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**Paid** 

**Preparer** 

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Print/Type preparer's name

Thomas R. Conton, CPA

Firm's name Conlon and Associates LLC

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ▶ PO Box 6213, Silver Spring, Maryland, 20916-6213

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** 

# **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 2013, and ending For the 2013 calendar year, or tax year beginning 20 D Employer identification number C Name of organization Youth Service International, Inc. Check if applicable Doing Business As 36-3926031 Address change Number and street (or P O, box if mail is not delivered to street address) Room/suite E Telephone number Name change 5815 North Cicero 773-283-1099 Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ Amended return Chicago, Illinois 60646 F Name and address of principal officer. William Dardis, Treasurer H(a) Is this a group return for subordinates? Tyes Ves No Application pending Same As Box C, Above H(b) Are all subordinates included? Tyes No. **√** 501(c)(3) ) ◀ (insert no ) ☐ 4947(a)(1) or If "No," attach a list. (see instructions) Tax-exempt status Website: > www.ysi.org H(c) Group exemption number ▶ Association ☐ Other ► Form of organization Corporation Trust L Year of formation 1994 M State of legal domicile Briefly describe the organization's mission or most significant activities: Youth Service International, Inc. sponsors service projects, seminars, and leadership camps that help young men develop their Activities & Governance character and serve others. 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) . . . . . 3 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 17 Total number of volunteers (estimate if necessary) [ [ ] [ ] [ ] [ ] Total unrelated business revenue from Part VIII. column-(6), line 12 6 120 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** AUG 1 5 2014 Contributions and grants (Part VIII, line 1h) 8 28,596 62,298 9 Program service revenue (Part VIII, line 2g) 265,669 300,170 10 Investment income (Part VIII, column (A), lines 3, 4 (and 7d) 5,364 2,790 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 11 13,118 34 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 312,747 365.292 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2.200 1,948 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 18,379 21,339 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 326,304 333,860 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 346,883 357,147 19 Revenue less expenses. Subtract line 18 from line 12 (34, 136)8,145 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 258,109 264.751 21 Total liabilities (Part X, line 26) . . 36 22 Net assets or fund balances. Subtract line 21 from line 20 258,073 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title

Preparer's signature

Thomas K Con

Check [] if

Firm's EIN 🕨

Date

Cat. No. 11282Y

8-11-14



P01486002

✓ Yes 
☐ No Form 990 (2013)

301-598-6851

	$\frac{36-3926031}{2013}$	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	Youth Service International, Inc. sponsors service projects, seminars, and leadership camps that help young men character and serve others.	develop their
	cnaracter and serve otners.	
2	Did the organization undertake any significant program services during the year which were not listed on the	ne
	prior Form 990 or 990-EZ?	☐ Yes ☑ No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra services?	
	If "Yes," describe these changes on Schedule O.	∐ Yes ☑ No
4	Describe the organization's program service accomplishments for each of its three largest program service	as measured by
·	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	locations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$172,404 including grants of \$) (Revenue \$	136,045)
	During 2013, Youth Service International, Inc. (Organization) sponsored international volunteer service programs	
	and Peru for high school studnets. The Organization also participated in an international academic conference wite educational aims to the educational seminers listed in line 4b. During the year, there were 90 participants in these	
		***********
	***************************************	
4b	(Code: ) (Expenses \$ 159,470 including grants of \$ 1,948) (Revenue \$	164 125 \
	(and of the state	104,125 /
	During 2013, Youth Service International, Inc. conducted four educational seminars for high school students to pr	epare them for
	high school and college. The main goal is to instill in them a desire to develop their talents to better serve others.	
	leadership camps with similar educational aims were also sponsored for grade school students. During the year, t	here were 370
	participants in these programs.	,
		***************************************
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
4d	Other program services (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	

36-3926031

Form 990 (2013)

Part	IV Checklist of Required Schedules			i ugo
			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	1	<u> </u>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>/</b>	↓
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> 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		<b>✓</b>
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		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		E	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		1
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	11c		1
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>√</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<b>▼</b>
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			_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	Checklist of Required Schedules (continued)			
•4	Pilling and the second of the		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or 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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 25a	24a		1
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	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		1
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 b	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 Schedule L, Part IV	28a 28b		<b>√</b>
С	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		<b>▼</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		<b>✓</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30		
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part				_
<del></del>	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		103	NO
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0   0   0   0   0   0   0   0   0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		·	
	Statements, filed for the calendar year ending with or within the year covered by this return   2a   17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has It filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
E.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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 as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		
	required to file Form 8282?	7c_		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	70		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del></del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  Section 501(c)(12) organizations. Enter:	-		
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	•		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	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			
_	100			
140		4.6-		
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>
U	in 100, has a med a rotti red to report these payments in 190, provide an explanation in Schedule O.	1170]	1	

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O. Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management	<u> </u>	-	<u>· Ľ</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   1b 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
_	any other officer, director, trustee, or key employee?	2		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		╁┷╌
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	ļ	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	<u> </u>	<b>-</b>
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?	<b>_</b> _		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	├	1
U	stockholders, or persons other than the governing body?	7b	ļ	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١,
Conti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ide C	Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10		<b></b>
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	<del> </del> -
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<del>                                     </del>	<del> </del>
•	describe in Schedule O how this was done	12c	1	1
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	✓_	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45		
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1	┼
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1JD		سيط
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	101		
Secti	on C. Disclosure	16b		Щ
17	List the states with which a copy of this Form 990 is required to be filed   Illinois, Virginia	<del></del>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n <b>501</b> (	c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.	,		,
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
20	financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records	of the	۵	
20	organization: ► Matthew Anthony, 5815 North Cicero, Chicago, Illinois, 60646, 773-283-1099	J1 1116	•	
	- "Materior transmitt on to recent ordered entended minorial and of the rea- long			

Part VII	Compensation of Officers, Dire	ctors, Trustees, Key Employees	, Highest Compensated Employees	s, and
	Independent Contractors			

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

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

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

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

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

Godon the box in notifier the organization no	I dily lolato	1 519	ui IIZ			ompe	,,,,,	Tiod arry currer	it officer, directo	, or musice.
				-	C)					
(A)	(B)	(do n	not ch		ation	e than e	nne	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		,		irect	or/trus	<u>_</u>		compensation from related	amount of other
	hours for	Individual trustee or director	夏	Officer	<u>\$</u>	골품	Former	the	organizations	compensation
	related	mg ≤	1 ₹	Ę	ğ	) y es	ag	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	or t	on a		Key employee	88	`	(W-2/1099-MISC)		organization and related
	line)	- List	2		8	뒿				organizations
		8	Institutional trustee			Highest compensated employee				
		ļ	L		_	8.	ļ			· · · · · · · · · · · · · · · · · · ·
(1) Luciano Lejano	2									
Director	T	✓						l 0	o	0
(2) John Bickford	2									
Director		✓						0	o	0
(3) William Dardis	10						Γ			
Director, Treasurer		✓		<				o	o	o
(4) Matthew Anthony	4									
Director, Secretary		✓		✓	i		İ	0	0	o
(5) Juan Luis Marti	4									
Director, Vice President		✓		1	ļ			0	0	o
(6) William Kipp	8									
Director, President		✓		✓			l	0	0	0
(7)										
(8)			$\vdash$		_	<u> </u>				
**************************************						ŀ				
(9)								1		
						ĺ				
(10)						<b></b>				
***************************************										
(11)										
(12)										
(13)										<del></del>
				]						
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees	'contii	nued)		
					•	C)								
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)			(F)	
	Name and title	Average	box,	unles	з ре	rson	is both	n an	Reportable	Reportat			Estimated amount of	
		hours per week (list any					or/trust	· ·	compensation from	compensation related		•	other	4
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	꽃축	Former	the	organizati			mpensati	
		related organizations	8 5	럋	ĕ	em m	oğ eş	ॿ	organization (W-2/1099-MI\$C)	(W-2/1099-N	AISC)	1	from the rganization	
		below dotted	학교	on a		물	1 8 8		(44-27 1000-141100)	Ì			nd related	
		line)	l st	2		è	_ 70 100 100					or	ganızatıcı	ns
			8	stee			Highest compensated employee							
							8.	L.	ļ			<u> </u>		
(15)							İ					Ì		
		<u> </u>		L	L		<u> </u>							
(16)			]					]	j	j				
												<u> </u>		
(17)														
(18)														
	***************************************	1	1									1		
(19)														
J		Ť	1		1				1			1		
(20)							_							
3		†	1			ŀ								
(21)								<b></b>						
3	***************************************	†	[											
(22)				-	_	<b></b> -								
3		†												
(23)				-	-	-		1	<del> </del>			<del> </del>		
7=-7		<b>†</b>												
(24)			<del>                                     </del>		├-	├	<del> </del> -	_				<del>                                     </del>		
Y-71		<del> </del>										1		
(25)			ļ	_				-				<u> </u>		
12-0/		<del> </del>						1				į.		
1b	Sub-total		L	<u> </u>	<u> </u>	Щ.		_	0			<del> </del>		
C	Total from continuation sheets to Part			•	•	• •	•		<u> </u>	<del></del>		$\vdash$		
d	Total (add lines 1b and 1c)			•	•		•		0	<del> </del> -	0	<del> </del>		
u	Total number of individuals (including but							<u></u>		<del></del>				
~	reportable compensation from the organi		ו נט נו	1056	: 1151	.eu a	above	3) W	no received in	Ole man Di	00,00	JU 01		
	reportable compensation from the organi	zation P u											Vos	No
3	Did the organization list any former of	ficer direc	tor c	r tr	ı ieti	_	kav s	mr	viovee or high	nest compa	neate	ed <b>E</b>	163	140
•	employee on line 1a? If "Yes," complete s												3	1
													<u>'                                    </u>	\ \ \
4	For any individual listed on line 1a, is the organization and related organizations													
	T	greater th							complete Sci.	ledule J IC	11 500			1
~	Did any person listed on line 1a receive of								rolated organi	, ration or inc	 Hividu	101	<u>,                                    </u>	✓
5	for services rendered to the organization													
<u> </u>		111 165, 0	Julipi	610	301	leut	110 0 1	Or s	such person	<u> </u>	<u>· · ·</u>	5	<u> </u>	1
	on B. Independent Contractors									l Al				
1	Complete this table for your five highest													tav
	compensation from the organization. Rep	ort compe	nsauc	או ווכ	וו זע	ie c	aleriu	ar y	rear ending wit	n or within	lile o	ryaniza	IIIOH S I	lax
	year.		-		_									
	(A) Name and business add	ress							(B) Description of s	ervices			(C) ensation	
	Trains and susmoss acc									-				
								├						
								<u> </u>			ļ			
							·····-	<u> </u>						
	Total number of understand and and	vo (la alicali	<u>ه ا</u>		<del></del>	ima!*	~d +-	1	oso listed at	מלאי (מער		سي	دكيت	
2	Total number of independent contractor							'n		wno (evc				
	received more than \$100,000 of compens	รสแบท เทิงกัก	THE O	ıyar	ıızal	uQΠ			0					

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a resp	oonse or note to			· · · · · ·	· · · · · · · ·
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, C Am	С	Fundraising events 1c					
Gifts, ilar An	d	Related organizations 1d					
ıs,	е	Government grants (contributions) 1e			i		
er S	f	All other contributions, gifts, grants,					
혈美		and similar amounts not included above 1f	62,298				
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f: \$	1,625				
	h	Total. Add lines 1a-1f	Business Code	62,298			
Program Service Revenue		mdsislausausus and sausus			101.00		
eve	2a b	Educational programs and camps	611600	164,125	164,125		
8	_	Volunteer service programs	611600	136,045	136,045		
Ğ	, c						
Š	u						
Ē	f	All other program service revenue.					<del></del>
ě	g	Total. Add lines 2a–2f	•	300,170			
	3	Investment income (including divide	ends, interest,	300,170	CAN CONTINUE STATES	And the Control of the Control	
			•	2,790	2,790		
	4	Income from investment of tax-exempt be	ond proceeds ▶				
	5	Royalties	▶		,		
		(ı) Real	(ii) Personal				
	6a	Gross rents			1		
	b	Less: rental expenses					
	С	Rental income or (loss)		ing Managember	翻译的复数 网络人口		
	d	Net rental income or (loss)	<u> ▶</u>				
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory		20 May 18 18 18 18 18 18 18 18 18 18 18 18 18			
	b	Less. cost or other basis			A Assault		
		and sales expenses .				il in	ŧ.
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> P</u>				
ō	8a	Gross income from fundraising		£arion si	,		
venue	Oa	events (not including \$				:	
- 40 ⋅		of contributions reported on line 1c).					
7		See Part IV, line 18 a					
Other R	b	Less: direct expenses b					
0		Net income or (loss) from fundraising	events .	·			
		Gross income from gaming activities.					
1		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming acti	vities ►				
	10a	Gross sales of inventory, less			1. N. 1.		
		returns and allowances a					
	b	Less: cost of goods sold b					<u> </u>
	С	Net income or (loss) from sales of inve			je sa sa <del>sa</del> sa sa sa sa sa sa sa sa sa sa sa sa sa		
		Miscellaneous Revenue	Business Code			, · ·	
	11a	Expense reimbursement	900099	34	34		
	b	***************************************	<u></u>				
	C	Alt ather verses					
	d	All other revenue					
	е 12	Total revenue. See instructions.		365 292	302 994	. ,	

	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must con	nalota all columns. A	// other erganization	s must complete co	lump (A)
Secuc	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, 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			garrora experiess	GAPONS GO
	organizations in the United States. See Part IV, line 21	1,948	1,948		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	•			
	trustees, and key employees				
6	Compensation not included above, to disqualified			Į	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,715	19,715	0	0
8	Pension plan accruals and contributions (include			ŀ	
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes	1,624	1,624	0	0
11	Fees for services (non-employees):			Ĭ	
a	Management				
b	Legal	9,856	0	9,856	0
c d	Accounting	1,500	0	1,500	0
e	Lobbying				
f	Investment management fees				<del> </del>
g	Other. (If line 11g amount exceeds 10% of line 25, column				
~	(A) amount, list line 11g expenses on Schedule O.)	686	0	0	686
12	Advertising and promotion				
13	Office expenses	21,547	15,721	5,155	671
14	Information technology				
15	Royalties				
16	Occupancy	191,084	191,084	0	0
17	Travel	44,347	44,347	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,370	1,320	50	0
20	Interest				
21	Payments to affiliates				
22 23	Insurance	0.704	2 222		0
24	Other expenses. Itemize expenses not covered	9,721	3,323	6,398	U
~4	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.)				
а	Supplies, food	31,131	31,131	0	0
b	Supplies, instruction	22,618	21,661	957	0
C					
d	***************************************				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	357,147	331,874	23,916	1,357
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	]	ļ	ļ	
	from a combined educational campaign and	•	ļ		
	fundraising solicitation. Check here  if	}			

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	tX		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	58,012	1	72,854
	2	Savings and temporary cash investments	8,221	2	(
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,295	4	1,059
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
<b>(</b> h	6	Loans and other 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). Complete Part II of Schedule L		6	
ë	,	Notes and loans receivable, net		7	
Assets	7 8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		9	
	100	other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	196,223	11	184,196
	12	Investments—other securities. See Part IV, line 11	130,223	12	104,130
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	264,751	16	258,109
_	17	Accounts payable and accrued expenses	5	17	30
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ş	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
ia	00	· · · · · · · · · · · · · · · · · · ·		22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
		Other liabilities (including federal income tax, payables to related third	<del></del>	24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and	5	20	36
es		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	264,746	27	250 073
ala	28	Temporarily restricted net assets	204,740	28	258,073
8	29	Permanently restricted net assets		29	·
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			-
Ē		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	···	32	
<u>f</u> et	33	Total net assets or fund balances	264,746	33	258,073
_	34	Total liabilities and net assets/fund balances	264,751	-	258,109
	•				

	\/			•	-0
Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		<u>.                                    </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	65,292
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	<u>57,147</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			8,145
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	<u>64,746</u>
5	Net unrealized gains (losses) on investments	5		(1	4,817)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(1)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	<u> </u>	2	58,073
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<u> </u>		<u>.                                     </u>
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			1	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or		
	reviewed on a separate basis, consolidated basis, or both:				:
	Separate basis Consolidated basis Both consolidated and separate basis				,
þ	Were the organization's financial statements audited by an independent accountant?		. 2b	√	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				_
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		_ 1	١,	
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the second statements and selection of an independent accounts the second statements and selection of an independent accounts.			.   ✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	ın		
_	Schedule O.	Z			Ţ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	TOITI		1	1
		• •	· 3a	1	<b>  √</b>
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			. 1	
	required addit or addits, explain why in ochedule of and describe any steps taken to undergo such a	uuits.			1
			Fo	rm <b>99</b> 0	J (2013)

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

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

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public,

lame of the o	rganization							Employer id	lentification	n number		
/outh Service International, Inc							36-3926031					
Part I			rity Status (All orga						nstructio	ons.		
1	church, con school desc hospital or a	vention of churcl ribed in section a cooperative hos	tion because it is: (Fones, or association of 170(b)(1)(A)(ii). (Attacspital service organization)	churches ch Schedation desc	s describe ule E.) cribed in s	ed in sec section 1	tion 170( 170(b)(1)(	(b)(1)(A)(i (A)(iii).		(iii) Cata	d b	
ho	spital's nam	ne, city, and state			·							
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							ed in				
7 📝 An	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							ublic				
9 □ An red su	organization ceipts from pport from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that if to its exempt function nt income and unrelater June 30, 1975. Se	an 331/3% ions—sul lated bus	of its subject to desiness tax	upport fro certain ex xable inc	ceptions	s, and (2) ss sectio	no more	e than 33	31/3%	of its
11	organization	on organized an one or more pub	operated exclusively d operated exclusive licly supported organ describes the type of s	ely for th	ne benefi describe	t of, to p	perform ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). S		
e □ By oth	~	indation manage	II c Type III that the organization rs and other than one	is not co	ntrolled d	lirectly or	indirectl	• •	or more	disqualifi	ed per	sons
		ation received a	written determination			that it is	a Type	I, Type I	l, or Typ	oe III sup	portin	g m
	nce August lowing pers		ne organization accep	oted any	gift or co	ontributio	n from a	iny of the	1			
(i)			ndirectly controls, eith							nd 11g(i)	Yes	No
(ii)		•	on described in (i) abo	•						11g(ii	+	
	•	•	a person described in							11g(iii	<del>  </del>	
h Pro	ovide the fo	llowing informati	on about the supporte	ed organi	zation(s).							
	organization (described on lines 1-9 in col. (I) listed in your the or above or IRC section governing document? col.		the organ	ou notify sization in of your port?	organizat	s the ion in col. zed in the S 7	(vii) Amount of monetary support		netary			
				Yes	No	Yes	No	Yes	No	<u> </u>		
A)												
В)												
C)												
D)												
E)												
							: · .					

Total

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	11222	#1.0040	4 ) 0044	( 1) 0040		(O TT / 1
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not		٠				
	include any "unusual grants.")	24 254	67.050	40.000	20 500	60.000	000.000
•		61,251	67,252	42,966	28,596	62,298	262,363
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				:		
4	Total. Add lines 1 through 3	61,251	67,252	42,966	28,596	62,298	262,363
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						73.021
6	Public support. Subtract line 5 from line 4.						189,342
***	on B. Total Support dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(a) 2011	(d) 2012	(e) 2013	(6 Total
7	Amounts from line 4	<del></del>	(b) 2010	(c) 2011			(f) Total
8	Gross income from interest, dividends,	61,251	67,252	42,966	28,596	62,298	262,363
0	payments received on securities loans, rents, royalties and income from similar sources						47 500
9	Net income from unrelated business	2,026	1,346	5,994	5,364	2,790	17,520
9	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						279,883
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re				ear as a sectio	
	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line		-			14	67.65 %
15	Public support percentage from 2012 Sch					15	45.33 %
16a	331/3% support test—2013. If the organization qua						_
b	331 <sup>8</sup> % support test—2012. If the organ						
b	check this box and stop here. The organ	ızation qualifies	s as a publicly	supported org	anization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-a	and-circumsta mstances" tes	nces" test, che t. The organiz	eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly s	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization or supported organization	tion meets the leets the "facts	facts-and-ci- and-circums	rcumstances" tances" test. T	test, check th	is box and st	op here.
18	Private foundation. If the organization di				or 17h chec	k this hox and	

### **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.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Youth		nternational Inc.		.1	36-3926031
Par			r Advised Funds or Other Similar Fu		ccounts.
		complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6		
			(a) Donor advised funds	(b	) Funds and other accounts
1		mber at end of year			
2		ate contributions to (during year).			
3	Aggrega	ate grants from (during year)			
4		ate value at end of year			
5			donor advisors in writing that the assets at to the organization's exclusive legal con		
6	only for	charitable purposes and not for the	nors, and donor advisors in writing that grant benefit of the donor or donor advisor, or	for any of	can be used ther purpose
Par		onservation Easements.			
			ered "Yes" to Form 990, Part IV, line 7	·	
1			by the organization (check all that apply).		
			recreation or education) 🔲 Preservation		
		ection of natural habitat	☐ Preservation	of a certifi	ed historic structure
_		ervation of open space			
2			tion held a qualified conservation contribu	tion in th <u>e</u>	
	easeme	nt on the last day of the tax year.			Held at the End of the Tax Year
а				<u> </u>	2a
b			ements		2b
C			tified historic structure included in (a)		2c
ď			ed in (c) acquired after 8/17/06, and no		
		structure listed in the National Regist			2d
3	Number tax year		I, transferred, released, extinguished, or te	erminated t	by the organization during the
4	Number	of states where property subject to	conservation easement is located ▶		
5	Does th	ne organization have a written poli	cy regarding the periodic monitoring, is	nspection,	handling of
	violation	is, and enforcement of the conservat	ion easements it holds?		· · · · 🔲 Yes 🗒 No
6	Staff an	d volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	n easeme	nts during the year
	▶				
7	Amount ► \$	of expenses incurred in monitoring, i	inspecting, and enforcing conservation ea	sements d	uring the year
8			on line 2(d) above satisfy the requirements		
9	balance	(III, describe how the organization rep sheet, and include, if applicable, the ation's accounting for conservation ea	ports conservation easements in its reven text of the footnote to the organization's tasements	ue and exp financial st	pense statement, and
Part			ctions of Art, Historical Treasures, o	or Other	Similar Assata
· air			ered "Yes" to Form 990, Part IV, line 8		Sillillar Assets.
12			ler SFAS 116 (ASC 958), not to report in		atatamant and balance about
14			similar assets held for public exhibition,		
	public s	ervice provide in Part XIII the text of	f the footnote to its financial statements the	rat describ	as these items
h			der SFAS 116 (ASC 958), to report in it		
•	works o	of art, historical treasures, or other secrice, provide the following amounts	similar assets held for public exhibition, or selating to these items:	education,	or research in furtherance of
	(i) Reve	nues included in Form 990, Part VIII,	line 1		. • \$
	(ii) Asse	ts included in Form 990, Part X			. ▶ \$
2	If the o	rganization received or held works	of art, historical treasures, or other simil	ar assets	
	following	g amounts required to be reported ur	nder SFAS 116 (ASC 958) relating to these	items:	
а	Revenue	es included in Form 990, Part VIII, line	91		. ▶ \$
b	Assets i	ncluded in Form 990, Part X			. ▶ \$

	18 D (Form 990) 2013							Page Z
Part	Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of th	e follo	wing that are a si	gnificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ae prod	rams	
b	☐ Scholarly research							
C	☐ Preservation for future generations	3	•					
4	Provide a description of the organizat		and expla	ain how t	hev further	the or	ganization's exem	pt purpose in Part
	XIII.				,			
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra		····					
	Complete if the organization 990, Part X, line 21.		" to For	n 990, P	art IV, line	9, or	reported an amo	ount on Form
1a	Is the organization an agent, trustee, Included on Form 990, Part X?							t □ Yes □ No
b	If "Yes," explain the arrangement in Pa							
~	ii 100, Oxpiaii iii0 airangomone iii1	ar Am and comps		owg	<b>40.0.</b>		Ar	nount
С	Beginning balance					10		
ď	Additions during the year					10		
e	Distributions during the year					16	<del></del>	
f	Ending balance					11		
2a	Did the organization include an amour							☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa							
	tV Endowment Funds.		<del></del>					<u></u>
	Complete if the organization	answered "Yes	" to Fori	n 990, P	art IV, line	10.		
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions			·····				
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance		· · · · · · · · · · · · · · · · · · ·					
2	Provide the estimated percentage of t	he current vear er	nd balanc	e (line 1a	, column (a	i)) held	as:	<u> </u>
а	Board designated or quasi-endowmer			,	•	"		
ь	Permanent endowment ►							
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2	c should equal 10	00%.					
3a	Are there endowment funds not in the			zation tha	at are held	and ad	lministered 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 organi							3b
4	Describe in Part XIII the intended uses		on's endo	wment fu	unds.		····	
Part								
	Complete if the organization	<del></del>						
	Description of property	(a) Cost or of			r other basis ther)		Accumulated epreciation	(d) Book value
1a	Land	·						
b	Buildings	•						
C	Leasehold improvements							
d	Equipment	•						
8	Other	•		<u> </u>				
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part X	<, column	(B), line 10	)(c).)	<b>▶</b>	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Part VII	Investments—Other Securities				
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	1	(b) Book value		nod of valuation. -of-year market value
(1) Financial	derivatives				
(2) Closely-I	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					, <u>, , , , , , , , , , , , , , , , , , </u>
(H)					
*************	b) must equal Form 990, Part X, col. (B) line 12.)	*****************************			
Part VIII	Investments - Program Related	1			
	Complete if the organization ans		m 990. Part IV. line	a 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Met	hod of valuation: -of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·		
(2)					
(3)				\·	
(4)			<del></del>		
(5)				<u> </u>	
		<del></del>		<del></del>	
(6)				<del> </del>	<del></del>
(7)		<del></del>			
(8)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.			<u> </u>	
I alt IX	Complete if the organization ans	wered "Yes" to For	m 990 Part IV line	11d See Form	990 Part Y line 15
		a) Description	111 000; 1 dic 14; iii ii	3 1 1d. 000 1 01111	(b) Book value
(1)					.,,
(1)					
	····				
(3)			· · · · · · · · · · · · · · · · · · ·		
(4)					· · · · · · · · · · · · · · · · · · ·
(5)			<del></del>		
(6)					
(7)			····	<del></del>	
(8)					
(9)	mn (b) must equal Form 990, Part X, c	ol (R) line 15 i	···	· · · · · •	
Part X	Other Liabilities.	OI. (B) III (B 13.)	<del></del>	<u> </u>	
PartA		ward "Vaa" ta Fam	000 Davi W line	. 11a au 11f Caa	E 000 D V
_	Complete if the organization ans line 25.		m 990, Part IV, line	e i le or i ii. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)	·····				
(4) (5)					
(5)					
(6)					
(7)					
(8)					
(0)					

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

			- D-4	
Part	XI Reconciliation of Revenue per Audited Financial Statem		er Heturn.	
	Complete if the organization answered "Yes" to Form 990, F			
1	Total revenue, gains, and other support per audited financial statements		. 1	350,475
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		
а	Net unrealized gains on investments	2a (14,8°	17)	
р	Donated services and use of facilities	2b		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			44.4.04
е	Add lines 2a through 2d		. <u>2e</u>	(14,817)
3	Subtract line 2e from line 1		. 3	365,292
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 XIII.)	4b	40	
_	Add lines 4a and 4b			207.000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XII Reconciliation of Expenses per Audited Financial Staten			365,292
Part	Complete if the organization answered "Yes" to Form 990, F		per neturn.	
	Total expenses and losses per audited financial statements		. 1	357,147
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			337,147
2	Donated services and use of facilities	2a		
a	Prior year adjustments	2b		
b	Other losses	2c	<del></del>	
c	Other (Describe in Part XIII.)	2d		
d	,		. 2e	
e	Add lines 2a through 2d		3	357,147
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<i>.</i>		337,147
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		. 4c	
5				
	Lotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. III)	e 18.)	.   5	357.147
Part Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and	2b; Part V, lin	357,147 e 4; Part X, line
Part Provid	XIII Supplemental Information.	d 4; Part IV, lines 1b and to provide any additiona	2b; Part V, lin I Information.	e 4; Part X, line
Part Provid	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additiona	2b; Part V, lin I Information.	e 4; Part X, line
Part Provid	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additiona	2b; Part V, lin I Information.	e 4; Part X, line
Part Provid	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additiona	2b; Part V, lin I Information.	e 4; Part X, line

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

## Supplemental Information to Form 990 or 990-EZ

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Youth Service International, Inc.	36-3926031					
Form 990, Part VI, Section B, Line 11: The Form 990 is prepared by a Certified Public Accountant. The	Treasurer provides a copy of the					
Form 990 to the officers and directors, for their review and comments. All comments are addressed prior to filing with the IRS.						
Form 990, Part VI, Section B, Line 12: Each year, all officers and directors are required to read the Conflict of Interest Policy,						
and attact to compliance						
Form 990, Part VI, Section B, Line 15: The Organization does not compensate officers, directors, or to	o management officials.					
Form 990, Part V, Section C, Line 19: The documents are available at the Organization's office, in acco						
Form 990, Part XI, Line 9: Rounding: -1	dance marino galaciniss.					
FUIII 330, Part A., Line 3. Rounding1						