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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning APR 1, 2010 and ending MAR 31, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization
ADVOCATES FOR YOUTH
Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2000 M STREET, NW 750

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20036

F Name and address of principal officer JAMES WAGONER
SAME AS C ABOVE

D Employer identification number
52-1173590

E Telephone number
(202)419-3420

G Gross receipts $ 6,965,561.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ADVOCATESFORYOUTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980 M State of legal domicile: DC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	48
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,368,614.	6,859,752.
9	Program service revenue (Part VIII, line 2g)	9,970.	82,375.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,528.	11,800.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,290.	<10,753.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,399,402.	6,943,174.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	536,351.	570,598.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,438,950.	2,624,539.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 443,500.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,987,612.	1,805,868.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,962,913.	5,001,005.
19	Revenue less expenses Subtract line 18 from line 12	<1,563,511.>	1,942,169.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,152,907.	7,113,832.
21	Total liabilities (Part X, line 26)	617,940.	636,696.
22	Net assets or fund balances Subtract line 21 from line 20	4,534,967.	6,477,136.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
▶ Signature of officer — Date
▶ JAMES WAGONER, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Terri McKnight	Preparer's signature: Terri McKnight	Date: 10/19/11	Check ☐ if self employed	PTIN
Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN			Firm's EIN ▶	
Firm's address ▶ 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MD 20814-2930			Phone no (301) 951-9090	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

616 10

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission

ADVOCATES FOR YOUTH CHAMPIONS EFFORTS THAT HELP YOUNG PEOPLE MAKE INFORMED AND RESPONSIBLE DECISIONS ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH. THE ONLY ORGANIZATION WITH A SOLE FOCUS ON ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH WORKING IN BOTH THE U.S. AND DEVELOPING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,522,178. including grants of $ 264,650.) (Revenue $ 3,659.)

PUBLIC AFFAIRS: WORKED WITH COLLEAGUE ORGANIZATIONS AND YOUTH ACTIVISTS TO EDUCATE LOCAL, STATE, AND NATIONAL POLICY MAKERS ABOUT THE IMPORTANCE OF YOUNG PEOPLE'S ACCESS TO ACCURATE AND CONFIDENTIAL SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES, INCLUDING COMPREHENSIVE SEX EDUCATION. SUPPORTED DOMESTIC AND INTERNATIONAL YOUTH ACTIVIST NETWORKS COMPRISED OF MORE THAN 45,000 YOUNG PEOPLE WHO USED ADVOCATES' WEB SITE, AMPLIFY, TO PROMOTE THEIR RIGHT TO ACCESS COMPREHENSIVE INFORMATION AND SERVICES AROUND THE WORLD.

4b (Code) (Expenses $ 1,194,958. including grants of $ 17,100.) (Revenue $ 64,160.)

ADOLESCENT TEEN PREGNANCY PREVENTION INITIATIVE: STRENGTHENED THE CAPACITY OF STATE TEEN PREGNANCY PREVENTION ORGANIZATIONS TO ACTIVELY PROMOTE SCIENCE-BASED TEEN PREGNANCY PREVENTION INITIATIVES. EDUCATED YOUNG PEOPLE AND PROVIDERS ABOUT CONTRACEPTION AND IMPLEMENTED ADOLESCENT CONTRACEPTIVE ACCESS CAMPAIGNS IN SEVEN COMMUNITIES AROUND THE UNITED STATES, WITH A FOCUS ON REACHING YOUTH MOST AT RISK OF TEEN PREGNANCY AND HIV/STIS.

4c (Code) (Expenses $ 465,942. including grants of $ 55,029.) (Revenue $ 8,610.)

INTERNATIONAL PROGRAMS: PROVIDED INFORMATION, TRAINING, AND TECHNICAL ASSISTANCE TO MORE THAN 800 YOUTH-SERVING ORGANIZATIONS AND YOUTH ACTIVISTS AROUND THE WORLD WHO ARE WORKING TO IMPROVE YOUNG PEOPLE'S ACCESS TO COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND INFORMATION. ASSISTED THREE ORGANIZATIONS IN ETHIOPIA, JAMAICA, AND NIGERIA TO STRENGTHEN AND SUPPORT THEIR OWN YOUTH LEADERSHIP COUNCILS THAT ARE EDUCATING POLICY MAKERS AT HOME AND IN THE U.S. ABOUT EFFECTIVE TEEN PREGNANCY AND HIV/AIDS PREVENTION PROGRAMMING.

4d Other program services (Describe in Schedule O)
(Expenses $ 1,372,036. including grants of $ 233,819.) (Revenue $ <10,940.>)

4e Total program service expenses ▶ 4,555,114.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	39		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/A		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a	N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/A		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

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

KATHLEEN FARRELL - 202-419-3420
2000 M ST, NW, SUITE 750, WASHINGTON, DC 20036

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATE STEWART CHAIR	2.00	X		X				0.	0.	0.
MARGARET E. GREENE VICE CHAIR (UNTIL FALL 2010)	1.00	X		X				0.	0.	0.
JALAN M. WASHINGTON VICE CHAIR (BEG. FALL 2010)	0.30	X		X				0.	0.	0.
ROBERT KRINSKY TREASURER	1.00	X		X				0.	0.	0.
NICOLE LEWIS SECRETARY	0.50	X		X				0.	0.	0.
DEBORAH ARINDELL DIRECTOR	0.30	X						0.	0.	0.
GARY BARKER DIRECTOR	0.30	X						0.	0.	0.
SEAN BARRY DIRECTOR	0.30	X						0.	0.	0.
ROBIN BRAND DIRECTOR	0.30	X						0.	0.	0.
COLIN DEAN DIRECTOR	0.30	X						0.	0.	0.
SHARON LOVICK EDWARDS DIRECTOR	0.30	X						0.	0.	0.
ROBIN ELLIOTT DIRECTOR	0.30	X						0.	0.	0.
ERICA J. GIBSON DIRECTOR	0.30	X						0.	0.	0.
MARK HIEW DIRECTOR	0.30	X						0.	0.	0.
KARLO MARCELO DIRECTOR	0.30	X						0.	0.	0.
MARTIN MARTINEZ DIRECTOR	0.30	X						0.	0.	0.
LAURIE MCCARTHY DIRECTOR	0.30	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REMEDIOS RUIZ DIRECTOR	0.30	X						0.	0.	0.
AMY SCHALET DIRECTOR	0.30	X						0.	0.	0.
JUDITH SENDEROWITZ DIRECTOR	0.30	X						0.	0.	0.
TYLER A. TERMEER DIRECTOR	0.30	X						0.	0.	0.
RICH THOMAS DIRECTOR	0.30	X						0.	0.	0.
JAMES WAGONER PRESIDENT	35.00			X				168,102.	0.	8,494.
DEBRA HAUSER EXE. VICE PRESIDENT	35.00					X		115,200.	0.	13,768.
1b Sub-total ▶								283,302.	0.	22,262.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								283,302.	0.	22,262.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 2

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1313329.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5546423.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	6859752.			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE FEES	900099	79,225.	79,225.		
	b CONFERENCE FEES	900099	3,150.	3,150.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	82,375.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	11,800.			11,800.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a	5,501.			
	b Less cost of goods sold	b	22,387.			
	c Net income or (loss) from sales of inventory	▶	<16,886.>	<16,886.>		
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	6,133.			6,133.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	6,133.			
	12 **Total revenue** See instructions	▶	6943174.	65,489.	0.	17,933.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	515,569.	515,569.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	55,029.	55,029.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	188,834.	77,422.	32,102.	79,310.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,024,820.	1,479,903.	383,553.	161,364.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	57,702.	44,722.	7,991.	4,989.
9 Other employee benefits	191,210.	141,429.	27,064.	22,717.
10 Payroll taxes	161,973.	119,299.	22,969.	19,705.
11 Fees for services (non-employees)				
a Management				
b Legal	2,512.	2,512.		
c Accounting	38,905.	2,000.	36,905.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	260,508.	256,016.	4,400.	92.
12 Advertising and promotion	61,251.	48,650.	9,026.	3,575.
13 Office expenses	180,757.	132,433.	37,209.	11,115.
14 Information technology	63,284.	57,784.	4,091.	1,409.
15 Royalties				
16 Occupancy	419,028.	255,267.	121,373.	42,388.
17 Travel	502,836.	481,924.	9,721.	11,191.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	117,740.	94,281.	21,295.	2,164.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,185.	7,204.	1,759.	1,222.
23 Insurance	12,044.		12,044.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a REGISTRATION FEES	37,578.	31,651.	1,115.	4,812.
b DUES & PUBLICATIONS	35,883.	32,962.	1,951.	970.
c CONTRIBUTIONS	22,770.	18,020.	4,750.	
d NON-CAPITALIZED EQUIP.	19,861.	12,949.	6,912.	
e ALLOCATION OF M&G	0.	686,926.	<762,914.>	75,988.
f All other expenses	20,726.	1,162.	19,075.	489.
25 Total functional expenses Add lines 1 through 24f	5,001,005.	4,555,114.	2,391.	443,500.
26 Joint costs Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest bearing	150.	1	150.
	2	Savings and temporary cash investments	3,714,731.	2	3,494,154.
	3	Pledges and grants receivable, net	1,263,100.	3	3,399,860.
	4	Accounts receivable, net	12,269.	4	46,132.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	25,496.	8	38,026.
	9	Prepaid expenses and deferred charges	63,663.	9	66,831.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 298,664.			
	b	Less accumulated depreciation — 10b: 278,242.	25,241.	10c	20,422.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	48,257.	15	48,257.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	5,152,907.	16	7,113,832.
Liabilities	17	Accounts payable and accrued expenses	273,529.	17	292,846.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	344,411.	25	343,850.
	26	**Total liabilities.** Add lines 17 through 25	617,940.	26	636,696.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	203,311.	27	401,355.
	28	Temporarily restricted net assets	4,331,656.	28	6,075,781.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,534,967.	33	6,477,136.
	34	Total liabilities and net assets/fund balances	5,152,907.	34	7,113,832.

Form **990** (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,943,174.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,001,005.
3	Revenue less expenses Subtract line 2 from line 1	3	1,942,169.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,534,967.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,477,136.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization: ADVOCATES FOR YOUTH

Employer identification number: 52-1173590

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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).**

4 ☐ 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 _____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% 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 1/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 ☐ 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 If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,940,141.	4,193,363.	8,231,898.	3,368,614.	6,859,752.	26,593,768.
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	3,940,141.	4,193,363.	8,231,898.	3,368,614.	6,859,752.	26,593,768.
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)						8,544,903.
6 **Public support.** Subtract line 5 from line 4						18,048,865.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,940,141.	4,193,363.	8,231,898.	3,368,614.	6,859,752.	26,593,768.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,061.	84,187.	49,750.	14,351.	11,800.	233,149.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	89.		10,373.	6,371.	6,133.	22,966.
11 **Total support.** Add lines 7 through 10						26,849,883.

12 Gross receipts from related activities, etc (see instructions)	12	437,903.

13 **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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	67.22 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	67.63 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** 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 - 2009.** 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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
ADVOCATES FOR YOUTH	52-1173590

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	54,167.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	7,174.	
c Total lobbying expenditures (add lines 1a and 1b)	61,341.	
d Other exempt purpose expenditures	4,939,664.	
e Total exempt purpose expenditures (add lines 1c and 1d)	5,001,005.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	400,050.	
g Grassroots nontaxable amount (enter 25% of line 1f)	100,013.	
h Subtract line 1g from line 1a If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c If zero or less, enter -0-	0.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	358,368.	459,945.	398,146.	400,050.	1,616,509.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,424,764.
c Total lobbying expenditures	128,291.	80,197.	83,216.	61,341.	353,045.
d Grassroots nontaxable amount	89,592.	114,986.	99,537.	100,013.	404,128.
e Grassroots ceiling amount (150% of line 2d, column (e))					606,192.
f Grassroots lobbying expenditures	51,293.	51,151.	64,877.	54,167.	221,488.

Schedule C (Form 990 or 990-EZ) 2010

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: ADVOCATES FOR YOUTH

Employer identification number: 52-1173590

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment				
e	Other		298,664.	278,242.	20,422.
Total.	Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				20,422.

Schedule D (Form 990) 2010

032052
12-20-10

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)	DEFERRED RENT	343,850.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶		343,850.

2. FIN 48 (ASC 740) Footnote In Part XIV provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,943,174.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,001,005.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,942,169.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,942,169.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	6,965,561.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	22,387.		
e	Add lines 2a through 2d			2e	22,387.
3	Subtract line 2e from line 1			3	6,943,174.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	6,943,174.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	5,023,392.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	22,387.		
e	Add lines 2a through 2d			2e	22,387.
3	Subtract line 2e from line 1			3	5,001,005.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	5,001,005.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED MARCH 31, 2011, ADVOCATES HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Part XIV Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PUBLICATIONS EXPENSE SHOWN AS EXPENSES ON THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART 1, LINE 10C. $22,387

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

PUBLICATIONS EXPENSE SHOWN AS EXPENSES ON THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART 1, LINE 10C. $22,387

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

ADVOCATES FOR YOUTH

Employer identification number

52-1173590

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN REGION		40,029.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS IN REGION		9,420.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN REGION		5,580.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAININGS FOCUS ON YOUTH LEADERSHIP, ADVOCACY SKILLS, COMMUNITY MOBILIZATION, AND	66,922.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAININGS FOCUS ON YOUTH LEADERSHIP, ADVOCACY SKILLS, COMMUNITY MOBILIZATION, AND	8,035.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAININGS FOCUS ON YOUTH LEADERSHIP, ADVOCACY SKILLS, COMMUNITY MOBILIZATION, AND	40,355.
3 a Sub-total	0	0			170,341.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			170,341.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2010**

SEE PART V FOR COLUMN (E) DESCRIPTIONS

032071
12-20-10

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000 Check this box if no one recipient received more than $5,000 ▶ X

Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT A GROUP OF YOUTH LEADERS IN NIGERIA TO EDUCATE POLICY MAKERS AND	13,885.	WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TO ASSIST THE ORGANIZATION TO PROMOTE YOUTH FRIENDLY REPRODUCTIVE	26,144.	WIRE TRANSFERS	0.		
		SOUTH ASIA	TO SUPPORT A GROUP OF YOUTH LEADERS IN NEPAL TO EDUCATE POLICY MAKERS AND	5,580.	WIRE TRANSFERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT A GROUP OF YOUTH LEADERS IN JAMAICA TO EDUCATE POLICY MAKERS AND	9,420.	WIRE TRANSFERS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 4

3 Enter total number of other organizations or entities ▶ 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☒ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information

SCHEDULE F, PART I, LINE 2: STAFF WORKS CLOSELY WITH THE SEED GRANT RECIPIENTS TO MONITOR PROGRESS, PROVIDE TECHNICAL ASSISTANCE AND ADVICE, AND TRAIN THE RECIPIENTS' STAFF AND YOUTH CONSTITUENTS. STAFF HOLDS REGULAR TELEPHONE CALLS WITH THE SEED GRANTEES, COMMUNICATES REGULARLY WITH THEM VIA EMAIL, AND CONDUCTS AT LEAST ONE SITE VISIT A YEAR. IN ADDITION, SEED GRANTEES MUST SUBMIT INTERIM AND FINAL REPORTS OF THEIR ACCOMPLISHMENTS.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAININGS FOCUS ON YOUTH LEADERSHIP, ADVOCACY SKILLS, COMMUNITY MOBILIZATION, AND WORKING WITH THE MEDIA FOR YOUTH IN ADDITION TO TRAINING FOR SERVICE PROVIDERS ON YOUTH-FRIENDLY SERVICES. TRAINING FOR HEALTH PROVIDERS ON YOUTH-FRIENDLY SERVICES AND YOUTH-ADULT PARTNERSHIPS.

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAININGS FOCUS ON YOUTH LEADERSHIP, ADVOCACY SKILLS, COMMUNITY MOBILIZATION, AND WORKING WITH THE MEDIA FOR YOUTH.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAININGS FOCUS ON YOUTH LEADERSHIP, ADVOCACY SKILLS, COMMUNITY MOBILIZATION, AND WORKING WITH THE MEDIA FOR YOUTH IN ADDITION TO TRAINING FOR SERVICE PROVIDERS ON YOUTH-FRIENDLY SERVICES.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A GROUP OF YOUTH LEADERS IN NIGERIA TO EDUCATE POLICY MAKERS AND RAISE AWARENESS OF REPRODUCTIVE HEALTH ISSUES ON CAMPUSES AND COMMUNITIES IN ORDER TO IMPROVE PROGRAMS AND POLICIES FOR YOUNG PEOPLE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ASSIST THE ORGANIZATION TO PROMOTE YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICES IN NIGERIA.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT A GROUP OF YOUTH LEADERS IN NEPAL TO EDUCATE POLICY MAKERS AND RAISE AWARENESS OF REPRODUCTIVE HEALTH ISSUES ON CAMPUSES AND COMMUNITIES IN ORDER TO IMPROVE PROGRAMS AND POLICIES FOR YOUNG PEOPLE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO SUPPORT A GROUP OF YOUTH LEADERS IN JAMAICA TO EDUCATE POLICY MAKERS AND RAISE AWARENESS OF REPRODUCTIVE HEALTH ISSUES ON CAMPUSES AND COMMUNITIES IN ORDER TO IMPROVE PROGRAMS AND POLICIES FOR YOUNG PEOPLE.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ADVOCATES FOR YOUTH

Employer identification number
52-1173590

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID ATLANTA, INC. 1605 PEACHTREE ST. NE ATLANTA, GA 30309	58-1537967	501(C)(3)	10,000.	0.			PROVIDE HIV COUNSELING AND TESTING ON HBCU CAMPUSES PARTICIPATING IN OMH COOPERATIVE AGREEMENT
BUILDING BRIDGES, INC. 2147 HENRY HILL DR. SUITE 206 JACKSON, MS 39204	64-0862768	501(C)(3)	10,000.	0.			PROVIDE HIV COUNSELING AND TESTING ON HBCU CAMPUSES PARTICIPATING IN OMH COOPERATIVE AGREEMENT
CLARK ATLANTA UNIVERSITY 223 JAMES P. BRAWLEY DR., S.W. ATLANTA, GA 30314	58-1825259	501(C)(3)	15,000.	0.			IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE, S.W. ATLANTA, GA 30314	58-0566205	501(C)(3)	15,000.	0.			IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH
ALCORN STATE UNIVERSITY 1000 ASU DRIVE ALCORN STATE, MS 39096	64-6000013	GOVERNMENT	15,000.	0.			IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH
JACKSON STATE UNIVERSITY 1400 LYNCH STREET JACKSON, MS 36217	64-6000507	501(C)(3)	15,000.	0.			IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH

2 Enter total number of section 501(c)(3) and government organizations ▶ 30.

3 Enter total number of other organizations ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2010)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

032101 01-13-11

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI VALLEY STATE UNIVERSITY - 14000 HIGHWAY 82 WEST - ITTA BENA, MS 38941	64-6001395	501(C)(3)	15,000.	0.			IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH
ALABAMA A&M UNIVERSITY P.O. BOX 411 PATTON HALL, ROOM 316 NORMAL, AL 35762	63-6001097	501(C)(3)	5,000.	0.			IMPROVE HIV PREVENTION SERVICES ON CAMPUS AND DEVELOP AN INSTITUTIONALIZED YOUNG
BENEDICT COLLEGE STUDENT HEALTH SERVICES 1600 HARDEN COLUMBIA, SC 29204	57-0314365	501(C)(3)	5,000.	0.			IMPROVE HIV PREVENTION SERVICES ON CAMPUS AND DEVELOP AN INSTITUTIONALIZED YOUNG
FAYETTEVILLE STATE UNIVERSITY STUDENT HEALTH SERVICES 1200 MUCHISON RD. - FAYETTEVILLE, NC 28301	56-6023166	501(C)(3)	5,000.	0.			IMPROVE HIV PREVENTION SERVICES ON CAMPUS AND DEVELOP AN INSTITUTIONALIZED YOUNG
MORGAN STATE UNIVERSITY 1700 EAST COLDSPRING LANE BALTIMORE, MD 21251	52-6002033	501(C)(3)	5,000.	0.			IMPROVE HIV PREVENTION SERVICES ON CAMPUS AND DEVELOP AN INSTITUTIONALIZED YOUNG
SOUTHERN UNIVERSITY AT BATON ROUGE BARANCO-HILL STUDENT HEALTH CENTER-HELEN BARRONE DR. - BATON ROGE, LA 70813	72-6000817	501(C)(3)	5,000.	0.			IMPROVE HIV PREVENTION SERVICES ON CAMPUS AND DEVELOP AN INSTITUTIONALIZED YOUNG
THE POINT COMMUNITY DEVELOPMENT CORPORATION - 940 GARRISON AVENUE - BRONX, NY 10474	13-3765140	501(C)(3)	9,625.	0.			IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND
CHILDRENS MEMORIAL HOSPITAL 2300 CHILDRENS PLAZA BOX 205 CHICAGO, IL 60614	36-2170833	501(C)(3)	8,232.	0.			IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND
ACT FOR WOMEN AND GIRLS P.O. BOX 536 VISALIA, CA 93279	26-0287450	501(C)(3)	8,125.	0.			IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C.H.A.I.N REACTION 400 CORPORATE POINTE, STE 300 CULVER CITY, CA 09230	20-3785110	501(C)(3)	8,125.	0.			IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND
HEALTH DELIVERY INC. 501 LAPEER AVE SAGINAW, MI 48607	38-1908328	501(C)(3)	14,625.	0.			IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND
PUBLIC HEALTH SOLUTIONS 220 CHURCH STREET, 5TH FLOOR NEW YORK, NY 10013	13-5669201	501(C)(3)	5,000.	0.			TO DEVELOP REPRODUCTIVE AND SEXUAL HEALTH PROJECT FOR MUSLIM YOUTH
ACCESS AIDS CARE 222 WEST 21ST ST SUITE F-308 NORFOLK, VA 23517	54-1545157	501(C)(3)	5,000.	0.			BUILD CAPACITY TO REDRESS HOMOPHOBIA AND CREATE SAFE SPACES FOR GLBTQ YOUTH OF COLOR
DAMIEN MINISTRIES 2200 RHODE ISLAND AVE., NE WASHINGTON, DC 20018	52-1523098	501(C)(3)	5,000.	0.			BUILD CAPACITY TO REDRESS HOMOPHOBIA AND CREATE SAFE SPACES FOR GLBTQ YOUTH OF COLOR
CHICAGO CHILD CARE SOCIETY 5467 S. UNIVERSITY CHICAGO, IL 60615	36-2166998	501(C)(3)	5,000.	0.			BUILD CAPACITY TO REDRESS HOMOPHOBIA AND CREATE SAFE SPACES FOR GLBTQ YOUTH OF COLOR
UNITED NEIGHBORHOOD CENTERS OF NORTHEASTERN PENNSYLVANIA - 425 ALDER STREET - SCRANTON, PA 18505	24-0795389	501(C)(3)	5,000.	0.			BUILD CAPACITY TO REDRESS HOMOPHOBIA AND CREATE SAFE SPACES FOR GLBTQ YOUTH OF COLOR
GEORGIA CAMPAIGN FOR ADOLESCENT PREGNANCY PREVENTIONS - 1450 WEST PEACHTREE ST., STE. 200 - ATLANTA, GA 30309	31-1520709	501(C)(3)	60,000.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
ILLINOIS CAUCUS FOR ADOLESCENT HEALTH - 226 WABASH ST., STE. 900 - CHICAGO, IL 60604	36-3223988	501(C)(3)	10,000.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOLESCENT PREGNANCY PREVENTION CAMPAIGN OF NORTH CAROLINA - 3708 MAYFAIR ST, # 310 - DURHAM, NC 27707	56-1493369	501(C)(3)	60,000.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
AIDS TASKFORCE OF GREATER CLEVELAND - 3210 EUCLID AVENUE - CLEVELAND, OH 44145	34-1433612	501(C)(3)	52,150.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
TEXAS FREEDOM NETWORK EDUCATION FUND - P.O. BOX 1624 - AUSTIN, TX 78767	74-2788317	501(C)(3)	60,000.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
NEW MORNING FOUNDATION 807 GERVAIS ST, STE 102 COLUMBIA, SC 29201	95-4894776	501(C)(3)	22,500.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
ADOLESCENT WELLNESS CENTER 141 W 3RD ST DAYTON, OH 45402	31-1361660	501(C)(3)	8,000.	0.			IMPROVE HIV/STI PREVENTION PROGRAMMING FOR YOUNG AFRICAN AMERICAN/BLACK AND
INSTITUTE OF WOMEN AND ETHNIC STUDIES - 650 POYDRAS STREET, SUITE 2317 - NEW ORLEANS, LA 70130	72-1244155	501(C)(3)	9,625.	0.			IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: BASED ON PROPOSALS SUBMITTED BY GRANTEES, ADVOCATES' STAFF WORK CLOSELY WITH GRANTEES TO DEVELOP A WORK PLAN, OFFERING TECHNICAL ASSISTANCE AND TRAINING TO HELP GRANTEES IMPLEMENT THE PROPOSED PROJECT. STAFF ALSO CONDUCT SITE VISITS AND ARE AVAILABLE BY TELEPHONE FOR ONGOING TECHNICAL ASSISTANCE. GRANTEES ARE REQUIRED TO SUBMIT INTERIM PROGRESS AND FINANCIAL REPORTS BEFORE RECEIVING SUBSEQUENT GRANT PAYMENTS AND MUST SUBMIT FINAL NARRATIVE AND FINANCIAL REPORTS AT THE CONCLUSION OF THE PROJECT.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CLARK ATLANTA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: MOREHOUSE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: ALCORN STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: JACKSON STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: MISSISSIPPI VALLEY STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: ALABAMA A&M UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE HIV PREVENTION SERVICES ON

Part IV Supplemental Information

CAMPUS AND DEVELOP AN INSTITUTIONALIZED YOUNG WOMEN OF COLOR LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: BENEDICT COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE HIV PREVENTION SERVICES ON CAMPUS AND DEVELOP AN INSTITUTIONALIZED YOUNG WOMEN OF COLOR LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: FAYETTEVILLE STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE HIV PREVENTION SERVICES ON CAMPUS AND DEVELOP AN INSTITUTIONALIZED YOUNG WOMEN OF COLOR LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: MORGAN STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE HIV PREVENTION SERVICES ON CAMPUS AND DEVELOP AN INSTITUTIONALIZED YOUNG WOMEN OF COLOR LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN UNIVERSITY AT BATON ROUGE

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE HIV PREVENTION SERVICES ON CAMPUS AND DEVELOP AN INSTITUTIONALIZED YOUNG WOMEN OF COLOR LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT:

THE POINT COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND LATINA/HISPANIC WOMEN

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHILDRENS MEMORIAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND LATINA/HISPANIC WOMEN

NAME OF ORGANIZATION OR GOVERNMENT: ACT FOR WOMEN AND GIRLS

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND LATINA/HISPANIC WOMEN

NAME OF ORGANIZATION OR GOVERNMENT: C.H.A.I.N REACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND LATINA/HISPANIC WOMEN

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH DELIVERY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND LATINA/HISPANIC WOMEN

NAME OF ORGANIZATION OR GOVERNMENT:
GEORGIA CAMPAIGN FOR ADOLESCENT PREGNANCY PREVENTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS CAUCUS FOR ADOLESCENT HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ADOLESCENT PREGNANCY PREVENTION CAMPAIGN OF NORTH CAROLINA

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: AIDS TASKFORCE OF GREATER CLEVELAND

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS FREEDOM NETWORK EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: NEW MORNING FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: ADOLESCENT WELLNESS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE HIV/STI PREVENTION

Part IV Supplemental Information

PROGRAMMING FOR YOUNG AFRICAN AMERICAN/BLACK AND LATINA/HISPANIC WOMEN AGES 13 TO 24

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE OF WOMEN AND ETHNIC STUDIES

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT AN HIV PREVENTION PROJECT FOR YOUNG AFRICAN AMERICAN/BLACK AND LATINA/HISPANIC WOMEN

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

ADVOCATES FOR YOUTH

Employer identification number

52-1173590

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958 4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958 6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES WAGONER	(i)	158,102.	10,000.	0.	6,720.	1,774.	176,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: ADVOCATES FOR YOUTH

Employer identification number: 52-1173590

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNTRIES. ADVOCATES APPROACHES ITS MISSION THROUGH CROSS-CUTTING STRATEGIES OF BEST PRACTICES IN PROGRAM DEVELOPMENT, YOUTH EMPOWERMENT, COMMUNICATIONS, AND PUBLIC POLICY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HIV/AIDS EDUCATION

EXPENSES $ 367,739. INCLUDING GRANTS OF $ 71,857. REVENUE $ 1,010.

YOUTH OF COLOR

EXPENSES $ 353,220. INCLUDING GRANTS OF $ 120,000. REVENUE $ 1,009.

YOUTH EMPOWERMENT

EXPENSES $ 290,143. INCLUDING GRANTS OF $ 41,362. REVENUE $ 1,309.

PUBLIC INFORMATION SERVICES

EXPENSES $ 214,601. INCLUDING GRANTS OF $ 0. REVENUE $ -15,877.

EDUCATION AND OUTREACH

EXPENSES $ 146,333. INCLUDING GRANTS OF $ 600. REVENUE $ 1,609.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND A COPY OF THE FORM 990 WAS THEN DISTRIBUTED TO THE ENTIRE BOARD. MEMBERS WERE ASKED TO SUBMIT ANY COMMENTS OR QUESTIONS PRIOR TO THE ADUIT COMMITTEE MEETING. ADVOCATES' BOARD AUDIT COMMITTEE THEN MET TO DISCUSS AND REVIEW THE FORM 990. IF ANY CHANGES WERE MADE DURING THE

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AUDIT COMMITTEE'S REVIEW, A FINAL COPY OF THE 990 WOULD BE SENT TO THE BOARD BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: A COPY OF THE CONFLICT OF INTEREST STATEMENT IS FURNISHED TO EACH DIRECTOR, OFFICER AND STAFF MEMBER WHO IS PRESENTLY SERVING THIS ORGANIZATION, OR WHO MAY BECOME ASSOCIATED WITH IT. THE POLICY IS REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF DIRECTOR, OFFICERS OR STAFF MEMBERS; AND ANY NEW DIRECTORS, OFFICERS OR STAFF MEMBERS ARE ADVISED OF THE POLICY UPON UNDERTAKING THE DUTIES OF SUCH OFFICE. THE PERSON CONCERNED DISCLOSES ANY ACTUAL OR APPARENT CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS.

WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO THE MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, THE INTERESTED PERSON CALLS IT TO THE ATTENTION OF THE BOARD OF DIRECTORS (OR ITS COMMITTEE) AND SUCH PERSON DOES NOT VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A CONFLICT RETIRES FROM THE ROOM IN WHICH THE BOARD (OR ITS COMMITTEE) IS MEETING AND DOES NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THAT PERSON DOES PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION.

THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION AND VOTE AND DID NOT VOTE. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS (OR ITS COMMITTEE) EXCLUDING THE PERSON CONCERNING WHOSE SITUATION THAT DOUBT HAS ARISEN.

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FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD PERSONNEL COMMITTEE REVIEWED THE EXECUTIVE DIRECTOR'S PERFORMANCE AND CONSIDERED HIS COMPENSATION. THE COMMITTEE REFERRED TO SALARY SURVEYS FOR COMPARABLE DATA. IN FISCAL YEAR 2011, THE COMMITTEE AWARDED THE EXECUTIVE DIRECTOR A 5% SALARY INCREASE, WHICH WAS COMMENSURATE WITH THE 5% COLA GIVEN TO OTHER STAFF MEMBERS. THIS ACTION WAS DOCUMENTED IN THE MINUTES FROM THE MEETING. THE EXECUTIVE DIRECTOR DETERMINED COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OH OK,OR,PA,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19: ADVOCATE'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR A NOMINAL FEE (IF ANY) TO OFFSET THE COSTS OF COPYING AND POSTAGE.