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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)

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the 2014	4 calendar year, or tax year beginning		, and en	ding				
3 C	heck if applica	able C Name of organization Youth Adven	ture Program Inc		D Empk	yer identificati	on number		
A	ddress chang								
•	-	Number and street (or P O, box if mail is no	delivered to street address)	Room/suite	61-1717	498			
] N	ame change	4853 S Orange Ave		С	E Telephone number				
ln	itial return	City or town	State	ZIP code	(224) 24	7 7761			
_	nal return/termin	Orlando	FL	32806	(321) 24	7-7701			
		Foreign country name Foreign	province/state/county	Foreign postal of					
A	mended return	n			G Gross	receipts \$	1,711,053		
Ą	pplication per	- I			H(a) is this a group re	turn for subordinate	es? Yes X No		
_		John T Stemberger 4853 S Orange	Ave Ste C, Orlando, FL	32806	H(b) Are all subord	mates included?	Yes No		
Та	x-exempt sta	tus: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list, (see ınstr	uctions)		
W	ebsite: 🕨	www.traillifeusa com			H(c) Group exemp	ton number 🕨			
	rm of organiz		tion Other ▶		of formation 20		of legal domicile. FF		
	art I	Summary			20	10 1	, L		
		efly describe the organization's mission or	most significant activiti	es. To cr	eate, promote a	and support	a Christian		
3		door adventure, character, and leadership							
Activities & Governance		urches and Christian organizations	Production fortiding	in a li ordan Oil	danizadon and	COOPETOROIT	Will I		
		eck this box 🕨 if the organization dis	continued to energian	n or disposed	of more than	DEW of to po			
i		mber of voting members of the governing			or more than a	1 - 1	_		
-		mber of voting members of the governing mber of independent voting members of the				3 4	<u>8</u>		
		al number of individuals employed in cale				5	10		
		al number of volunteers (estimate if neces		, iiile za)		6			
		al unrelated business revenue from Part					6,400		
) · · · ·		7a			
	b Net	unrelated business taxable income from	Formassu-4;-line_34	701	Ddas Vas	7b	Comment		
	8 Cor	ntributions and grants (Part VIII, line 1h) ೧	0 0 00%)SO-SI	Prior Yea	62,609	Current Year 1,006,358		
		gram service revenue (Part VIII, line 2g).	MAY 2 0-2015	100		02,009			
			2 4 and 7d\	· 🖳 ·			0		
١		estment income (Part VIII, column (A), line				0	0		
		er revenue (Part VIII, column (A), lines,5,				292,959	171,026		
		al revenue add lines 8 through 11 (must equ		ne (2)		355,568	1,177,384		
		ints and similar amounts paid (Part IX, ∞					0		
l		nefits paid to or for members (Part IX, colu		: 40			0		
		anes, other compensation, employee benefits		s 5–10) .			484,845		
	4	fessional fundraising fees (Part IX, colum		•					
ı	l .	al fundraising expenses (Part IX, column		0					
		er expenses (Part IX, column (A), lines 1		· :		320,057	708,738		
		al expenses Add lines 13-17 (must equa		ne 25) .		320,057	1,193,583		
_	19 Rev	venue less expenses. Subtract line 18 from	<u>n line 12 </u>	<u> </u>		35,511	<u>-16,199</u>		
2				}	Beginning of Cur		End of Year		
Salances		al assets (Part X, line 16)		·		93,189	374,699		
		al liabilities (Part X, line 26).		}		57,668	355,377		
		assets or fund balances. Subtract line 21	from line 20			35,521	19,322		
	r penalties of	Signature Block perjury, I declare that I have examined this return, inc	duding accompanying pahedul	las and statemen	to and to the hort	of any leading			
j b	elef it is true	correct, and complete Declaration of preparet (other	r than officer) is based on all i	nes and statement Information of wh	ich preparer has ar	or my knowledge.	•		
	i	Hickory 1.71	alter.				12/2015		
gı		Signature of officer			Da				
) [e	Richard J Mathews		Direct	tor of Administi	ation			
	1	Type or print name and title							
_		Print/Type preparer's name	Preparer's signature		Date		PTIN		
į	d]	oe			Check	ď		
e	parer	 	SELF-PREPARED RE	TURN		self-employed	1		
	Only	Firm's name			Firm's EIN	>			
		Firm's address ▶			Phone no.				
٠	the IRS di	iscuss this return with the preparer showr	above? (see instruction	ns)			X Yes No		
		Reduction Act Notice, see the separate ins							
	aha: MOIK	recording were unduced and the sebarate ins	u ucuons.		_	•	Form 990 (2014		

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orm 9	90 (2014)	Youth Adventure Program Inc	61-1717498	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly	describe the organization's mission:		
		e generations of courageous young men to Honor God, lead with integrity, serve and experience outdoor adventure.		
	Did the	and the same and t		_
2	the prior	organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?		☐ No
3	service	organization cease conducting, or make significant changes in how it conducts, any program s?	Yes	X No
4	Describ expens	" describe these changes on Schedule O. e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and expenses, and revenue, if any, for each program service reported		
4a	(Code: Establis) (Expenses \$ 667,551 including grants of \$) (Reven		
4b) (Expenses \$ including grants of \$) (Reven		
4c	(Code:) (Expenses \$ including grants of \$) (Reven		
		, (/
		•••••••••••••••••••••••••••••••••••••••		
4d		rogram services. (Describe in Schedule O.)		··
	(Expen		0)	
4e	TOTAL DI	ogram service expenses 667.551		

Part IV **Checklist of Required Schedules** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 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. 5 Χ 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 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Х 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 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 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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 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 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 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or Х 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 26 Χ 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 27 Х 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 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 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M..... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 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, Part II, 34 35a b If "Yes" to line 35a, 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related 36 Х 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 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X

Form 9	90 (2014) Youth Adventure Program Inc 61-17	17498	P	age 5
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	•		\sqcup
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<u> </u>		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	긔		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.		
_	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1	2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	20	-	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	}	х
3a 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	 	H
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	100	ļ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		İ	
	account)?	4a	l	Х
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts	1		
	(FBAR).			
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	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b	 	
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	ł	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	·	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	
	required to file Form 8282?	7c	İ	х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	7g	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	١.		
_	sponsoring organization have excess business holdings at any time during the year?	8	├ ─	X
9	Sponsoring organizations maintaining donor advised funds.		İ	
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		-
10	Section 501(c)(7) organizations. Enter:	30	 	-
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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	<u> </u>	l
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
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			
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	-{	•	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
, , , u	The art or game that it is a first the first that it is a first that i	a	L	_^

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Youth Adventure Program Inc

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 or note to any line in this Part VI	<u> </u>		<u> </u>
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a	4		
	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.	.		1
ь	Enter the number of voting members included in line 1a, above, who are independent	4		i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
2	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 .		V
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-	'	v
.	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		-
0	the year by the following:			}
а	The governing body?	8a		ļ
b	Each committee with authority to act on behalf of the governing body?	8b		—
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	100		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C			
	ter at a succession a requeste information about policios not required by the internal revenue of	<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ_	
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			!
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_	ا ا
a	The organization's CEO, Executive Director, or top management official.	15a	X	
Ь	Other officers or key employees of the organization	15b	_X_	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	- :		- <u>-</u> -
	with a taxable entity during the year?	16a		X
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ļ
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	401		لـــــا
<u> </u>	the organization's exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(cr	1/210		
10	available for public inspection. Indicate how you made these available. Check all that apply.)(S)S	nily)	
	Own website Another's website X 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 interest		and	
. •	financial statements available to the public during the tax year.	policy,	ariu	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•		
	Jacki Swarthout (386) 689-4088 1648 S Taylor Rd Ste 321, Port Orange, FL 32128			

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Form	990	(2014)

Youth Adventure Program Inc.

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	_
	Check if Schedule O contains a response or note to any line in this Part VII	

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (F) Estimated (A) (B) (do not check more than one (D) (E) Name and Title Reportable Average Reportable box, unless person is both an compensation officer and a director/trustee) compensation amount of hours per week (list any from related other from Officer employee Individual trustee Highest compensated or director Institutional Key employee hours for compensation the organizations related (W-2/1099-MISC) organization from the (W-2/1099-MISC) omanizations organization below dotted and related trustee organizations line) (1) John T Stemberger 5.00 Chairman, President 0.00 Χ 0 0 1.00 (2) Shawn Anderson Director 0.00 Х 0 0 (3) Robert Rye 1.00 X Secretary 0.00 0 (4) Pat Garibay 1.00 0.00 X 0 Director 0 (5) Jeffrey Hudson 2.00 0.00 Treasurer 0 10.00 (6) David Servin Director 0.00 0 0 0 (7) Mark Hancock 50.00 0.001 86 463 **CEO** 0

020	0.00	I	1			00,400		L
(8) Richard J Mathews, Esq	50.00		П			_		
Director of Administration	0.00		$oxed{oxed}$		L	73,225	0	
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(10)				-				
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(13)			1 1	-	\vdash			
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(14)			\Box	_				
2.7				-				
					_			

P	art VII Sec	ction A. Officers, Directors, T	rustees, Key Eı	mplo	yee			High	est	Compensated	Employees (co	ntinued)
		(A) Name and title					(E) Reportable		F) nated				
	,		hours per week (list any hours for related organizations below dotted line)		er and	dad	irect	or/trus	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amo ot compe fron organ and r	unt of her nsation n the ization elated zations
(15)													
(16)													
(17)													
(18)													
(19)									-				
(20)													
(21)									-				
(22)													
(23)													
(24)													
(25)						-							
1b c		ntinuation sheets to Part VII,							>	159,688	0		0
<u>d</u>	Total number o	es 1b and 1c)	limited to those	listed	l ab	ove) wl	o re	ceiv	159,688 red more than \$1	0 100,000 of		0
_		pensation from the organizatio				0		-				Y	es No
3	Did the organiz employee on lir	ration list any former officer, di ne 1a? <i>If "Yes," complete Sche</i>	rector, or trustee dule J for such	e, key indivi	em dua	ipio /	yee 		_	est compensate		3	x
4		ual listed on line 1a, is the sum n and related organizations gre	ater than \$150,									4	X
5	Did any person	a listed on line 1a receive or accordered to the organization? If "	crue compensat										
Sec		ident Contractors	res, complete s	Scried	Juie	JI	or s	ucri p	pers	<i>SON</i>		5	X
1		table for your five highest comp from the organization Report c										n's tax	
		(A) Name and business add	ress							(B) Description of serv	vices C	(C) compensat	ion
						_							0
								\dashv					0
													0
2		f independent contractors (incli 0,000 of compensation from the		nited i	to th	ose	e lis	ted a	bov	ve) who received	· · · · · · · · · · · · · · · · · · ·		0

Form 990 (2014) Youth Adventure Program Inc
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line	in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	d e	Federated campaigns				
	g h	similar amounts not included above	1,006,358	····		
Program Service Revenue	2a b c d		0 0 0			
Program Se	e f	All other program service revenue	0 0 0			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	0 0 2,919			
	6a b c d 7a	Gross rents	O		-	
	b d	Less: cost or other basis and sales expenses	0			
Other Revenue		Gross income from fundraising events (not including \$				
Othe	с 9а	Less direct expenses	0	<u>.</u>		
	c 10a	Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances	0			
	11a b	Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code	168,107 0 0			-
	c d e	All other revenue . Total. Add lines 11a–11d	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).								
	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 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 domestic organizations							
_	domestic governments. See Part IV, line 21	0						
2	Grants and other assistance to domestic	_i						
_	individuals. See Part IV, line 22	0						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	ا						
A	Benefits paid to or for members	0						
4 5	Compensation of current officers, directors,							
•	trustees, and key employees	o						
6	Compensation not included above, to disqualified							
•	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	o						
7	Other salaries and wages	385,071	281,102	103,969				
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions).	o		į	l			
9	Other employee benefits	67,039	48,938	18,101				
10	Payroll taxes	32,735	23,897	8,838				
11	Fees for services (non-employees):							
а	Management	0						
þ	Legal	51,501	12,875	38,626				
C	Accounting	0						
d	Lobbying	0						
e	Professional fundraising services See Part IV, line 17	0						
†	Investment management fees	0						
g	Other (If line 11g amount exceeds 10% of line 25, column							
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	0 75,295	67,766	7 520				
13	Office expenses	79,786	19,946	7,530 59,840	<u>.</u>			
14	Information technology	53,699	42,959	10,740				
15	Royalties	00,035	42,300	10,740				
16	Occupancy	6,603	5,282	1,321				
17	Travel	76,967	57,725	19,242	·			
18	Payments of travel or entertainment expenses		,-					
	for any federal, state, or local public officials	o	Ì					
19	Conferences, conventions, and meetings	56,433	50,790	5,643				
20	Interest	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	1,589	509	1,080	0			
23	Insurance	162,033	30,348	131,685				
24	Other expenses. Itemize expenses not covered		İ					
	above (List miscellaneous expenses in line 24e. If		Į					
	line 24e amount exceeds 10% of line 25, column		į					
	(A) amount, list line 24e expenses on Schedule O.) Members Back Ground Checks	99 410	99 410					
a b	Members Back Ground Checks Shipping, Freight and Delivery	88,419 56,413	88,419 54,355	2,058				
C		30,413	34,333	2,036				
d		0						
e	All other expenses	0						
25	Total functional expenses. Add lines 1 through 24e .	1,193,583	784,911	408,673				
26	Joint costs. Complete this line only if the	.,.23,030		.30,0,0				
	organization reported in column (B) joint costs			İ				
	from a combined educational campaign and	ļ .						
	fundraising solicitation. Check here		İ					
	following SOP 98-2 (ASC 958-720)							

Form 990 (2014) Youth Adventure Program Inc
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
-			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	70,871	1	92,580
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	725
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		i	,
		Complete Part II of Schedule L		5	-
	6	Loans and other receivables from other disqualified persons (as defined under section			
	ļ	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			
និ		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	22,318	8	280,335
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or			1
		other basis. Complete Part VI of Schedule D 10a 2,64	18		
	Ь	Less. accumulated depreciation 10b 1,58		10c	1,059
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11			0
	14	Intangible assets			0
	15	Other assets See Part IV, line 11			0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			374,699
	17	Accounts payable and accrued expenses			337,070
	18	Grants payable		18	33.,5.0
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	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		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties			0
	25	Other liabilities (including federal income tax, payables to related third		-	
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	2,626	25	18,307
	26	Total liabilities. Add lines 17 through 25			355,377
		Organizations that follow SFAS 117 (ASC 958), check here ➤ X and			333,511
8		complete lines 27 through 29, and lines 33 and 34.	¹		
Š					
<u>a</u>	27	Unrestricted net assets	35,521		19,322
8	28	Temporarily restricted net assets		28	
Ĕ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC958), check here and			i
Net Assets or Fund Balances		complete lines 30 through 34.			
ě	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances		33	19,322
	34	Total liabilities and net assets/fund balances	93,189	34	374,699

om 9	90 (2014) Youth Adventure Program Inc	6	1-17174	98	Page	<u>e 12</u>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,	177,	,384
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	193,	,583
3	Revenue less expenses. Subtract line 2 from line 1	3			-16,	,199
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			35,	,521
5	Net unrealized gains (losses) on investments	5				
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10			19,	,322
Part					_	_
	Check if Schedule O contains a response or note to any line in this Part XII					<u>_</u>
					'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		ŀ	-	- }	į
	Schedule O.		_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· _2	a	X	 ,
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		- 1	- 1		ł
	reviewed on a separate basis, consolidated basis, or both.			Ì		1
	X Separate basis Consolidated basis Both consolidated and separate basis		ŀ			í
b	Were the organization's financial statements audited by an independent accountant?		. 2	b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:				ł	1
	X Separate basis Consolidated basis Both consolidated and separate basis					
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? .		. 7	c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in				\dashv	
	Schedule O.			- [
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		. 3	а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			\neg		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u> .	<u></u> . з	b	_	
			Fo	om 9	90 (2	2014)

SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

tame	or u	ne organization					Employer Identification	n number	
′ ou	th <u>A</u>	dventure Program Inc						17498	
Pa	rt <u>l</u>	Reason for Public Char	ity Status (All org	ganizations must cor	mplete th	is part.)	See instructions.		
Γhe	orga	anization is not a private founda			•	•	•		
1		A church, convention of church	•		d in secti	on 170(b)	(1)(A)(i).		
2	L	A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E.)					
3		A hospital or a cooperative ho	spital service orgar	nization described in s	ection 17	⁷ 0(b)(1)(A	.)(iii).		
4		A medical research organization hospital's name, city, and state		unction with a hospita	il describe	ed in sect	ion 170(b)(1)(A)(iii)	. Enter the	
5		An organization operated for the section 170(b)(1)(A)(iv). (Con		ege or university owner	d or oper	ated by a	governmental unit o	lescribed in	
6		A federal, state, or local gover	nment or governme	ental unit described in	section '	170(b)(1)((A)(v).		
7		An organization that normally described in section 170(b)(1			from a go	vernment	al unit or from the g	eneral public	
8		A community trust described in	section 170(b)(1)(A)(vi). (Complete Pa	art II)				
9	X	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt funct income and unrela	ions—subject to certa ated business taxable	in except income (l	ions, and less sectio	(2) no more than 33 on 511 tax) from but	1/3% of its	s
10	_	An organization organized and		- • •			•		
11	<u>-</u> -	An organization organized and			•			out the number	00
••		of one or more publicly support Check the box in lines 11a three	ted organizations of	described in section 5	509(a)(1) d	or section	1 509(a)(2). See se	ction 509(a)(3).
а		Type I. A supporting organithe supported organization organization You must co	(s) the power to reg	jularly appoint or elect					ing
b)	Type II. A supporting organ control or management of to organization(s). You must	he supporting orga	nization vested in the					
C		Type III functionally integral its supported organization(s	rated. A supporting	organization operate	d in conne e Part IV,	ection with Sections	n, and functionally in A, D, and E.	ntegrated with	
d	li	Type III non-functionally in that is not functionally integ	rated. The organiza	ation generally must s	atisfy a di	stribution	requirement and ar		
e		requirement (see instruction Check this box if the organi functionally integrated, or T	zation received a w	vritten determination fi	rom the IF	RS that it is		Type III	
f		Enter the number of supported	• •		iling orga				0
g		Provide the following information	-	rted organization(s).					
	(i)	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount other support (instructions	(see
				(see instructions))	Yes	No			
— A)						- 110			
]]			
B)									
C)									
D)									
E)			 						 -
					<u> </u>				
Ota	ı				j		n		Λ

Schedule A (Form 990 or 990-EZ) 2014 Youth Adventure Program Inc 61-1717498 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants."). n 0 Tax revenues levied for the organization's benefit and either paid to or expended on 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3 . . . 0 0 0 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) . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2014 (a) 2010 **(b)** 2011 (c) 2012(d) 2013 (f) Total 0 0 Amounts from line 4 0 0 Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources 0 Net income from unrelated business activities, whether or not the business is 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10. . . 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 0.00% Public support percentage from 2013 Schedule A, Part II, line 14 0.00% 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

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. . .

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. . . .

organization.

instructions.

supported organization

Part III

	Support Schedule fo	r Organizations	Described in	Section	509(a)(2)
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(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees		İ				
	received. (Do not include any "unusual grants.")				246,402	1,007,786	1,254,188
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	ŀ	t				
	organization's tax-exempt purpose				700		0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				221,954	703,267	925,221
4	Tax revenues levied for the organization's	l					
	benefit and either paid to or expended on						
	ıts behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the	İ	ļ			ļ.	
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	468,356	1,711,053	2,179,409
7a	Amounts included on lines 1, 2, and 3	1]	
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received		,				
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	l				į	
	line 6.)	1					2,179,409
	tion B. Total Support		#1 0044 T	() 0040	4.0.0040		45 T ()
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	468,356	1,711,053	2,179,409
10a	Gross income from interest, dividends,						
	payments received on securities loans,	İ					•
	rents, royalties and income from similar sources						0
D	Unrelated business taxable income (less	Į.	Ī	,			
	section 511 taxes) from businesses						0
_	acquired after June 30, 1975		0	0	0	0	0
	r r		- 0	U	U	U	<u>u</u>
11	Net income from unrelated business		}			i	
	activities not included in line 10b, whether or not the business is regularly carned on .	ļ					0
12	Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)					İ	0
13	Total support. (Add lines 9, 10c, 11,				-		
	and 12.)	o	o	0	468,356	1,711,053	2,179,409
14	First five years. If the Form 990 is for the org						2,1.0,100
	organization, check this box and stop here .			-			▶ 🗓
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8, co			n)		15	0.00%
16	Public support percentage from 2013 Schedu		,	* *		16	0.00%
	tion D. Computation of Investment						
17	Investment income percentage for 2014 (line	10c, column (f) div	vided by line 13, co	olumn (f))		17	0.00%
18	Investment income percentage from 2013 Sci		•	• • • •		18	0 00%
19a	33 1/3% support tests—2014. If the organiza					and line 17 is	
	not more than 33 1/3%, check this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organization		🕨 🔲
b	33 1/3% support tests—2013. If the organization			=			
	line 18 is not more than 33 1/3%, check this b		_	•	• • • • •		▶
20	Private foundation. If the organization did no	ot check a box on t	line 14, 19a, or 19t	o, check this box a	and see instructions	3	▶[

determine whether the organization had excess business holdings.)

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D. and complete Part V.)

Sec	tion A. All Supporting Organizations	πν.)	
000	ion va vai oupporting organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		130	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		Ì
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	1	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b	i i	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b				
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_		
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		1	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	_	-	
L	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	<u>9a</u>		
Ь	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			-
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
TUA	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
ı.	organizations)? If "Yes," answer (b) below. Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	<u>10a</u>		
D	Did the organization have any excess pusiness holdings in the tax year? (Lise Schedule C. Form 4720 to 1		1	

	IV Supporting Organizations (continued)	,		age o
Part	IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	···
``a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1]	
•	below, the governing body of a supported organization?	11a	_	
ь	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ĺ	1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ļ	<u> </u>	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ļ		ز
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1	}	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			اــــا
	supervised, or controlled the supporting organization.	2	<u> </u>	<u> </u>
Sect	ion C. Type II Supporting Organizations		T	T
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l j
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s).	1		<u>-</u> -
Sect	tion D. All Type III Supporting Organizations		L	Ь—
<u> </u>	NOTION TYPE III CAPPOINING CIGAMILLANDING		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			{
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	l		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			<u> </u>
	supported organizations played in this regard.	3	L	<u> </u>
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	structi	ions).
2	-		Yes	
2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ	162	NO
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		•	
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	i	•	
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	T	<u> </u>	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		'
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifyi	ing tr	ust on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must or	ompl	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	ΠΙ		·
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).	1	Ì	}
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI):	ļ		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	\sqcap		
see instructions).	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in pnor year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ally-ir	ntegrated Type III support	ng organization (see
instructions)	-		'

61-1717498 Schedule A (Form 990 or 990-EZ) 2014 Youth Adventure Program Inc. Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 0 10 Line 8 amount divided by Line 9 amount 0.000 (ii) (iii) (i) Section E - Distribution Allocations (see instructions) **Underdistributions** Distributable **Excess Distributions** Pre-2014 **Amount for 2014** Distributable amount for 2014 from Section C, line 6 0 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: b C d e From 2013. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 0 Distributions for 2014 from Section D, line 7. a Applied to underdistributions of prior years 0 **b** Applied to 2014 distributable amount 0 c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3j

and 4c.

b

Breakdown of line 7:

Excess from 2013 . . . Excess from 2014 . . .

Schedule A (Fo	rm 990 or 990-EZ) 2014	Youth Adventure P	rogram Inc			61-1717498	Page 8
Part VI	Supplemental In	formation. Provide	the explanation	ns required by Pa	art II, line 10; Part II	, line 17a or 17l	b; and
		lso complete this pa					
	·						
					·		
							
					•		
							~ • • • • • • • • • • • • • • • • • • •
							
<i></i>							

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

Youtl	Adventure Program Inc		61-1717498
Par	Organizations Maintaining Done	or Advised Funds or Other Similar Fu	nds or Accounts.
		ered "Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year).		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5		onor advisors in writing that the assets held	in donor advised
		ct to the organization's exclusive legal contro	
6		nors, and donor advisors in writing that grant	
		r the benefit of the donor or donor advisor, o	
		nefit?	
Par			
		orod "Voo" to Form 000 Port IV line 7	
1	Purpose(s) of conservation easements held	ered "Yes" to Form 990, Part IV, line 7.	
•			of a biotoxically invariant land and
	Preservation of land for public use (e.g., recr		of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribution	on 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		
С	Number of conservation easements on a ce		
d	Number of conservation easements include		
	historic structure listed in the National Regis		. 2d
3	Number of conservation easements modifie		
	during the tax year ►	, , , , , , , , , , , , , , , , , , ,	
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written policy		n. handling of
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monito		
	•	3 , 1, 3, 3	
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ease	ements during the year
	▶ \$, <u> </u>	g 7
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	Yes No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		
	the organization's accounting for conservation		
Part	III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8.	
12			
ıa	If the organization elected, as permitted und works of art, historical treasures, or other sir	er SPAS 116 (ASC 936), not to report in its r	revenue statement and balance sneet
L	of public service, provide, in Part XIII, the tex		
b	If the organization elected, as permitted und		
	works of art, historical treasures, or other sir		uon, or research in turtherance
	of public service, provide the following amou		
	(i) Revenue included in Form 990, Part VIII,	шne т	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		
	following amounts required to be reported up		
a	Revenue included in Form 990, Part VIII, line	e 1	> \$
b	Assets included in Form 990, Part X		▶ \$

Sahad	dule D (Form 990) 2014 Youth Adventure Pro						04.474	7400		- 1
Par			t Histo	rical Tra	ocuros or (Othor (61-171 Similar Accets		nuod)	Page 2
3	Using the organization's acquisition, acc								lueu)	
	use of its collection items (check all that		ci record	o, check a	ily of the lon	owing t	nat are a signific	-Carrit		
а	Public exhibition		dГ	Loan	or exchange	progra	ms			
ь	Scholarly research		e	Other	•	. •				
_			• _				•••••			
C	Preservation for future generation		الماسيم أما	- h4h	. E alb alb		-4:		•	
4	Provide a description of the organization Part XIII.	n's collections ar	ıd explaii	n now tney	Turther the c	organiza	ation's exempt p	urpose	ın	
5	During the year, did the organization so	dicit or receive de	nations	of art bioto	annal transcur		thar aimiler			
,	assets to be sold to raise funds rather th							\Box	es 🗀	No
Par					organization	3 001100				J 140
r ai	Escrow and Custodial Arran Complete if the organization a	-	to Form	000 Pari	t IV lina a	or rope	stad on amous	ot on E	0500	
	990, Part X, line 21.	iisweied ies	to r onn	990, Pai	t iv, iiile 5, i	or repo	nteu an amour	וו טוז רי	ווווכ	
1a	Is the organization an agent, trustee, cu	etodian or other	intermed	liany for co	ntributions o	r other	accete not			
	included on Form 990, Part X?					Outer	assets not	\Box	es 🗀	No
b	If "Yes," explain the arrangement in Par					•		LJ •	03 _	_ '''
								Amount	<u>-</u>	
C	Beginning balance					10				
d	Additions during the year					10	i			
e	Distributions during the year					16				
f	Ending balance					11	<u> </u>			0
2a	Did the organization include an amount	on Form 990, Pa	art X, line	21, for es	crow or cust	odial ad	count liability?	Y	′es 🛚 🗵	No
b	If "Yes," explain the arrangement in Par	t XIII. Check her	e if the e	xplanation	has been pro	ovided	in Part XIII		. Г]
Part	V Endowment Funds.									
	Complete if the organization a	nswered "Yes"	to Form	990, Parl	t IV, line 10.					
		(a) Current year	(b) Pi	ior year	(c) Two years	back	(d) Three years back	(e) F	our year	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses					\longrightarrow				
ď	Grants or scholarships				······································			-		
е	Other expenditures for facilities and programs									
f	Administrative expenses				 .			+		
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the	e current vear en	d balanc		column (a)) I			<u> </u>		
а	Board designated or quasi-endowment	•	%	- ((-//					
b	Permanent endowment	%								
C	Temporarily restricted endowment	<u>%</u>								
	The percentages in lines 2a, 2b, and 2c									
3a	Are there endowment funds not in the p	ossession of the	organiza	ition that a	re held and a	adminis	tered for the			
	organization by:							<u> </u>	Yes	No
	(i) unrelated organizations (ii) related organizations							3a(i)		├ ──
ь	(ii) related organizations							3a(ii)	+	┼
4	Describe in Part XIII the intended uses of							3b	<u></u>	Ь
Part			ura endo	willett tull	us.					
	Complete if the organization ar		la Form	990 Part	IV line 11s	See	Form 990 Par	t X line	e 10	
	Description of property	(a) Cost or ot			st or other		Accumulated		Book vali	ue .
	, p p	(investm			s (other)		epreciation	(α) Ε	JUN FAIL	
1a	Land		0		0					0
b	Buildings		0		0		0			0
C	Leasehold improvements	.	0		0		0			0

Equipment . .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

719

340

1,059

1,080

509

1,799

849

Part VII	Investments—Other Securities Complete if the organization ans		Part IV line 11h See Form	n 990 Part Y line 12
(a)	Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(b) Book Value	Cost or end-of-year i	market value
, <i>,</i>	derivatives	0		
	eld equity interests	0		
(3) Other				
				
(H)		· · · · · · · · · · · · · · · · · · ·		······································
	must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relate		······································	
	Complete if the organization ans		Part IV. line 11c. See Form	n 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of va	
	(a) Description of investment	(b) book value	Cost or end-of-year i	
(1)				
(2)			<u>.</u>	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.	0		
Partix	Complete if the organization ans	wered "Ves" to Form 990	Part IV line 11d See Form	000 Port V line 15
		Description	Tarry, line 110. See 1 on	(b) Book value
(1)			· · · · · · · · · · · · · · · · · · ·	(5) 255
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
		· · · · · · · · · · · · · · · · · · ·		
(9)				
	nn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u> </u>	
Part X	Other Liabilities.	1 m 4 m . —		
	Complete if the organization ans	wered "Yes" to Form 990,	, Part IV, line 11e or 11f. Se	e Form 990, Part X,
	line 25.	<u> </u>		
1. (4) Fodorel	(a) Description of liability	(b) Book value		
	income taxes Payroll Taxes	15 470		
(3) State Pa		15,479 1,289		
(4) State Sa		1,539		
(5)	iles Taxes	1,555		
(6)				
(7)	****			
(8)				
(9)	-			
	nust equal Form 990, Part X, col (B) line 25)	18,307		
2. Lability for t	uncertain tax positions. In Part XIII, provide		organization's financial statement	s that reports the
organization's	liability for uncertain tax positions under FI	N 48 (ASC 740) Check here if	the text of the footnote has been	provided in Part XIII

	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1 1	
С	Recoveries of prior year grants	1 1	
d	Other (Describe in Part XIII.)	↓	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4 1	
b	Other (Describe in Part XIII.)	1 1	
_ C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Returr).
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	· · · · · · · · · · · · · · · · · · ·	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	1 1	
d	Other (Describe in Part XIII.)	4 1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
Ь	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
	t XIII Supplemental Information.		
	(4. 0 . 1 . 1 . 1		
2; Pa	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b		e 4; Part X, line
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info		e 4; Part X, line
		ormation.	
·	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	ormation.	

Schedule D (Fon	m 990) 2014	Youth Adventu	ire Program Inc			61-1717498	Page 5
	Supple	emental Inform	ation (continued	<i>(</i>)			
	<u></u>		•			 	
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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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public

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

Inspection

Employer identification number

Youth Adventure Program Inc	61-1717498
Form 990, Part I, Line 6: 6400 Volunteers - Each registered adult member is considered a	
volunteer in the Trail Life USA program	
Form 990, Part III, Line 2: Significant Program Services initiated in inaugural year of 2014	
Form 990, Part IV, Line 11b: The organization did not engage in any investment activity	
Form 990, Part IV, Line 19: The organization did not engage in any gaming activities	
Form 990, Part VI, Line 19: The organization makes all governing documents, conflict of	
interest policies and financial statements available to the public upon request	
•••••••••••••••••••••••••••••••••••••••	

Schedule O (Form 990 or 990-EZ) (2014)		Page _	2
Name of the organization	Employer identification number	ſ	
Youth Adventure Program Inc	61-1717498		
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			- -
			-

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Attachment

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates Name(s) shown on return Identifying number

Sequence No 179

You	th Adventure Program Inc	990		,			61-1717498		
	Election To Expense	e Certain Prope	erty Und	er Section 17	9				
	Note: If you have any liste								
1 1	Maximum amount (see instruction	ns)						1	500,000
2	Total cost of section 179 property							2	2,647
3	Threshold cost of section 179 pro	perty before redu	uction in l	mitation (see in	structions).			3	2,000,000
	Reduction in limitation. Subtract l							4	0
	Dollar limitation for tax year. Sub					•			
	separately, see instructions							5	500,000
6	(a) Description of	property		(b) Co	st (business use	only)	(c) Elected cos	st	,
									i.
-	listed aspects Catastha assess	Afron line 20							1
	Listed property. Enter the amoun							10	<u>-</u> j
	Total elected cost of section 179 Tentative deduction. Enter the sr							8 9	0
	Carryover of disallowed deduction							10	
	Business income limitation. Ente							11	
	Section 179 expense deduction.							12	0
	Carryover of disallowed deduction					 	<u></u>	0	<u>_</u>
	e: Do not use Part II or Part III be					1101			
	Special Depreciation					clude listed p	roperty.) (See	instru	ctions.)
	Special depreciation allowance for							ПП	
	during the tax year (see instruction							14	424
	Property subject to section 168(f)							15	
	Other depreciation (including AC							16	
Par	MACRS Depreciatio	n (Do not inclu	de listed	property.) (Se	e instruction	ıs.)			
			Sect	ion A					
17	MACRS deductions for assets pla	aced in service in	tax years	s beginning befo	ore 2014 .			17	
	f you are electing to group any a								
	asset accounts, check here						▶□		
	Section B - Assets	s Placed in Serv	ice Durin	g 2014 Tax Yea	ar Using the	General Depr	eciation Syste	m	
		(b) Month and		for depreciation					
	(a) Classification of property	year placed	(busines	s/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) De	preciation deduction
		ın service	only—s	ee instructions)	period			"	
19	a 3-year property								
	b 5-year property			423	5	HY_	200DB		85
	c 7-year property								
	d 10-year property	_}							
	e 15-year property								
	f 20-year property								
	g 25-year property				25 yrs.		S/L	ļ	
	h Residential rental				27.5 yrs.	MM	S/L_		
	property	<u> </u>			27.5 yrs.	MM	S/L	<u> </u>	
	i Nonresidential real				39 yrs.	MM_	S/L		
	property	<u> </u>				MM	S/L		
	Section C - Assets	Placed in Servic	e During	2014 Tax Year	Using the A	Itemative De		em	
	a Class life	_					S/L	↓	
	b 12-year	<u> </u>			12 yrs.		S/L		
	c 40-year	<u> </u>	L		40 yrs.	MM	S/L_]	
	Summary (See instru							1 - 2	
	isted property. Enter amount fro							21	1,080
	Total. Add amounts from line 12,						r	1_1	
	nere and on the appropriate lines					instructions .	<u> </u>	22	1,589
	For assets shown above and place			urrent year, ente	er the			}	į
	portion of the basis attributable to	section 263A co	osts	<u></u>	<u> </u>	23			

61-1717498 Page 2 Form 4562 (2014) Youth Adventure Program Inc Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property Part V used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes i No 24b If "Yes." is the evidence written? Yes No (e) **(f)** (a) (h) (i) Business/ Basis for depreciation Type of property Date placed Recovery Method/ Deoreciation Elected section 179 Cost or other basis investment use (business/ investment percentage (list vehicles first) in service use ontv) period Convention deduction cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 900 26 Property used more than 50% in a qualified business use: 1/1/2014 Laptop Computer (3) 100.00% 200DB - HY 180 27 Property used 50% or less in a qualified business use. S/L -S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ... 28 1,080 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (f) (a) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (do not include commuting miles). 31 Total commuting miles driven during the year . 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Was the vehicle available for personal use Yes Yes Yes Yes Yes No 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? ... Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Amortization (a) (b) (c) (d) (f) Amortization Description of costs Date amortization Amortizable amount Code section Amortization for this year period or begins percentage 42 Amortization of costs that begins during your 2014 tax year (see instructions):

Total. Add amounts in column (f). See the instructions for where to report .

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Form 456;	Form 4562 Statement - 990								:				12/31/2014	4		
Z S	Description of Property	Date Placed In Service	Asset	Business Use	Cost or Other Basis	Sec 179 Deduction	Credit	Special	Salvage	Recovery	Recovery	Method	Con- vention	Prior Accum. Deprec , 179, Bonus	2014 Deprec.	2014 Accum. Deprec
Depreci	Depreciation Detail															
GDS 6-yea 2 A	GDS 5-year property (Line 19b) 2 Mattress, box spring, frame	10/10/2014	2	100 00%	847	0	0	424	0	423	ιń	200DB	춛	o	85	609
_	Total GDS 5-year property (Line 19b)	le 19b)		11	847	0	0	424	0	423	14			0	85	209
•,	Subtotal Depreciation			}	847	0	0	424	0	423	4 - 1		• •	0	88	909
Listed P	Listed Proparty Listed property with more than 50% business use (Line 25 and 26) 1/1/2014 F-4 100	usiness use (L 1/1/2014	Ine 25 and F4	d 26) 100.00%	1,800	o	0	006	0	006	w	200DB	숮	0	180	1,080
Г	Total listed prop with > 50% business use	esn eseuls		11	1,800	o	0	008	0	006	1 - 1		. 1	o	180	1,080
•	Subtotal Listed Property	\$		1 (1,800	0	0	006	0	006	1 - 1		• •	0	180	1,080
<u></u>	Total Depreciation and Amortization	Amortizati	uo.	ı	2,647	0	٥	1,324	٥	1,323	. •		•	0	265	1,589

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

	Cash	Noncash_
1 Federated Campaigns		
2 Membership dues	772,625	
3 Fundraising events		
Related organizations		
5 Government grants (contributions)		
6 All other contributions, gifts, grants, and similar amounts not included above.		·
Endowment Income	80,000	
Direct Public Support	152,242	
Training Event Registrations	1,491	
Other contributions total	233,733	
7 Total	1,006,358	0

Part VIII, Line 10 (990) - Gross Sales of Inventory

		Total:	701,776	533,669	168,107
,				Cost of	
	Category		Gross Sales	Goods Sold	Net
1 Merchandise			701,776	533,669	168,107

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A)	(B)	(C)	(D)
	Total	Program services	Management and general	Fundraising
1 Depreciation	1,589	509	1,080	
2 Deplètion	0			
3 Amortization	0			
4 Total	1,589	509	1,080	0

Part X, Line 4 (990) - Accounts Receivable

	Accounts re	ceivable	Allowance for doub	otful accounts
	Beginning	End	Beginning	End
1 AHG 1	0	725	0	0
2 2				
3 3				
4 4				
5 5				
6				
7 7				
8 8				
9 9				
10 10				
11 Total accounts receivable	0	725	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

							Total:	2.648	0	1.589	0	0	1 059
			Leasehold			Check if	Check if			Endin			
			Improve-			Investment	Asset	Cost/Other	Accumulated	Ş	Disposals/	Beginning	Endina
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Ragio	Denreciation	Depredation	Admetanta	Dougla	Conclud
1 computers				×			2222	1 700	Composidos		CILIDATING	DalailCe	DalailG
7 - 4								1,133	2	000,1			8 /
7 Ded					×			849	0	209			340

Part X, Line 25 (990) - Other Liabilities

		2,626	18,307
	Description	Beginning	End
1	Federal income taxes		0
2	Federal Payroll Taxes	1,668	15,479
3	State Payroll Taxes		1,289
4	State Sales Taxes	958	1,539