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# Form 990

### **Return of Organization Exempt From Income Tax**

2011

<u>Z</u>W1

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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

For the 2011 calendar year, or tax year beginning and ending Name of organization D Employer identification number Check if applicable Grand Canyon Youth, Inc. Doing Business As Address change 86-0905180 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return PO Box 23376 928-773-7921 Terminated City or town, state or country, and ZIP + 4 86002 G Gross receipts \$ Flagstaff Amended return F Name and address of principal officer Application pending Yes X H(a) Is this a group return for affiliates? Robb Faus, President PO Box 23376, Flagstaff, AZ 86002 H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c)(3) Tax-exempt status 501(c) ) (insert no) 4947(a)(1) or 527 Website: ▶ www gcyouth.org H(c) Group exemption number ▶ K Form of organization X Corporation Association Other ▶ L Year of formation M State of legal domicile 2000 ΑZ Part I Summarv Briefly describe the organization's mission or most significant activities To provide outdoor experiential education for youth (ages 11-19) along the rivers and in the canyons of the Southwest to Activities & Governance promote personal growth, environmental awareness, community involvement, and teamwork among people of diverse backgrounds 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Total number of individuals employed in calendar year 2011 (Part V, line 2a). 5 58 Total number of volunteers (estimate if necessary)-6 370 Total unrelated business revenue from Part VIII, column (C) [ineV12] 7a 0 Net unrelated business taxable income from Form-990-T, line-34 7b 0 SS Current Year Prior Year JUN 0 4 2012 Contributions and grants (Part VIII, line 1h) 390,165 373,411 8 163,790 217,085 9 Program service revenue (Part VIII, line 2g) . Investment income (Part VIII, column (A), lines 3, 4, and 7d) income (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 390 10 1,531 Other revenue (Part VIII, column (A), lines 5, 6d\_8c. 9 26,336 26,669 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 580.681 618,696 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) K 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 223,631 281,939 15 16a Professional fundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,260 336,580 296,348 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 560,211 578,287 18 20.470 40,409 Revenue less expenses Subtract line 18 from line 12 19 End of Year Beginning of Current Year 217,713 Total assets (Part X, line 16) 244,052 20 34,695 20,626 Total liabilities (Part X, line 26) . 21 183,018 223,426 22 Net assets or fund balances Subtract line 21 from line 20 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 Qeclaration of preparer (other than officer) is based on all information of which preparer has any knowledge 5 Sign Signature of officer Here President Robb Faus Type or print name and title Date Print/Type preparer's name Check X If Paid 5/21/2012 self-employed P00082530 Mary Ellen Arndorfer **Preparer** Firm's EIN > 45-0496634 Firm's name Mary Ellen Arndorfer **Use Only** (928) 525-2585 Firm's address ▶ 1015 E Apple Way, Flagstaff, AZ 86001 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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Form **990** (2011)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 9	90 (2011)	Grand Canyon Youth, Inc.	86-0905180	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		. [
1	Briefly de	escribe the organization's mission:	<u> </u>	<u>·                                      </u>
-		do outdoor experiential education for youth (ages 11.10) along the rivers and in		
		ons of the Southwest to promote personal growth, environmental awareness, community		
		ent, and teamwork among people of diverse backgrounds		
2		organization undertake any significant program services during the year which were not listed on		
	•	Form 990 or 990-EZ?	Yes	X No
•		describe these new services on Schedule O		
3	services	organization cease conducting, or make significant changes in how it conducts, any program	□ vas	X No
		describe these changes on Schedule O.	Yes	∧ NO
4		e the organization's program service accomplishments for each of its three largest program service	es, as measured	by
		s. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rep		
	grants a	nd allocations to others, the total expenses, and revenue, if any, for each program service reporter	∍d	
4a	(Code	) (Expenses \$ 529,171 including grants of \$ 0 ) (Revenue	<b>\$</b> 217,	085)
				·
		ce on five sections of rivers & canyons in Utah and Arizona, including the Grand Canyon  / program continues to be one of the most affordable programs of its kind, charging up to		
		a local the an annual responsibility of the annual control of the annual control of		
		the programs in 2011, the rest was funded by grants, contributions and special events		
		ally area \$20,000 of financial and reasonable 45,40 modelin and decimal the reason		
	Participa	nts engaged in over 10,000 hours of community service during 2011, were required to earn		
	the cultu	ral or natural history of the Southwest. (continued below)	<b></b>	
4b	(Code	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	e \$	0)
40	•	ed from above) The warehouse and office is based in Flagstaff, AZ GCY also facilitates 3	, Ψ	
		and the state of t		
		COVID-1 to the Covid-to-section of the Covid-		
	Canyon	National Park, the U.S. Geological Survey, local tribal nations, the Grand Canyon Trust,		
		ve a Dream Foundation" in New York City, and many schools and youth organizations. In		
		· · · · · · · · · · · · · · · · · · ·		
		.~		
		trips. GCY collaborated on the 2011 "Hear the World" program where youth with hearing ents participated in a GCY Grand Canyon trip focusing on natural sound within the national		
		ed below)		
4c	(Code		\$	
		ed from above) low-income youth from Philadelphia with youth from Flagstaff. The Native		
		n Youth Artist program continued in 2011 with acclaimed Navajo artist Baje Whitehorne		
	4	reviews from participants and their parents, 100% of whom would recommend GCY to others eved that GCY provided the participant with a educational experience, and that the		
		ity services was a valuable part of the program		
		ity services was a valuable part of the program		
	011	(Describe in Schodule C.)		<del>_</del>
4d	Other pro	ogram services. (Describe in Schedule O.) es \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e		ogram service expenses   529,171		

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	ـــــ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1 _		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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,"			1
	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,"			1
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			1
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		ź	8.
	VII, VIII, IX, or X as applicable.		ششد	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			1
	Schedule D, Part VI	11a	Х	
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
С	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	111		х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		├^
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		Х
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	Х	l
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
	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, investment, and program service activities outside the United States, or aggregate	,,		.,
	foreign investments valued at \$100,000 or more? 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			v
	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	4.		v
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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 (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ļ	
	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? n/a	20b		

#### Form 990 (2011) 1 Grand Canyon Youth, Inc. 86-0905180 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 Х 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 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Х 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х 25a 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 Х 25b 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. Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.. 35a b 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 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ organization? If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37

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. . . . . . . .

Part V

Grand Canyon Youth, Inc.

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

	Check it defiedule of contains a response to any question in this Fart V.		•		<u> </u>
4.	Fotosthe combined as to the Book of Form 4000 Fotos O Mark and books	٦	1800 23	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		- 25	ÿ.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_ 0	^ <u> </u>	ه ′	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ŀ	40	X	
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ŀ	1c	<b>^</b>	
2a	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	58	3 × 5		<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	- 36	2b	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	ŀ		· · ·	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ŀ	3a	·	X
b		1/a	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	" <b>~</b>			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?	.	4a		Х
b	If "Yes," enter the name of the foreign country ▶	Ī	~ ^	<del>-</del>	
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			. 4	. :
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
С		n/a [	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	į	ا يد		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-			سيبيد
	and services provided to the payor?	}	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ŀ	7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_		.,
	required to file Form 8282?	. 0	7c	£1.4	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-0	***********	أسكشت	ا برقا
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	• }	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_,_ }	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C		7 <u>9</u> 7h	Х	-
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	" }			
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		,		
	· · · · · · · · · · · · · · · · · · ·	1/a	8		
9	Sponsoring organizations maintaining donor advised funds.	"		ž.,	
a		1/a	9a		
b	· · · · · · · · · · · · · · · · · · ·	n/a	9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	0	*		×.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0	m/	36	. 186
11	Section 501(c)(12) organizations. Enter		, sì ș	·	<i>*</i>
а	Gross income from members or shareholders	0	*		,
b	Gross income from other sources (Do not net amounts due or paid to other sources		, , , , , , , , , , , , , , , , , , ,	,	, <u>;</u> < .
	against amounts due or received from them )	0	<u> </u>	<u></u>	(\$ t.y
12a	Ocollott 4041 (a)(1) their exempt entartained and entartained and engagement and	n/a	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	0	, and		<
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	13 the organization hoories to local qualification plants in the second	n/a	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		7.*		
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	_0	1	,	
С	Enter the amount of reserves on hand	U	44-	2	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	,	14a 14b		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Or	1/a	14D		

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

Sect	ion A. Governing Body and Management				
4.			<u> </u>	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	<u> 1a                                     </u>	9	N 11/2	, , *
	If there are material differences in voting rights among members of the governing body, or			14	
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		,		,
<b>b</b>	·	46. 4		. `	ŝ.
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with			ļ
2	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or und				١
4	supervision of officers, directors, or trustees, or key employees to a management company or o		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization	's assets? .	5		X
6	Did the organization have members or stockholders?		6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint	_		
	one or more members of the governing body?	•	7a_		X
b	, , , , , , , , , , , , , , , , , , , ,	ers,	l		
_	stockholders, or persons other than the governing body?		7b	2 st 3t.	X . **
8	Did the organization contemporaneously document the meetings held or written actions underta	iken during		8 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
_	the year by the following:				لمنك
a	The governing body?		8a	X	
ь	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (		9		V
2006	ion B. Policies (This Section B requests information about policies not required by the li				X
Jeci	ion B. Policies (This Section B requests information about policies not required by the h	illerriai Neveriue C	oue)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such	 ch chanters	100		
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	g	119		!
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	·
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
	describe in Schedule O how this was done	•	12c	x	
13	Did the organization have a written whistleblower policy?	•	13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and ap	proval by			į
	independent persons, comparability data, and contemporaneous substantiation of the deliberati	on and decision?	,		· · · · · · · · · · · · · · · · · · ·
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		*** ~ *		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	angement			
	with a taxable entity during the year?		16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev			1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	afeguard			
	the organization's exempt status with respect to such arrangements?	<u> n/a</u>	16b		
	ion C. Disclosure	<del></del>	·		
17	List the states with which a copy of this Form 990 is required to be filed AZ	000 T (0t- 501)	-1/0		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-1 (Section 501)	c)(3)s	only)	
	available for public inspection. Indicate how you made these available. Check all that apply				
	X Own website X Another's website X Upon request	to conflict of inter			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documen	is, comilict of interes	ι		
20	policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the boo	ke and records of th	_		
20	organization: Emma Wharton, Executive Director				
	2131 N 1st Street, Suite B, Flagstaff, AZ 86004	320-113-19	<u>-                                    </u>	<b></b>	
	2101 N 13t Officet, Outle D, 1 lagstan, AZ 00004				

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Form 990 (2011) 、	Grand Canyon Youth	Inc

compensated employees; and former such persons

86-0905180

Page **7** 

# 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

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

 $\mathbf{x}$ 

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

Leave 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)	box.	unles er an	Pos neck ss pe	rson	than one than one that the that the that the the the the the the the the the th	an	(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
(1) Stewart Aitchison (retired 3/11) Director	1 00	Х						o	0	0
(2) Reed Allen	, 00	-,								
Director	1.00	Х						3,253	0	0
(3) Michael Baron	4.00	v							_	_
Director  (4) Coorse Pain	1 00	Х			H			1,750	0	0
(4) George Bain Vice President/Director	1 00	Х		х				0	0	0
(5) Patrick Conley (retired from Presidency 1/11) Director	10 00	Х						0	0	0
(6) Paul Curtis (retired 6/11)	10 00								, , , , , , , , , , , , , , , , , , ,	<u> </u>
Director	1 00	Х						3,510	0	0
(7) Tony Cola Director	3 00	Х						3,285	0	0
(8) Robb Faus (became President 1/11) President/Director	3 00			х				0	0	0
(9) Janelle Gaun (retired 6/11)	3 00			$\stackrel{\sim}{\vdash}$	-			0		
Director	1 00	Х						o	o	0
(10) Ron Hubert										
Treasurer/Director	2 00	X		Х				0	0	0
(11) Helen Jones					İ					
Secretary/Director	4 00	X		Х				0	0	0
(12) Angela Keith, PhD Director	6.00	¥						0	0	0
(40) T	0.00		-	$\dashv$	$\dashv$				<u>_</u>	
Director	2.00	х		ł	-			o	o	0
(14) Kathy Lampros										
Director	1 00	Х						40,644	o	0

Р	art VII Section A. Officers, Directors, Ti	rustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ontinued)
	(A) Name and title	(B) Average hours per	(do r	not ch unles	Pos neck ss pe	C) intion more rson lirect	than is both	one n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)		other compensation from the organization and related organizations
	Clare Schneider President/Director	2 00	х		x				0	0	
	Jarred Kay (youth representative)	2 00							0	0	
(17) Dire	Abbie Downard (youth representative)	1 00	х						0	0	
(18) Dire	Brent Schepper ctor	2 00	Х_						0	0	C
(19) Dire	George Gumerman	1 00	Х						0	0	C
										-	
(21)											
(22)											
(23)											
(24)											
(25)											
1b c	Sub-total	Section A				•	•	<b>&gt;</b>	52,442 0	0	
<u>d</u>	Total (add lines 1b and 1c)					١ ا		<b>▶</b>	52,442	0	0
	reportable compensation from the organization						io rec	Jeiv	eu more man ş		
3	Did the organization list any former officer, die employee on line 1a? If "Yes," complete Sche									d	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual	of reportable co	mpe	nsa	tıon	an	d oth	er c	compensation fro		4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "									ndıvıdual 	5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest comp compensation from the organization. Report c year.										n's tax
	(A) Name and business add	ress							(B) Description of sen	vices C	(C) Compensation
											0
		-									0 0
											0
	Table who of independent and a factor (and	udung had mad to	.i+	4 c 41		. 1	<b>.</b>	ha:	(a) who ======	Di Cara	0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	iite0	iU il	1086	<i>=</i> 115	ted a 0	DO/	e) who received		

Par	t VIII	Statement of Revenue							
					(A) Total revenu	ie	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1a	Federated campaigns	1	a 388	3				
ira Our	b	Membership dues .	11		1				
O, Ē	С	Fundraising events	10		1				
##	d		10						
	e	Government grants (contribution			1				
Sic	_	All other contributions, gifts, gra		30,303	4		,		
iti Pe	'	similar amounts not included at		276.054			·		:
Contributions, Gifts, Grants and Other Similar Amounts	_ ا	Noncash contributions included in I				₹		-	
o P	g		IIIES 14-11. \$	111,025					
	h	Total. Add lines 1a–1f	• •	Business Code	373,4	711		<u> </u>	
Program Service Revenue	20	Cohoolo groups & vouth portici			047				
eve	2a	Schools, groups & youth particip		611600	217,0				
e E	b				ļ	0		<del> </del>	
돌	C				ļ	0			
Se	a					0			
ra E	е					_0			
5 G	f	All other program service reven	ue .		ļ	_0			
Δ.	g	Total. Add lines 2a–2f .	<u></u>	<u>.                                      </u>	217,0	085	, »	* *	~ *
	3	Investment income (including di	vidends, ıntere	st, and					
		other similar amounts)			1,5	531			
	4	Income from investment of tax-e	exempt bond p	roceeds .		0			
	5	Royalties	<u>.</u>			0	-		
			(ı) Real	(II) Personal		,94	K4 ~	\$ * .	, <b>*</b> ,
	6a	Gross rents			1	* :		*	
	ь	Less rental expenses .					~ <b>,                                   </b>		`` ·
	С	Rental income or (loss)		0 0	<b>1</b>		` *	(	
	d	Net rental income or (loss)				0	· · · · · · · · · · · · · · · · · · ·		***************************************
	7a		(i) Securities	(II) Other	,	Ť	<u> </u>	₩.	¥
		assets other than inventory		0 0	* } .		* (* *	## ##	* 1
	b	Less cost or other basis		0	***		<u> </u>	ئى ئ	1.5
	_	and sales expenses		o lo	27 · 35%	* *	***		, " 1
	С	O: " )			, 18				
	d	Net gain or (loss)		<u> </u>		0	Ž	· · · · · · · · · · · · · · · · · · ·	
	u	iver gain or (loss) .		<del></del>	,		* ,	. *	
ne	g <sub>a</sub>	Gross income from fundraising			7 7			1	
en	Ua	events (not including \$	0		· 🏇 🔅	٠,		\$ %	*
ě		of contributions reported on line	10)		, ,	l			
Œ.		See Part IV, line 18		22.502	i y			·· 🦠	Y
Other Revenue	_		_		1		** ,	3	
ō		Less: direct expenses		6,754		-	* * *		
		Net income or (loss) from fundra	_		25,8	29		<u> </u>	
	Эa	Gross income from gaming activ			۸ ۴ ۴,			**	. * '
		See Part IV, line 19.	. a		a d		<b>\</b>		, 1
		Less direct expenses			*			,	
		Net income or (loss) from gamin	ig activities .	<u> </u>		의		-	
	10a	Gross sales of inventory, less				İ			1
		returns and allowances .	. а	840			4 3-	\$	
			<b>b</b>						
	С	Net income or (loss) from sales	of inventory .	T .	8	40	· · · · · · · · · · · · · · · · · · ·		
		Miscellaneous Revenue		Business Code	-		<del></del>		
	11a			ļ		_이	<del></del>	<b>.</b>	
	b			ļ		_이			
1	С					이			
	d	All other revenue			<u> </u>	이		ļ	
ļ	е	Total. Add lines 11a-11d .		▶		0		, , , , , , , , , , , , , , , , , , ,	
	12	Total revenue. See instructions		, , <b>&gt;</b>	618,6	96	0	0	0

# 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)

	Check if Schedule O contains a response to any	question in this Par	rt IX		X
	not include amounts reported on lines 6b, 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 United States See Part IV, line 21	_ 0			
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22 . See Schedule I	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	52,442	45,181	4,938	2,323
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0	470.040	42.004	6,584
7	Other salaries and wages	193,185	172,610	13,991	0,384
8	Pension plan accruals and contributions (include	2 404	2.040	400	100
_	section 401(k) and 403(b) employer contributions) .	3,464	2,846	420	198
9	Other employee benefits	15,902	11,926	2,703 1,100	1,273 518
10	Payroll taxes	16,946	15,328	1,100	310
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	8,095		8,095	
C	Accounting	0,095		0,095	
d	Lobbying			*- i	<u>-</u> _
e	Investment management fees .	0	No 2 miles	<u>^^                                   </u>	
f	Other	7,400	7,400		
g 12	Advertising and promotion	226	147	68	11
13	Office expenses	1,739	1,428	212	99
14	Information technology & Telecommunications	4,277	3,706	388	183
15	Royalties	0			
16	Occupancy included in line 5 above	0			
17	Travel	625	625		
18	Payments of travel or entertainment expenses		·		
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	92		92	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	23,339	22,623	648	68
23	Insurance	25,177	23,995	1,182	
24	Other expenses Itemize expenses not covered	*** // '	<u> </u>	*	***
	above (List miscellaneous expenses in line 24e. If			«	
	line 24e amount exceeds 10% of line 25, column		-		
	(A) amount, list line 24e expenses on Schedule O)	** ^		у	
а	River permits (including \$19,020 donated)	28,305	28,305		
b	River outfitters (all services donated)	77,734	77,734		
c	River trip transportation & shuttles	57,062	57,062		
d	River trip supplies (food, ed materials, laundry, etc)	55,518	55,518		·····
е	All other expenses See Schedule O	6,759	2,737	2,019	2,003
25	Total functional expenses. Add lines 1 through 24e .	578,287	529,171	35,856	13,260
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ▶ if		į		
	following SOP 98-2 (ASC 958-720)				5 990 (224)

Part X Balance Sheet (B) (A) Beginning of year End of year 14,759 18,491 1 Cash—non-interest-bearing. 2 115,666 2 151.406 3 3 Pledges and grants receivable, net . . . 6.592 4 4 Accounts receivable, net . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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) ol 7 Notes and loans receivable, net 7 8 Inventories for sale or use . . . 869l 9 9,530 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 169,331 10b 70,270 Less: accumulated depreciation . . . 111,705 10c 57,626 5,825 11 4,543 Investments—publicly traded securities . 11 12 0 0 12 Investments—other securities See Part IV, line 11 o 0 13 13 Investments—program-related See Part IV, line 11 ol 14 0 Intangible assets . . . . 14 ol 15 0 Other assets See Part IV, line 11 . . . . . 15 217,713 16 244,052 Total assets. Add lines 1 through 15 (must equal line 34) 16 5,384 17 176 Accounts payable and accrued expenses . . . 17 18 18 20,450 29,311 19 Deferred revenue . . 19 20 20 Tax-exempt bond liabilities . Escrow or custodial account liability Complete Part IV of Schedule D . 21 21 Payables to current and former officers, directors, trustees, key 22 \*\* / 💫 . employees, highest compensated employees, and disqualified 22 ol Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties . . . ol 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Total liabilities. Add lines 17 through 25 . . 34.695 26 20,626 Organizations that follow SFAS 117, check here ► X and Balances complete lines 27 through 29, and lines 33 and 34. 218,426 177,268 27 Unrestricted net assets . 27 5,000 5,750 28 28 Temporarily restricted net assets. 29 or Fund 29 Permanently restricted net assets . . . Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Net Assets 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 . . . 32 223,426 183,018 33 Total net assets or fund balances 33 217,713 244.052 Total liabilities and net assets/fund balances

		905180	Pag	ge <b>12</b>
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u>.                                    </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		619	,696
2	Total expenses (must equal Part IX, column (A), line 25)			,090
3	Revenue less expenses. Subtract line 2 from line 1			,409
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			,018
5	Other changes in net assets or fund balances (explain in Schedule O)			<u>-10</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		223	,426
Part	XII Financial Statements and Reporting			,
	Check if Schedule O contains a response to any question in this Part XII		ſ	
			Yes	── No
1	Accounting method used to prepare the Form 990	\$ 10 mm	**	
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	<del></del>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	$\times$	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		Q.y.,	1
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		**	, Y.
	issued on a separate basis, consolidated basis, or both:		- 1	1
	X Separate basis	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		200
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ard - 6-200d
	the Single Audit Act and OMB Circular A-133?	3a	i	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		$\neg \neg$	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. n/a	3b		
		Form 9	90 (	2011)

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

# **Public Charity Status and Public Support**

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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.

		organization		<del></del>					Employe	r identıficat	ion number	
		nyon Youth,	<del></del>						<u></u>		905180	
Pa				arity Status (All org						struction	<u> </u>	
	orgar			ation because it is (Fo								
1	님			rches, or association of			ed in <b>sec</b>	tion 170(	(b)(1)(A)(i	1).		
2				on 170(b)(1)(A)(ii). (At		•						
3	$\square$	A hospital o	r a cooperative I	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).			
4	Ш		esearch organiza ame, city, and st	ation operated in conju ate:	inction wi	th a hosp	ital descri	bed in <b>se</b>	ction 170	)(b)(1)(A)	(iii). Enter the	<u>.</u>
5				r the benefit of a collect (Complete Part II )	ge or univ	ersity owi	ned or op	erated by	a govern	mental ur	nit described	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7				ly receives a substanti (1)(A)(vi). (Complete I		its suppoi	rt from a (	governme	ntal unit o	or from th	e general public	
8		A communit	y trust described	d in section 170(b)(1)	( <b>A</b> )(vi). (C	Complete I	Part II.)					
9	$\overline{\mathbf{X}}$		-	ly receives (1) more th		-	-	om contril	butions, n	nembersh	up fees, and gros	SS
		receipts from	n activities relate n gross investme	ed to its exempt function ent income and unrelated an after June 30, 1975	ons—subj ted busine	ject to cer ess taxabl	tain exce le income	ptions, an (less sec	id (2) no r ction 511	nore thar	33 1/3% of its	
10		An organiza	tion organized a	ind operated exclusive	ly to test	for public	safety S	ee <b>sectio</b>	n 509(a)(	4).		
11		purposes of	one or more pu	ind operated exclusive blicly supported organ	izations d	lescribed	ın section	509(a)(1	) or section	on 509(a)	(2) See section	
				at describes the type o					te tines i			
	$\overline{}$	a Type		Type II c		e III–Func	•	-			ype III-Other	
е		persons other		y that the organization on managers and othe 2).			-	-	-		•	
f		If the organi	zation received	a written determination	from the	RS that	ıt ıs a Typ	e I, Type	II, or Typ	e III supp	orting	
		_	, check this box									
g		-		the organization acce	pted any	gift or con	tribution f	from any o	of the			
		following pe			- * 1 1 -							
				or indirectly controls, or verning body of the su				persons o	aescribea	ın (II)		lo
		•	,	person described in (1)				•			11g(i) 11g(ii)	
		• •	•	y of a person describe							11g(III)	
h				ation about the suppor							<u> </u>	
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	rou notify nization in of your port?	organızat (i) organı	Is the tion in col zed in the S?	(vii) Amount of support	
					Yes	No	Yes	No	Yes	No	1	
(A)		- <del></del>								<u> </u>		
_			ļ									0
(B)				l				· ·	i	I		

0

0

0

0

0

Total

(C)

(D)

(E)

	ule A (Form 990 or 990-EZ) 2011 Grand Canyon					86-090518	
Par	t II Support Schedule for Organizat						
	(Complete only if you checked the	box on line 5	, 7, or 8 of Pa	art I or if the o	rganization fa	iled to qualify	under
	Part III. If the organization fails to	qualify under t	he tests liste	<u>d below, plea</u>	se complete f	Part III)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						0
2	Tax revenues levied for the organization's						- ·
	benefit and either paid to or expended on						
	ıts behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the	]					
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each	**					
	person (other than a governmental unit	1	*				
	or publicly supported organization)		<b>←</b>	′	>,	43	
	included on line 1 that exceeds 2%			1.00	\$.*·.	( * * * * * * * * * * * * * * * * * * *	
	of the amount shown on line 11,		, , , , , , ,	S. 25 4	**	** 3	
	column (f)	1 3000		e i de la la	- 5 (8	, ' ;	
6	Public support. Subtract line 5 from line 4	1 5 1 34 1	· •	14.		>	0
Sect	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0	0			0	0
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties and income from similar				1		
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is	l i					
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV )					ŀ	0
11	Total support. Add lines 7 through 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7.8.7	3, ,		0 0
12	Gross receipts from related activities, etc. (s	ee instructions		/ 394 %	· · · · · · · · · · · · · · · · · · ·	12	
13	First five years. If the Form 990 is for the or			 rd fourth or fif	ا · · th tay vear as a		(3)
	organization, check this box and stop here	rgariization 3 iii				, ,	,(S) ▶[□
Cool		Paraantaga	<u> </u>		• • • • •	• •	
	tion C. Computation of Public Support		and have large 4.4	(A)			0.000/
14	Public support percentage for 2011 (line 6, or Public support percentage from 2010 Sched					14	0 00% 0 00%
15	33 1/3% support test—2011. If the organization						
16a	and <b>stop here</b> . The organization qualifies as					% or more, che	
_					nnd line 15 is 3	2 1/20/ as mass	. Donali thia
b	33 1/3% support test—2010. If the organization suplifies						e, check this
	box and stop here. The organization qualifie		•				· · •
17a	10%-facts-and-circumstances test—2011	_					
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fact	ts-and-circumst	ances" test Ti	he organizatıor	ı qualifies as a	publicly suppor	ted
	organization						▶[
b	10%-facts-and-circumstances test—2010						
	15 is 10% or more, and if the organization m					•	xplain in
	Part IV how the organization meets the "fact	ts-and-circumst	ances" test. Th	he organizatior	qualifies as a	publicly	
	supported organization						▶ 🔲
18	Private foundation. If the organization did r	not check a box	on line 13, 16	sa, 16b, 17a, or	17b, check thi	s 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	200,043	278,196	282,525	281,358	277,196	1,319,318
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	140,031	157,769	202,436	196,412	249,968	946,616
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the					1	
	organization without charge	28,000			108,807	96,754	393,345
6	Total. Add lines 1 through 5	368,074	497,725	582,985	586,577	623,918	2,659,279
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	152,700	187,200	135,800	142,109	146,002	763,811
b	Amounts included on lines 2 and 3 received					1	
	from other than disqualified persons that	1				J	
	exceed the greater of \$5,000 or 1% of the	_			_	.1	
	amount on line 13 for the year	0	31,693	23,182	0	0	54,875
_	Add lines 7a and 7b	152,700	218,893	158,982	142,109	146,002	818,686
8	Public support (Subtract line 7c from line 6)				<u> </u>		1,840,593
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	368,074	497,725	582,985	586,577	623,918	2,659,279
10a	Gross income from interest, dividends,						<del> </del>
	payments received on securities loans,	]		ı [		1	
	rents, royalties and income from similar sources	1,959	3,851	-1,564	725	1,531	6,502
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			ı .			
	acquired after June 30, 1975 .						0
С	Add lines 10a and 10b	1,959	3,851	-1,564	725	1,531	6,502
11	Net income from unrelated business activities not included in line 10b, whether						_
	or not the business is regularly carried on	<u> </u>		<del></del>			0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11,	.=					
4.4	and 12)  First five years. If the Form 990 is for the organization	370,033	501,576		587,302	625,449	2,665,781
14	organization, check this box and stop here			or mith tax year as	a section 501(c	.)(3) 	▶ □
Sect	tion C. Computation of Public Support						
15	Public support percentage for 2011 (line 8, column		e 13, column (f))			15	69 05%
<u>16</u>	Public support percentage from 2010 Schedule A,					16	97 48%
	tion D. Computation of Investment Inco				<del></del>	4= 1	
17	Investment income percentage for 2011 (line 10c,			mn (f))	-	17	0 24%
18	Investment income percentage from 2010 Schedu					18	0 23%
19a	33 1/3% support tests—2011. If the organization						<u>د احا</u>
	not more than 33 1/3%, check this box and stop h						► X
b	33 1/3% support tests—2010. If the organization						. □
	line 18 is not more than 33 1/3%, check this box as						
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box an	id see instruction	1S	▶

Schedule A (Form	990 or 990-EZ) 2011	Grand Canyon	Youth, Inc.			86-0905180	Page 4
Part IV	Supplemental Part II, line 17a instructions)	Information.	omplete this			by Part II, line 1 information. (S	10,
	mod dodono)		_		<del>-,</del>		
					 		· • • • • • • • • • • • • • • • • • • •
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					 · • • • • • • • • • • • • • • • • • • •		
					 <b></b>		
					 	<b>-</b>	

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number

Gran	d Canyon Youth, Inc		86-0905180
Part	Organizations Maintaining Done	or Advised Funds or Other Similar I	Funds or Accounts. Complete if
	the organization answered "Yes" to	o 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 d	onor advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gra	ant funds can be
	used only for charitable purposes and not for	or the benefit of the donor or donor adviso	r, or for any other
	purpose conferring impermissible private be	nefit?	Yes No
Par		plete if the organization answered "Yes	s" to Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held	· · · · · - · · · · · · · ·	
	Preservation of land for public use (e g , recr		on of an historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contrib	ution in the form of a conservation
	easement on the last day of the tax year.	·	
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas	sements	. 2b
С	Number of conservation easements on a ce		2c
d	Number of conservation easements include		а
	historic structure listed in the National Regis		. 2d
3	Number of conservation easements modifie	d, 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, inspect	tion, handling of
	violations, and enforcement of the conserva	tion easements it holds?	Yes No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservati	on easements during the year
	<b>•</b>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements during the year
	▶ \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	nts of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		. L Yes No
9	In Part XIV, describe how the organization re		
	balance sheet, and include, if applicable, the	9	financial statements that describes
	the organization's accounting for conservation		
Par		ons of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted und	ler SFAS 116 (ASC 958), not to report in i	ts revenue statement and balance sheet
	works of art, historical treasures, or other sir	milar assets held for public exhibition, edu	ication, or research in furtherance
	of public service, provide, in Part XIV, the te	xt of the footnote to its financial statemen	ts that describes these items
b	If the organization elected, as permitted und		
	works of art, historical treasures, or other sir	milar assets held for public exhibition, edu	cation, or research in furtherance
	of public service, provide the following amou		
	(i) Revenues included in Form 990, Part VII		<b>&gt; \$</b>
2	If the organization received or held works of		ssets for financial gain, provide the
	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, II		▶ \$
h	Assets included in Form 990, Part X		<b>&gt;</b> \$

Part	III Organizations Maintaining Colle	ctions of Art, Histor	rical Trea	asures, or C	ther Si	imilar Assets	(continu	ued)	
3	Using the organization's acquisition, access	sion, and other records	, check a	ny of the follo	wing the	at are a signific	ant		
	use of its collection items (check all that app	ply):							
а	Public exhibition	d	Loan	or exchange p	program	ıs			
b	Scholarly research	е 🗀	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	collections and explain	how they	further the or	rganizat	ion's exempt pu	ırpose ır	)	
5	During the year, did the organization solicit assets to be sold to raise funds rather than						Ye	es 🗀	No
Part	IV Escrow and Custodial Arranger IV, line 9, or reported an amount of	•	_	ization answ	vered "\	es" to Form 9	990, Par	rt	
1a	Is the organization an agent, trustee, custoo			ntributions or	other a	ssets not			
b	Included on Form 990, Part X?.  If "Yes," explain the arrangement in Part XIV	· · ·/ and complete the fol	 Iowina tah	inle:			Ye	;s	No
	Tres, explain the arrangement in rait XIV	v and complete the for	iowing tax	516.			Amount		
С	Beginning balance				1c	<u> </u>			0
d	Additions during the year				1d				
е	Distributions during the year		•	•	1e				
f	Ending balance				1f				0
2a b	Did the organization include an amount on I If "Yes," explain the arrangement in Part XIV		21? .		•		Ye	s X	No
Part			wered "Y	es" to Form	990, P	art IV, line 10			
			or year	(c) Two years		d) Three years back		ur years	back
1a	Beginning of year balance	0						-	
b	Contributions						23,000		
C	Net investment earnings, gains,						- `		
	and losses	·					* <u>*</u> ;		
d	Grants or scholarships							, ,	18 4
е	Other expenditures for facilities							* *	·
•	and programs						1000000		<del>-  </del>
f	Administrative expenses End of year balance	0	0	<del>-</del>	0		0	* · · · ·	
g 2	Provide the estimated percentage of the cui			L			<u> </u>		<u> </u>
a	Board designated or quasi-endowment	► %	, (iii.c 19,	Column (a)) ii	1010 00.				
b	Permanent endowment	%							
c	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that a	are held and a	admınist	ered 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 organization						3b		L
4	Describe in Part XIV the intended uses of the								—
Part									
	Description of property	(a) Cost or other basis (investment)		ost or other is (other)		ccumulated preciation	(d) Bo	ook valu	.e 
1a	Land	0		0	·	` `.		<del></del>	0
b	Buildings	0		0		0			0
С	Leasehold improvements	. 0		0		0		<u>-</u>	0
d	Equipment	0		169,331		111,705		5	57 <u>,626</u>
<u>e</u>	Other	oguel Form 000, Port	V 00/:	0   0	(a) 1	0			0
lota	. Add lines 1a through 1e. (Column (d) must	ециал голт 990, Рал	A, COIUMI	i ( <i>D),</i> iine 10(	<i>().)</i>			<u>5</u>	7,626

Part VII	Investments—Other Secur	ities. See Form 990, Part X	line 12	· · · · · · · · · · · · · · · · · · ·
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	
(1) Financial	derivatives	0		
	neld equity interests	0		
(3) Other		0		
{₹}		0		
( <u>B</u> )		0		
(Ĉ)		0		
(n)		. 0		
7£5		0	<del></del>	
(G)		0		
(H)		0		
(1)		0	- · · · · · · · · · · · · · · · · · · ·	
Total (Column (b)	must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b> 0		%
Part VIII	Investments—Program Rel	ated. See Form 990, Part X		
(	(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	of valuation ar market value
(1)		0		
(2)		0		
(3)		0		
(4)				
(5)		0		
(6)		0	<del></del>	
		0		
(8)		0		<del> </del>
(9)		0		
(10)	must equal Form 990, Part X, col (B) line 13)	<b>○</b> 0		<u> </u>
Part IX	Other Assets. See Form 990	. '		^ ^>
raitix	Other Assets. See Form 990	(a) Description		(h) Paak value
(1)		(a) Description		(b) Book value
(2)				0 0
(3)				0
(4)		··· · · · · · · · · · · · · · · · · ·	-	0
(5)				0
(6)		-		0
(7)		-		0
(8)				0
(9)				0
(10)				0
	mn (b) must equal Form 990, Part X		<u> </u>	<u> </u>
Part X	Other Liabilities. See Form			
1.	(a) Description of liability	(b) Book value	;	. , , ,
	income taxes	0	*	,
(2)	<del></del>	0		
(3)		0	Å.	≪
(4) (5)		0	•	1
(5) (6)			`	
(7)		٥	îŝ	*
(8)		ŏ		
(9)		0	, *	
(10)		0	, ,	
(11)		0		
Total (Column (b)	must equal Form 990, Part X, col (B) line 25)	• l		i

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).

30116	dule D (Form 990) 2011			Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	<b>Audited Financial</b>	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	618,696
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	578,287
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	40,409
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines		10	40,409
Pa	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements	• •	. 1	625,450
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	2a		
b		2b		
С	· , , , , , , , , , , , , , , , , , , ,	2c		
d	· · · · · · · · · · · · · · · · · · ·	2d		
е	Add lines 2a through 2d		2e	C
3	Subtract line 2e from line 1	•,	. 3	625,450
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	<b>4b</b> -6	,754	
С	Add lines 4a and 4b		<del></del>	6,754
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			618,696
Pa	t XIII Reconciliation of Expenses per Audited Financial Statemen	nts With Expense	es per Return	
1	Total expenses and losses per audited financial statements		1 1	585,041
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV.)	<b>2d</b> 6	,754	
е	Add lines 2a through 2d		2e	6,754
3	Subtract line 2e from line 1		3	578,287
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIV.) [	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	<i>)</i>	. 5	578,287
Pa	t XIV Supplemental Information			
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	art III. lines 1a and 4	. Part IV. lines 1	0
	2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part			
	part to provide any additional information.	,		
	· · ·			
Part	XII Line 4b - Represents direct expenses associated with fundraising special even	ents	. =	
/C	000 - 0 Post //III Line 9h)			
	m 990, p. 9, Part VIII, Line 8b).			
Part	XIII Line 2d - Represents direct expenses associated with fundraising special evi-	ents		
inclu	ded as contra-income amounts on Form 990 Statement of Revenue (990, թ. 9, P	Part VIII,		
line	Bb).			•••••

	•		
Schedule D (Form 9	Grand Canyon Youth, Inc	86-0905180	. <b>.</b>
Part XIV	Supplemental Information (continued)		Page 5
			· <b></b>
			· • • • • • • • • • • • • • • • • • • •
			· · · · · · · · · · · · · · · · · · ·
			·
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			·
		• • • • • • • • • • • • • • • • • • • •	

# **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Grand	Canyon Youth, Inc.					86-09	
Par	Fundraising Activities. Co				ered "Yes" to Forn	n 990, Part IV, lin	e 17
1	Form 990-EZ filers are not Indicate whether the organization re				ving activities. Cher	ck all that apply	
a	Mail solicitations	aisea iarias tirie			of non-government		
b	Internet and email solicitations				of government gran	=	
c	Phone solicitations		=		Iraising events		
d	In-person solicitations		э <u> </u> °г	, o o i a i i a i i a	naionig ovorito		
2a	Did the organization have a written	or oral agreem	ent with an	v individu:	al (including officer	s directors trustee	s or
	key employees listed in Form 990,						Yes No
b	If "Yes," list the ten highest paid inc		=		· ·	•	fundraiser is
	to be compensated at least \$5,000				J		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have control of utions?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No		col (I)	
1							
2					0	0	0
					0	0	0
3					0	0	0
4							
					0	0	0
					0	0	0
6					0	0	0
7					0	0	0
8	,				0	0	0
9					0	0	0
10		<del></del>	<del> </del>	-	0		
					0	0	0
Total				. •	o	o	0_
3	List all states in which the organiza registration or licensing				at contributions or h	as been notified it	is exempt from
<b></b> -							
					<b></b>		
- <b></b>			<b></b>				
- <b></b>			<b></b>				

Part II

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Film festival/auction Board open house NONE (add col (a) through col (c)) (event type) (event type) (total number) Gross receipts 32.043 540 32,583 Less: Charitable contributions 0 Gross income (line 1 minus line 2) 32,043 540 32,583 Cash prizes . 0 Noncash prizes 373 373 **Direct Expenses** Rent/facility costs 1,425 0 1,425 Food and beverages 2,672 203 2,875 Entertainment . . 0 Other direct expenses. 2,081 2,081 Direct expense summary. Add lines 4 through 9 in column (d) 6,754) Net income summary Combine line 3, column (d), and line 10 25,829 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 0 Direct Expenses 2 Cash prizes 0 Noncash prizes Rent/facility costs . . . . Other direct expenses Yes Yes % Yes % Volunteer labor . . No No No Direct expense summary. Add lines 2 through 5 in column (d) 0) Net gaming income summary Combine line 1, column d, and line 7. Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? . . . If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?. b If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

Schedi	ule G (Form 990 or 990-EZ) 2011 Grand Canyon Youth, Inc	86-	<u>0905180</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	ſ	Yes	No
13	Indicate the percentage of gaming activity operated in	Ī		_
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books		_	
	and records.			
	Name ▶	<del>-</del>		
	Address ▶			<b></b> -
15a	Does the organization have a contract with a third party from whom the organization receives gaming	Г		No
h	revenue?	L	res	□ №
b	amount of gaming revenue retained by the third party > \$ 0.			
	If "Yes," enter name and address of the third party.			
·	11 Fest, effect frame and address of the time party.			
	Name ▶			
	Address ▶		- <b></b>	
16	Gaming manager information			
	Name ▶		<b></b>	
	Gaming manager compensation ► \$0			
	Description of services provided •		<b>-</b>	
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?	Γ	Yes	□ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
_	or spent in the organization's own exempt activities during the tax year  \$			0
Part		art I, II ete thi	ne 2b, c s part to	columns
	provide any additional information (See instructions).			
			•	
			_	
·		<b></b> .	<b></b>	
. <b>-</b>				

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

MB No 1545-0047	2011	pen to Public
OME	9	O

**Employer identification number** 

ž X Yes 86-0905180 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Grand Canyon Youth, Inc. Part I

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

can be duplicated if additional space is needed.	additional spa						
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
(1)			0	0			
(2)			C	0			
(3)			0	0			į
(4)			0	0			
(5)			0	0			
(9)			0	0			:
(7)			0	0			
(8)			0	0			
(6)			0	0			
(10)			0	0			
(11)			0	0			
(12)			0	0			
	n 501(c)(3) and	government organı	zations listed in the lin	e 1 table		<b>A</b>	
3 Enter total number of other organizations listed in the line 1	organizations lis	ted in the line 1 table					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

Page 2

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. partial waiver of trip fees Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) participant and extenuating circumstances. Participants do not receive cash awards, but rather receive a partial waiver of program trip FM< Part I Line 2 - Financial aid (in the form of partial trip fee waivers) is awarded based on the following criteria amount requested, funds available, financial needs of the participant & their family, free & reduced lunch income levels, written essay by the 20,525 0 0 0 0 0 (d) Amount of non-cash assistance fees (and therefore the value of these scholarships is not recorded in the financial statements) 0 0 0 0 0 0 (c) Amount of cash grant Part III can be duplicated if additional space is needed 49 0 0 (b) Number of recipients (a) Type of grant or assistance 1 river program financial aid Part IV Part III ~ S 9 3

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

**Transactions With Interested Persons** 

► Complete if the organization answered

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

(9)

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the of	ganization					E	mployer	' identifi	cation r	ıumber	
Grand Can	yon Youth, Inc					86	-0905	180			
Part I	Excess Benefit Transactions Complete if the organization a	s (section	1 501(c)( "Yes" on	3) and section 501 Form 990, Part IV	(c)(4) organization	s only)	n 990-	F7 Pa	ırt V lı	ne 40t	
			100 0.1				1 000		, I	(c) Cor	
1	(a) Name of disqualified pers	on			(b) Description of tran	saction				Yes	No
(1)										<del>                                     </del>	-
(2)											
(3)											
(4)											
(5)											
(6)				·						<u> </u>	
	ter the amount of tax imposed on der section 4958	the orga	inization	•	alified persons dui .	•	•	. ▶	\$		
3 Ent	ter the amount of tax, if any, on li	ne 2, abo	ove, reiml	bursed by the orga	nızation	•	•	•	\$		
Part II	Loans to and/or From Intere Complete if the organization a			Form 990, Part IV	. line 26. or Form	990-EZ	. Part	V. lıne	38a		
(a) Nan	ne of interested person and purpose	(b) Loan	to or from	(c) Original principal amount	(d) Balance due	1	default?	(f) App	proved ard or nittee?		/ritten ment?
		То	From			Yes	No	Yes	No	Yes	No
(1)				0	0				-		
(2)				0	0						
(3)				0	0						
(4)				0	0						
(5)		1		0	0	ļ					
(6)		-		0	0						
(7)		<del> </del>		0	0	<del>                                     </del>	ļ				
(8)				0	0						_
(9)		-		0	0	<del> </del>					
(10) Tatal		<u> </u>	<u> </u>	0	0	<del> </del>	l			$\vdash \vdash \vdash$	
Total Part III	Grants or Assistance Benefi	i tina Into		<u> ▶ \$</u>	0	l		L			
raitiii	Complete if the organization a	_			line 27						
(	a) Name of interested person	т		between interested persorganization	· · · · · · · · · · · · · · · · · · ·	(c) A	mount a	ind type	of assist	ance	
(1)	-	<del> </del>	-								
(2)		1				•					
(3)		1									
(4)		1									
(5)											
(6)											
(7)											
(8)	· ·										

Pa	rt IV Business Transactions Invol Complete if the organization ar	ving Interested Persons. nswered "Yes" on Form 99	0, Part IV, line 28a, 2	8b. or 28c		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's lues?
(1)	Kathy Lampros & Richard Jackson	hoard member & engues	40.644	ront novements see Sch O	Yes	No
		board member & spouse		rent payments-see Sch O		X
	Kate Aitchison	daughter of bd member		worked as guide at regular rate		X
	Lena Bain	daughter of bd member		worked as guide at regular rate	_	_ X
(4)	·		0			
(5)			0			
(6)			0			
(7)			0			
(8) (9)			0	-		
(10)			0			
	rt V Supplemental Information	<u>.                                    </u>	<u> </u>			
Га		dditional information for ro	enonene to augetions	on Schodula I. (see instruction	۵)	
	Complete this part to provide a	dditional information for re	sponses to questions	on Schedule L (see instruction	s)	
						<b></b>
						<b></b>
						<b></b>
. <b></b>				• • • • • • • • • • • • • • • • • • • •	. <b></b> .	
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				<b></b>	<b></b> -	
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. <b></b> -					·	. <b></b>
<i></i>						

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

OMB No 1545-0047

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

►Attach to Form 990.

86-0905180 Grand Canyon Youth, Inc. Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art 2 Art-Historical treasures. 3 Art—Fractional interests . 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property Х 4,543 proceeds rec'd upon sale 9 Securities—Publicly traded 10 Securities—Closely held stock Securities-Partnership, LLC. 11 or trust interests . 12 Securities-Miscellaneous. 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other. . Real estate—Residential 15 16 Real estate—Commercial Real estate-Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens . . . 24 Archeological artifacts . . . 5 77.734 cost 25 Other ▶ (outfitter services ) Х 7 19,020 FMV 26 Other ▶ ( permits, access fei) X 7,228 FMV 6 Other ▶ (river gear/eqmt ) 27 2.500 FMV Х 1 Other ▶ (special event food) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgment . . . . 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Х b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 . . . . . . . . . 31 Х contributions?. 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell

If the organization did not report an amount in column (c) for a type of property for which column (a) is

Х

32a

noncash contributions? b If "Yes," describe in Part II

checked, describe in Part II.

33

Schedule M (Fe	orm 990) (2011) Grand Canyon Youth, Inc	86-0905180	Page 2
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of number of items received, or a combination of both. Also complete this part for any addition	contributions,	the
Part I Line I	Part 1, Line 32a - The organization uses the services of TD AmeriTrade to		
hold/sell do	nations of publicly-traded securities, which are sold soon after receipt of		
such donat	ons		
<b></b> -			
<del>-</del> -			

#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Grand Canyon Youth, Inc.

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.

Employer identification number 86-0905180

Form 990 Part VII Section A Line 1a - Board member compensation Several board members are compensated as river guides, drivers or for other services associated with river trips, at the standard rates paid to all such employees or contractors. One board member and her husband receive rent payments from the organization for the office & warehouse facility that houses the organization, management believes that rental costs are similar to what would be paid to a non-related party Form 990 Part VI Section B Line 11 - The Treasurer, Finance Committee, Executive Director and Assistant Director all perform a detailed review of the Form 990 and all related schedules/attachments before it is finalized. The 990 is then forwarded to the President and entire Board for review, questions and comments before it is finalized and filed

Form 990 Part IX Line 24e - Other Expenses Merchant fees \$833 (Prog. 708, Admin. 83, FR 42)

Scriedule O (Form 990 of 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
Grand Canyon Youth, Inc.	86-0905180
Repairs & Maintenance \$919 (Prog. 352, Admin. 567), Printing & Postage \$3540 (Prog.	1509,
Admin 1369, FR: 662), Dues & Subscriptions \$168 (Prog. 168); Merchandise & Other F	undraising
Costs \$1299 (FR 1299)	
30010 V 1200 (1 N. 1200)	
	•
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	•••••••••••••••••••••••••••••••••••••••
	•••••
	•••
	•

Part I, Lines 25-28 (Sch M (990)) - Other Types of Property

				Noncash contribution	
	Non-Cash		Number of contributions or	amounts reported on	Method of determining
	Contribution	Description	ıtems contributed	Form 990, Pt VIII, line 1g	noncash contribution amounts
1	X	outfitter services	5	77,734	cost
2	X	permits, access fees	7	19,020	FMV
3	X	river gear/eqmt	6	7,228	FMV
4	X	special event food	1	2,500	FMV
5					
6					
7					
8					
9					
10					
11	T				
12					
13					
14					
15					
16					
17					
18					
19					
20	1				

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1 Federated Campaigns	1 _	388	
2 Membership dues	<b>2</b> _		
B Fundraising events	3		
Related organizations	4 _		
5 Government grants (contributions)	<b>5</b> _	215	96,754
6 All other contributions, gifts, grants, and similar amounts not included above	e:		
Contributions from businesses/individuals		45,703	14,271
Foundation grants		216,080	
Other contributions total		261,783	14,271
7 Total	. 7	262,386	111,025

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Part	Part VIII, Line 10 (990) - Gross Sales of Inventory	840	0	840
	Ostanov	seleS same	Cost of	ţ.
-	logo t-shirts, hats, chums	840	1	840
7				0
က				0
4				0
ည				0
9				0
_				0
ω				0
6				0
9				0
F				0
12				0
13				0
4				0
15				0
16				0
12				0
8				0
19				0
20				0

Part X, Line 4 (990) - Accounts Receivable

		Accounts re	eceivable	Allowance for doub	Allowance for doubtful accounts				
		Beginning	End	Beginning	End				
1 Due from AZ State Worker's Comp Fund	1	3,592	6,030	0					
Due from Global Explorers	2	3,000	0	0					
3 Other	3 [	0	158						
4	4								
5	5								
6	6								
7	7								
8	8								
9	9								
10	10								
11 Total accounts receivable	11	6,592	6,188	0	0				

# Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported

X End of year market value (FMV)

Check if Closely-Held Number Value Equity of Shares/ at Time of Interests Face Value Donation 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Number of Shares/ Face Value 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.
5,825       4,543         Beginning       Ending         Balance       Book Value         FMV       FMV         FMV       6         0       0         0

Part II (Sch G (990/990EZ)) - Events	32,583	0	32,583	0	373	1,425	2,875	0	2,081
	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9
		Less	Gross income						
		(Charitable	(line 1 minus		Noncash	Rent/facility	Food and		Other direct
Event type	Gross receipts	contributions)	line 2)	Cash prizes	prizes	costs	beverages	Entertainment	expenses
1 Film festival/auction	32,043		32,043		373	1,425	2,672	l	2,081
2 Board open house	240		540				203		
3			0						
4			0						
2			0						
9			0						
7			0						
8			0						
6			0						
10			0						
11			0						
12			0						
13			0						
14			0						
15			0						
16			0						
17			0						
18			0						
19			0						

# GRAND CANYON YOUTH, INC.

Financial Statements and Auditors' Report

December 31, 2011 (with comparative totals for 2010)

# **CONTENTS**

Independent Auditors' Report	1
Financial Statements:	
Statement of Financial Position	2
Statement of Activities	3
Statement of Cash Flows	4
Notes to Financial Statements	5 - 8



Certified Public Accountants 4001 North 3rd Street Suite 275 Phoenix, AZ 85012-2086

Tel: (602) 264-3077 Fax (602) 265-6241

### **INDEPENDENT AUDITORS' REPORT**

To the Board of Directors of Grand Canyon Youth, Inc Flagstaff, Arizona

We have audited the accompanying statement of financial position of Grand Canyon Youth, Inc. (GCY, an Arizona nonprofit corporation) as of December 31, 2011, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of GCY's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from GCY's 2010 financial statements and, in our report dated April 27, 2011, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Grand Canyon Youth, Inc. as of December 31, 2011, and the changes in its net assets and its cash flows for the year then ended in conformity with U.S. generally accepted accounting principles.

May 10, 2012

Flater & Chapman P.C.

## STATEMENT OF FINANCIAL POSITION

# December 31, 2011 (with comparative financial information as of December 31, 2010)

ASSETS				
		2011		2010
Cash and cash equivalents	\$	166,165	\$	134,323
Accounts receivable		6,188		6,592
Investments		4,543		5,659
Prepaid expenses		9,530		869
Furniture and equipment, net of \$111,705 and \$88,366 in				
accumulated depreciation, respectively	_	57,626		70,270
Total assets	ø	244.052	Φ.	217.712
Total assets	2	244,052	\$	217,713
LIABILITIES AND NET ASSETS				
Liabilities:				
Accounts payable and accrued expenses	\$	176	\$	5,384
Trip deposits	•	20,450		29,311
Total liabilities		20,626		34,695
Net assets:				
Unrestricted		218,426		177,268
Temporarily restricted		5,000		5,750
Total net assets		223,426		183,018
Total liabilities and net assets	<u>\$</u>	244,052	<u>\$</u>	217,713

# STATEMENT OF ACTIVITIES

# Year Ended December 31, 2011 (with comparative financial information for the year ended December 31, 2010)

			Te	mporarily	_	To	tals	
	Uı	nrestricted	F	Restricted		2011		2010
Support and revenues:								- <u>-</u>
Program fees	\$	217,085			\$	217,085	\$	163,790
Grant revenue		211,295	\$	5,000		216,295		210,666
In-kind contributions		106,482				106,482		111,297
Contributions		51,174				51,174		68,202
Special event income		32,043				32,043		31,775
Miscellaneous income		2,371				2,371		1,572
Net assets released from restrictions		5,750		(5,750)	_			
Total support and revenues		626,200		<u>(750</u> )	_	625,450	_	587,302
Expenses:								
Program expenses		529,171				529,171		505,291
Management and general		35,856				35,856		42,921
Fundraising and public relations		20,014				20,014	_	18,620
Total expenses		585,041				585,041	_	566,832
Change in net assets		41,159		(750)		40,409		20,470
Net assets, beginning of year		177,267		5,750	_	183,017	_	162,548
Net assets, end of year	<u>\$</u>	218,426	<u>\$</u>	5,000	<u>\$</u>	223,426	<u>\$</u>	183,018

# STATEMENT OF CASH FLOWS

# Year Ended December 31, 2011 (with comparative financial information for the year ended December 31, 2010)

		2011	2010
Cash flows from operating activities:			
Change in net assets	\$	40,409	\$ 20,470
Adjustments to reconcile change in net assets			·
to net cash provided by operating activities:			
Depreciation		23,339	23,158
Donation of stock		(4,543)	(5,659)
Change in:			, , ,
Accounts receivable		403	(6,592)
Prepaid expenses		(8,661)	3,072
Accounts payable and accrued expenses		(5,208)	(9,181)
Trip deposits		(8,861)	24,589
Net cash provided by operating activities		36,878	49,857
Cash flows from investing activities:			
Purchase of furniture and equipment		(10,695)	(13,855)
Proceeds from liquidation of donated stock		5,825	 10,300
Net cash used by investing activities		(4,870)	(3,555)
Net increase in cash and cash equivalents		32,008	46,302
Cash and cash equivalents, beginning of year		134,157	 87,855
Cash and cash equivalents, end of year	<u>\$</u>	166,165	\$ 134,157
Supplemental disclosure of cash flow information:  Cash paid for interest	\$	0	\$ 0

### NOTES TO FINANCIAL STATEMENTS

### December 31, 2011

(with comparative financial information as of and for the year ended December 31, 2010)

### NOTE 1 - BACKGROUND AND SUMMARY OF ACCOUNTING POLICIES

Grand Canyon Youth, Inc. (GCY) is an Arizona nonprofit corporation, incorporated in February, 2000. GCY's purpose is to give youth (ages 11–19) an experiential education along the rivers and canyons of the Southwest in an effort to promote environmental awareness, community involvement, personal growth, and teamwork among people of diverse backgrounds.

The significant accounting policies of GCY are as follows:

<u>Basis of Presentation:</u> Financial statement presentation follows the recommendations of the Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) topic of *Not-for-Profit Entities*, requiring GCY to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. GCY did not have any permanently restricted net assets at December 31, 2011 and 2010.

<u>Use of Estimates:</u> In preparing financial statements in conformity with U.S. generally accepted accounting principles, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

<u>Cash and Cash Equivalents:</u> For the purposes of the statement of cash flows, GCY considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents. GCY maintains all of its cash with one financial institution which is insured by the Federal Deposit Insurance Corporation (FDIC). There were no uninsured cash balances at December 31, 2011 and 2010.

<u>Furniture and Equipment:</u> Furniture and equipment are recorded at cost or fair value at time of purchase or gift. All furniture and equipment with a useful life of more than one year is capitalized. Depreciation is provided over estimated useful lives of three to seven years using the straight-line method.

<u>Prepaid Expenses:</u> Prepaid expenses consist of amounts paid in advance for expenses relating the subsequent year river trips.

<u>In-Kind Contributions</u>: In-kind contributions represent services and property which meet the criteria specified in the FASB ASC topic of *Not-for-Profit Entities*; among other things, services requiring specialized skills and services that GCY would typically purchase. Contributed services and property are measured at the estimated fair value of the contributions received.

### NOTES TO FINANCIAL STATEMENTS

### December 31, 2011

(with comparative financial information as of and for the year ended December 31, 2010)

### NOTE 1 - BACKGROUND AND SUMMARY OF ACCOUNTING POLICIES - CONTINUED

Contributions: Contributions are reported in accordance with the FASB ASC topic of Not-for-Profit Entities, Accounting for Contributions Received and Contributions Made. Contributions are recognized when the donor makes a pledge to give, that is, in substance, an unconditional promise. Contributions are recorded as unrestricted, temporarily restricted, or permanently restricted depending on the nature of donor restrictions and depending on whether the restrictions are met in the current fiscal period. Restricted contributions are reported as increases in unrestricted net assets if the restrictions have been met in the current fiscal period. If the restriction has not been met by fiscal year end, the amount is reported as an increase in temporarily or permanently restricted net assets. When the restriction is finally met on a contribution received in a prior fiscal period, the amount is shown as a reclassification of restricted net assets to unrestricted net assets.

Income Taxes: GCY is exempt from federal and state income taxes as an organization other than a private foundation under Section 501(c)(3) of the Internal Revenue Code. However, income from certain activities not directly related to GCY's tax-exempt purpose is subject to taxation as unrelated business income. GCY's Forms 990 Return of Organization Exempt From Income Tax are generally subject to examination for three years after they are filed, and the related State of Arizona Forms 99 are generally subject to examination for four years from the later of the due date or the file date of the tax return.

<u>Fair Value of Financial Instruments:</u> GCY's cash and cash equivalents, investments, accounts receivable and accounts payable represent financial instruments. The carrying value of these financial instruments approximates their fair value.

<u>Expense Allocation:</u> The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

GCY defines program expenses as any cost directly contributing to its mission of providing youth (ages 11–19) an experiential education along the rivers and canyons of the Southwest in an effort to promote environmental awareness, community involvement, personal growth, and teamwork among people of diverse backgrounds.

<u>Reclassifications</u>: Certain reclassifications were made to the 2010 financial statements in order to conform to the 2011 presentation.

### NOTES TO FINANCIAL STATEMENTS

### December 31, 2011

(with comparative financial information as of and for the year ended December 31, 2010)

### NOTE 1 - BACKGROUND AND SUMMARY OF ACCOUNTING POLICIES - CONTINUED

<u>Prior year summarized information:</u> The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. generally accepted accounting principles. Accordingly, such information should only be read in conjunction with the GCY's financial statements for the year ended December 31, 2010 from which the summarized information was derived.

### **NOTE 2 - ACCOUNTS RECEIVABLE**

GCY had \$6,188 and \$6,592 in accounts receivable at December 31, 2011 and 2010. Management expects full payment to be received and has, as such, elected to not provide an allowance for doubtful accounts.

### **NOTE 3 - INVESTMENTS**

GCY has adopted a policy to liquidate all donated securities upon confirmation of receipt. As of December 31, 2011 and 2010, the fair market value of donated securities awaiting liquidation was \$4,543 and \$5,659, respectively.

GCY maintains its investments at a national financial institution. Balances are protected by Securities Investors Protection Corporation (SIPC) against theft, loss or failure of the brokerage firm up to \$500,000.

### **NOTE 4 - OPERATING LEASE**

GCY leases its office space and warehouse under an operating lease agreement that expires August 31, 2013. Future minimum payments are due as follows:

2012	\$ 36,000
2013	 24,000
	\$ 60,000

### **NOTE 5 - CONCENTRATION OF REVENUES**

GCY received supporting grants from two separate grantors which comprised 22% and 8% and 23% and 9% of total support and revenues, respectively, for the years ended December 31, 2011 and 2010.

### NOTES TO FINANCIAL STATEMENTS

### December 31, 2011

(with comparative financial information as of and for the year ended December 31, 2010)

### NOTE 6 - IN-KIND REVENUE AND EXPENSE

During the years ended December 31, 2011 and 2010, GCY received donated services and materials which amounted to \$106,482 and \$111,297, respectively. This support is reflected in the financial statements as revenue and expense in accordance with U.S. generally accepted accounting principles.

### **NOTE 7 - RELATED PARTY TRANSACTIONS**

During the years ended December 31, 2011 and 2010, members of the Board of Directors were paid \$8,575 and \$6,913, respectively for driving and guiding services. Also, during the year ended December 31, 2011, GCY paid \$40,644 in rent and utilities expenses for a facility owned by a member of the Board of Directors. Management believes that rental costs are similar to what would be paid to a non-related party.

### **NOTE 8 - SUBSEQUENT EVENTS**

Subsequent events have been evaluated through May 10, 2012, which was the date GCY's financial statements were issued.

# Form **8868**

(Rev January 2012)

Department of the Treasury ☐Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

<ul><li>If you a</li></ul>	are filing for an Automatic 3-Month Extens are filing for an Additional (Not Automatic) complete Part II unless you have already be	3-Month l	Extension, complete only Part II(	on page 2 of	this form). Iy filed Form	. ► X n 8868	
a corporate 8868 to real Return for instruction	c filing (e-file). You can electronically file Filton required to file Form 990-T), or an additional equest an extension of time to file any of the Transfers Associated With Certain Personals). For more details on the electronic filing of	ional (not a forms liste al Benefit C of this form	automatic) 3-month extension of timed in Part I or Part II with the except contracts, which must be sent to the province of the contracts, which must be sent to the province of the contracts.	ie You can e ion of Form to IRS in pape in e-file for C	electronically 8870, Inform er format (se	/ file Form eation ee	
Part I	Automatic 3-Month Extension of	Time. Onl	y submit original (no copies nee	ded).			
Part I only All other of	tion required to file Form 990-T and request	ing an auto	omatic 6-month extension—check to	his box and o	st an extensi		
Type or	Name of exempt organization or other filer, se	e instruction			identification nu		
print	Grand Canyon Youth, Inc.			X 86-09			
File by the Number, street, and room or suite no. If a P.O. box, see instructions Social sec						r (SSN)	
due date for PO Box 23376						. ()	
filing your return See City, town or post office, state, and ZIP code For a foreign address, see instructions							
Instructions Flagstaff AZ 86002							
Enter the	Return code for the return that this application	on is for (fil	e a separate application for each re	eturn)		01	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 990	-EZ	01	Form 4720		-	09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870	, .		12	
Teleph If the o If this is for the who list with the until	e names and EINs of all members the exten quest an automatic 3-month (6 months for a	of busines s four digit If it is for p sion is for corporatio	FAX No. ► ss in the United States, check this be Group Exemption Number (GEN) art of the group, check this box.		▶  an	his is d attach a ension	
▶[ 2   If th	tax year beginning e tax year entered in line 1 is for less than 1			Final	return	_ ·	
_	Change in accounting period	•					
	is application is for Form 990-BL, 990-PF, 9 refundable credits. See instructions.	90-T, <b>4</b> 720	, or 6069, enter the tentative tax, le	ss any	3a \$		
	is application is for Form 990-PF, 990-T, 472	20, or 6069	, enter any refundable credits and				
	mated tax payments made Include any prior		•		3b \$		
	ance due. Subtract line 3b from line 3a Incl			y using			
	PS (Electronic Federal Tax Payment System		•		3c \$	0	
Caution. If	you are going to make an electronic fund withdraw	val with this	Form 8868, see Form 8453-EO and Fo	rm 8879-EO f	or payment in:	structions	