023		
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial	•		Yes	No
			42b	103	X
	account)? If "Yes," enter the name of the foreign country:		720	 	†
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.				
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	ì	x
С	If "Yes," enter the name of the foreign country.	•		1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				•
45	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	•		
		- [
		•		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1	
	Form 990-EZ		44		x
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-EZ		45	L	<u> </u>
			orm 99	0-EZ	(2009)

388	38 05/,16/2011										,
orn	n 990-EZ (2009)	YOUTH	ASSISTANCE	PROGRAM	INC	38	3-3078676			Р	age 4
	art VI. Set 501	ction 501(c) I(c)(3) organ	(3) organizations nizations and sect the tables for lines	ion 4947(a)(1		-		-			
6			n direct or indirect politi		vities on behal	f of or in oppos	ition to			Yes	No
	candidates for	public office? If	"Yes," complete Schee	dule C, Part I	_				46		X
7	Did the organiz	zation engage ii	n lobbying activities? If	"Yes," complete S	Schedule C, Pa	rt II			47		X
8	Is the organiza	ition operating a	a school as described ii	n section 170(b)(1)(A)(ıı)? If "Ye:	s," complete Sc	hedule E		48		X
9a	Did the organiz	zation make any	y transfers to an exemp	t non-chantable r	elated organiz	ation?			49a		X
b	If "Yes," was th	ne related organ	nization a section 527 o	rganization?	_		•	•	49b		
0	•		ganization's five highested more than \$100,000	•	from the organ	•	•	•	(0)	Even	
	(a	a) Name and add	dress of each employee pa than \$100,000	id more	``	hours per week evoted to position	(c) Compensation	employee benefit plans & deferred compensation	acc	Expension ar allowar	nd
ION	E										
		· · · · · · · · · · · · · · · · · · ·	···								
						· · · · · · · · · · · · · · · · · · ·					
f	Total number of	of other employe	ees paid over \$100,000)	•			<u>.</u>			
1	•	_	panization's five highesi m the organization If the	•	•	tractors who ea	nch received more	han			
	(a) Name a	nd address of eac	ch independent contractor i	paid more than \$100	.000	(b)	Type of service	(c) C	ompens	sation	

NONE						
	·					
d Total nu	mber of other independent contractors each receiving over \$100,000	>				
Sign	Under penalties of penjury, I declare that I have examined this return, including accommand belief, it is true, correct, and complete Declaration of preparer (other than officer)		mation of which preparer			
Here	Signature of officer JAMES WILSON Type or print name and title	TREASURER				
Paid	Preparer's signature	Date	Check if self-	Preparer's Identifying Number (See instr.)		
Preparer's Use Only	Firm's name (or yours of self-employed), THIS TAX RETURN PREPARED BY A		<u> </u>	EIN Phone		
Manufic IDC	address, and ZIP + 4 NON-PAID PREPARER.			no D		

Form **990-EZ** (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. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

YOUTH ASSISTANCE PROGRAM INC C/O JAMES WILSON

Employer identification number 38-3078676

P	<u>art l</u>	Reas	on for Public Charity S	Status (All organizations	must co	omplete	this p	<u>art.) S</u>	<u>ee ins</u>	truction	ons.		
The	orgai	nization is not a	a private foundation because	it is. (For lines 1 through 11, che	ck only or	ne box.)							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>i</i>	A)(i).						
2	1	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)		,							
3				e organization described in section	on 170(b)	(1)(A)(iii)							
4		-	•	in conjunction with a hospital des		• • • • • •		(A)(iii).	Enter th	e hosoi	tal's name.		
-	اا	city, and state					- (-)(-)				,		
5		•		a college or university owned or	onerated	hy a gove	ernments	I unit de	 scribed	in			
Ŭ	لسما	_	b)(1)(A)(iv). (Complete Part I	•	орогилов	b, a gore			3011000				
6		•		vernmental unit described in sec	tion 170(h\(1\(A\)	A						
7	X		*	ubstantial part of its support from	-		-	the go	noral nu	blic			
•	1221	=	section 170(b)(1)(A)(vi). (Co		i a govern	inental un	01 11011	i the gen	iciai pu	iblic			
۰	-7			'0(b)(1)(A)(vi). (Complete Part II	١								
9	1	•		more than 33 1/3 % of its suppo	•	ntribution	s memb	arehin fa	oe and	l arnee			
3	۲ ـــ	•								_			
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		• •	<u>-</u>	, 1975 See section 509(a)(2). (0	•		11 (0)	om busi	103303				
10	: 1		•		-	•	a)(4)						
11	!	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											
• •	ئـــ ا	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section											
			• • • • • • • • • • • • • • • • • • • •	e type of supporting organization	•	,							
		a Type	<u></u>	c Type III–Functiona		•	d	ī		her			
е		a Type I Type II Type III—Functionally integrated Type III—Other 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)												
f			, , ,	mination from the IRS that it is a	Type I, Ty	pe II, or T	vpe III s	upportin	q				
-		•	check this box		,, ,	• •		• •	•				- 1
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from a	ny of the		•					
•		following per	sons?										
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wit	th persons	s describe	d ın (iı)					Yes	No
		and (III) b	below, the governing body of	the supported organization?							11g(ı)		
		(ii) A family	member of a person describe	ed in (i) above?			,				11g(u)	<u> </u>	L
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(in)		<u> </u>
h		Provide the f	ollowing information about the	e supported organization(s)				•	•				
(i)	Name	e of supported	(II) EIN	(iii) Type of organization	(IV) Is the	organization		ou notify		is the	(viı) Am	ount of	
	org	anızatıon		(described on lines 1–9		sted in your	the organ	nization in	organizat	ion in col zed in the	supp	ort	
				above or IRC section (see instructions))	governing	document?		ort?		S ?			
				,	Yes	No	Yes	No	Yes	No			
					1								
						ļ							
					 	ļ. <u></u>			ļ				
					<u> </u>					l			
					 	 		-					
T_4.	_1		ŀ	1	1 ,		1	1					

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.)

	(Complete only if you che	eckea the box o	n line 5, 7, or 8	or Part I.)									
	tion A. Public Support												
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total						
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	41,167	45,816	51,618	52,394	35,081	226,076						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf												
3	The value of services or facilities furnished by a governmental unit to the organization without charge												
4	Total. Add lines 1 through 3	41,167	45,816	51,618	52,394	35,081	226,076						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			-									
6	Public support. Subtract line 5 from line 4						226,076						
	tion B. Total Support	,	····										
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total						
7	Amounts from line 4	41,167	45,816	51,618	52,394	35,081	226,076						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources												
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)												
11	Total support. Add lines 7 through 10	L				,	226,076						
12	Gross receipts from related activities, etc. (•		•		12							
13	First five years. If the Form 990 is for the o	-	econd, third, fourth,	or fifth tax year as	a section 501(c)(3))	_						
<u></u>	organization, check this box and stop here tion C. Computation of Public Su					.							
	· · · · · · · · · · · · · · · · · · ·	•	·				100.00%						
14	Public support percentage for 2009 (line 6,	• • • • • • • • • • • • • • • • • • • •	, , ,))		14	100 00%						
15 16a	Public support percentage from 2008 Scheroschero		•		/2.0/	15	100.00%						
iva	and stop here. The organization qualifies a			and line 14 is 55 i/	3 % or more, chec	K tills box	▶ X						
b	33 1/3 % support test—2008. If the organi			16a and line 15 is		check this	F 133						
-	box and stop here. The organization qualifi				00 170 70 01 111010,	CHOOK WIIS	•						
17a	10%-facts-and-circumstances test-2009		_	•	r 16b. and line 14 is	s 10% or							
		-											
	<u>₹</u>	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		•		•	15 is 10% or	•						
	more, and if the organization meets the "factorganization meets the "facts-and-circumstate"			•	•	how the	•						
18	Private foundation of the organization did	-	· ·		-	tructions							

Schedule A (Form 990 or 990-EZ) 2009 Part III, Support Schedule for Organizations Described in Section 509(a)(2)

500	tion A. Public Support	scred the box	OII IIIIE 9 OI FA	11.1.1			-
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(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					ļ .	
С	Add lines 7a and 7b				ı		<u> </u>
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		,	,			<u>,</u>
Ca	lendar 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						
C	Add lines 10a and 10b						
11	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 the o	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	, -
	organization, check this box and stop here	 			<u> </u>		<u> </u>
Sec	tion C. Computation of Public Su						·
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f)) .		. 15	%
16	Public support percentage from 2008 Scher			·		16	<u>%</u>
	tion D. Computation of Investmer						
17	Investment income percentage for 2009 (lin			column (f)) _.	•	17	%
18	Investment income percentage from 2008 S	•	·			18	%
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo	ox and stop here. T	Γhe organization qu	ialifies as a publicly	supported organiz	ation	•
b	33 1/3 % support tests—2008. If the organ						
20	line 18 is not more than 33 1/3 %, check the Private foundation. If the organization did	·	•	•	, ,,	•	Z :

Schedule A (Form 990 or 990-EZ) 2009 YOUTH ASSISTANCE PROGRAM INC 38-3078676 Page 4

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

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5/16/2011			FMV Explanation						
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			Book Value Explanation						
	Paid to		шш 						
	Amounts		Book Value						
	Similar		- E						
nents	Part I, Line 10 - Grants and Similar Amounts Paid to Individuals		Noncash Contribution			ú	ſ		
taten	10 - Gr		1	074					
Federal Statements	irt I, Line Indiv		Contribution	48,074					
Fec	10-EZ, Pa	ı	이 						
NC INC	Form 99		Description of Property						
OGRAN	Statement 1 - Form 990-EZ,	Class of Activity	Descri Pro						
38888 YOUTH ASSISTANCE PROGRAM INC 38-3078676 FYE: 9/30/2010	State		ا و						
SSISTAI		اے	Date of Gift						
UTH AS 6 2010		Relationship to Organization		_					
38888 YOUTH 38-3078676 FYE: 9/30/2010		Rela to Org		TOTAL					
388 38-(

38888 YOUTH ASSISTANCE PROGRAM INC

Federal Statements

FYE: 9/30/2010

38-3078676

5/16/2011

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Aı	Amount			
EXPENSES	\$				
OFFICE		610			
INSURANCE		154			
TOTAL	\$	764			

Statement 3 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

PAYMRNTS MADE TO BENEFIT UNDERPRIVILEGED CHILDREN IN DELTA COUNTY, MICHIGAN PURSUANT TO A REQUEST BY THE CHILD'S TEACHER OR COUNSELOR. PAYMENTS ARE MADE AND LIMITED IN AMOUNT BASED ON ORGANIZATIONAL GUIDELINES AND POLICY. PAYMENTS ARE MADE FOR THE SPECIFIC PURPOSE OF MAINTAINING THE SELF-ESTEEM OF THE CHILD TO ALLOW FOR THE NORMAL EMOTIONAL AND EDUCATIONAL GROWTH OF THE CHILD. APPROX 300 CHILDREN PROVIDED ASSISTANCE.