

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning**

**and ending**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

YOUTH IN NEED

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1815 BOONES LICK ROAD

City or town, state or country, and ZIP + 4

ST. CHARLES, MO 63301

**F** Name and address of principal officer: JAMES BRAUN

SAME AS C ABOVE

**D** Employer identification number

43-1033862

**E** Telephone number

(636) 946-5600

**G** Gross receipts \$ 17,856,356.

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

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

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.YOUTHINNEED.ORG

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

**L** Year of formation: 1974

**M** State of legal domicile: MO

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>YIN OFFERS OVER 50 DIRECT SERVICE AND SUPPORT PROGRAMS FOR CHILDREN, TEENS, AND FAMILIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	50
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	50
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	463
	6	Total number of volunteers (estimate if necessary)	6	1194
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 10,853,398.	Current Year 11,328,601.
	9	Program service revenue (Part VIII, line 2g)	5,099,983.	6,061,909.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,699.	2,634.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	152,432.	45,994.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,111,512.	17,439,138.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,254,009.	12,310,057.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 347,850.		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,785,665.	4,600,219.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,039,674.	16,910,276.
	19	Revenue less expenses. Subtract line 18 from line 12	71,838.	528,862.
	20	Total assets (Part X, line 16)	Beginning of Current Year 7,022,034.	End of Year 7,162,381.
	21	Total liabilities (Part X, line 26)	3,197,645.	2,859,130.
22	Net assets or fund balances. Subtract line 21 from line 20	3,824,389.	4,303,251.	

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	JAMES BRAUN, CEO & PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JENNIFER M. VACHA	Preparer's signature 	Date 8-20-12	Check if self-employed <input type="checkbox"/>	PTIN P01251998
	Firm's name ▶ BROWN SMITH WALLACE, L.L.C.	Firm's EIN ▶ 43-1001367			
	Firm's address ▶ 1520 SOUTH FIFTH ST., SUITE 309 ST. CHARLES, MO 63303	Phone no. 636,255,3000			

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

**Part III** Statement of Program Service Accomplishments

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

☒ X

- 1** Briefly describe the organization's mission:  
TO PROVIDE NUTURING ENVIRONMENTS AND EDUCATIONAL OPPORTUNITIES SO  
CHILDREN, YOUTH AND FAMILIES WILL FIND SAFETY AND HOPE, ACHIEVE THEIR  
GOALS, AND BUILD A POSITIVE FUTURE.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code: ) (Expenses \$ 11,260,561. including grants of \$ ) (Revenue \$ 3,081,007.)  
HEAD START - A COMPREHENSIVE CHILD AND FAMILY DEVELOPMENT PROGRAM FOR  
INCOME-ELIGIBLE FAMILIES WITH CHILDREN FROM BIRTH TO AGE FIVE AS WELL  
AS EXPECTANT PARENTS IN VARIOUS COUNTIES. DURING 2011, THE HEAD START  
PROGRAM SERVED 6,128 CHILDREN AND FAMILY MEMBERS.
- 4b** (Code: ) (Expenses \$ 1,384,808. including grants of \$ ) (Revenue \$ 1,304,367.)  
OUT CLIENT SERVICES - COUNSELING SERVICES ARE PROVIDED TO YOUTH AGES  
6-21 AND THEIR FAMILIES, AND ARE OFFERED IN SCHOOL, HOME AND OFFICE  
SETTINGS. PRIORITY IS GIVEN TO VICTIMS OF VIOLENCE AND ABUSE, JUVENILE  
LAW OFFENDERS, YOUTH EXPERIENCING SCHOOL FAILURE, YOUTH WITH SYMPTOMS  
OF SEVERE EMOTIONAL DISTURBANCE, AND YOUTH AND FAMILIES EXPERIENCING  
SEVERE CHRONIC CONFLICT AND FAMILIES UNABLE TO SECURE PROFESSIONAL  
COUNSELING WITH INSURANCE. COUNSELING CONSISTS OF 1) PROBLEM  
ASSESSMENTS AND CRISIS INTERVENTION CONSULTATIONS, 2) BRIEF,  
SOLUTION-FOCUSED FAMILY THERAPY, 3) ON-GOING INDIVIDUAL AND GROUP  
THERAPY WHEN BRIEF THERAPY HAS NOT SUFFICIENTLY RESOLVED ISSUES, AND 4)  
PLANNING AND LINKING WITH OTHER COMMUNITY SERVICES AS INDICATED IN THE  
SERVICE PLAN. DURING 2011, 3,450 YOUTH AND FAMILY MEMBERS WERE SERVED.
- 4c** (Code: ) (Expenses \$ 1,346,500. including grants of \$ ) (Revenue \$ 468,163.)  
COMMUNITY YOUTH DEVELOPMENT - STREET OUTREACH AND OUT-OF-SCHOOL TIME  
PROGRAMS - THESE PROGRAMS IDENTIFY YOUTH AT RISK OF HOMELESSNESS,  
VIOLENCE, AND FAILING TO COMPLETE HIGH SCHOOL TO LINK THEM TO COMMUNITY  
RESOURCES AND DIRECTLY PROVIDE THEM EDUCATION, SUPPORT, AND ACTIVITIES  
TO PROMOTE POSITIVE DEVELOPMENT. DURING 2011, THE COMMUNITY YOUTH  
DEVELOPMENT PROGRAM SERVED 11,563 YOUTH. SAFE PLACE IS A LOCAL  
COMPONENT OF A NATIONAL PROGRAM. IT BRINGS BUSINESSES AND VOLUNTEERS  
TOGETHER TO PROVIDE HELP AND SAFETY TO CHILDREN AND TEENS FACING ABUSE,  
NEGLECT OR SERIOUS FAMILY PROBLEMS AND EDUCATES YOUNG PEOPLE ABOUT THE  
DANGERS OF RUNNING AWAY. DURING 2011 PROJECT SAFE PLACE SERVED 235  
INDIVIDUALS.
- 4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ 2,123,051. including grants of \$ ) (Revenue \$ 1,208,372.)
- 4e** Total program service expenses 16,114,920.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Form **990** (2011)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	<input checked="" type="checkbox"/>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	<input checked="" type="checkbox"/>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	<b>24a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	<input checked="" type="checkbox"/>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	<input checked="" type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	<b>34</b>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	<input checked="" type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	<input checked="" type="checkbox"/>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	<input checked="" type="checkbox"/>

Form 990 (2011)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	75	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	463	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		x
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		x
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	x	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
1a Enter the number of voting members of the governing body at the end of the tax year ..... 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.	50											
b Enter the number of voting members included in line 1a, above, who are independent .....		50										
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....												
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....												
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....												
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .....												
6 Did the organization have members or stockholders? .....												
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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....												
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body? .....												
b Each committee with authority to act on behalf of the governing body? .....												
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....												

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates? .....													
b 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? .....													
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....													
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 .....													
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....													
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....													
13 Did the organization have a written whistleblower policy? .....													
14 Did the organization have a written document retention and destruction policy? .....													
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?													
a The organization's CEO, Executive Director, or top management official .....													
b Other officers or key employees of the organization .....													
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....													
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....													
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? .....													

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 636.946.5600**

1815 BOONES LICK ROAD, ST. CHARLES, MO 63301

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES A. BRAUN CEO & PRESIDENT	40.00	X		X				153,098.	0.	11,174.
(2) ELIOT S. ASYRE CHAIR	1.00	X		X				0.	0.	0.
(3) PATRICK S. SULLIVAN VICE CHAIR	1.00	X		X				0.	0.	0.
(4) CAROL E. GOLDMAN TREASURER	1.00	X		X				0.	0.	0.
(5) JAMES W. O'NEILL SECRETARY	1.00	X		X				0.	0.	0.
(6) CAROLYN KOENIG IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(7) BHAVANI AMIRTHALINGAM DIRECTOR	0.50	X						0.	0.	0.
(8) DIANA BAUMOHL DIRECTOR	0.50	X						0.	0.	0.
(9) REBECCA BENNETT DIRECTOR	0.50	X						0.	0.	0.
(10) JENNIFER BENSKIN DIRECTOR	0.50	X						0.	0.	0.
(11) COURTNEY BODDIE DIRECTOR	0.50	X						0.	0.	0.
(12) CAROL A. CONOYER DIRECTOR	0.50	X						0.	0.	0.
(13) ROBERT CRUMPTON DIRECTOR	0.50	X						0.	0.	0.
(14) GERALD E. DANIELS DIRECTOR	0.50	X						0.	0.	0.
(15) CYNTHIA DYER DIRECTOR	0.50	X						0.	0.	0.
(16) MARIE GLANCY DIRECTOR	0.50	X						0.	0.	0.
(17) CATHY GLOSIER DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRAD HARMON DIRECTOR	0.50	X						0.	0.	0.
(19) EDWARD HARRIS DIRECTOR	0.50	X						0.	0.	0.
(20) PATRICIA HERNANDEZ DIRECTOR	0.50	X						0.	0.	0.
(21) KATHLEEN HODSON DIRECTOR	1.00	X						0.	0.	0.
(22) TRINA CLARK JAMES DIRECTOR	0.50	X						0.	0.	0.
(23) SUSIE JOHNSON DIRECTOR	0.50	X						0.	0.	0.
(24) ROBERT KALINICH DIRECTOR	0.50	X						0.	0.	0.
(25) MARY KROGMEIER DIRECTOR	0.50	X						0.	0.	0.
(26) RICK LEACH DIRECTOR	0.50	X						0.	0.	0.
<b>1b Sub-total</b> .....								153,098.	0.	11,174.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								208,357.	0.	19,154.
<b>d Total (add lines 1b and 1c)</b> .....								361,455.	0.	30,328.

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
IMAGINATION STATION PRESCHOOL 220 SONDEREN, O'FALLON, MO 63366	CHILDCARE SERVICES	173,390.
ATB TECHNOLOGIES, LLC, 999 EXECUTIVE PARKWAY, SUITE 102, ST. LOUIS, MO 63141	COMPUTER MAINTENANCE	127,754.
ELM POINT EARLY CHILDHOOD CENTER 3601 MUELLER RD, ST. CHARLES, MO 63301	CHILDCARE SERVICES	111,193.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2011)



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HERBERT LESSER DIRECTOR	0.10	X						0.	0.	0.
(28) CHERYL M. MANLEY DIRECTOR	0.50	X						0.	0.	0.
(29) MARY CARTER MARTIN DIRECTOR	0.50	X						0.	0.	0.
(30) TRACY MATHIS DIRECTOR	0.50	X						0.	0.	0.
(31) PATTI MCKELVEY DIRECTOR	0.50	X						0.	0.	0.
(32) PAUL MIDDEKE DIRECTOR	0.50	X						0.	0.	0.
(33) LEE MIESNER DIRECTOR	0.50	X						0.	0.	0.
(34) REBECCA NOLAN DIRECTOR	0.50	X						0.	0.	0.
(35) GWEN PACKNETT DIRECTOR	0.50	X						0.	0.	0.
(36) TOM PAGANO DIRECTOR	0.50	X						0.	0.	0.
(37) THOMAS PALITZSCH DIRECTOR	0.50	X						0.	0.	0.
(38) ALISON M. REISE DIRECTOR	0.50	X						0.	0.	0.
(39) ABRAHAM REZEX DIRECTOR	0.50	X						0.	0.	0.
(40) JAY SAVAN DIRECTOR	1.00	X						0.	0.	0.
(41) FRED SCHABER DIRECTOR	0.50	X						0.	0.	0.
(42) KIM SCHEIDEGGER YORK DIRECTOR	0.50	X						0.	0.	0.
(43) PATRICK E. SMITH, SR. DIRECTOR	0.50	X						0.	0.	0.
(44) PAUL SPAHN DIRECTOR	0.50	X						0.	0.	0.
(45) MATTHEW J. THIBODEAUX DIRECTOR	0.50	X						0.	0.	0.
(46) LEO TIGUE, JR. DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) BLAINE VASZILY DIRECTOR	1.00	X						0.	0.	0.
(48) FRAN VENTIMIGLIA DIRECTOR	1.00	X						0.	0.	0.
(49) ANITA VIEHMANN DIRECTOR	0.50	X						0.	0.	0.
(50) JOHN WINKELMEIER DIRECTOR	0.50	X						0.	0.	0.
(51) JACKIE YOON DIRECTOR	0.50	X						0.	0.	0.
(52) MARK SOLARI CHIEF FINANCIAL OFFICER	40.00			X				99,802.	0.	9,547.
(53) PATRICIA HOLTERMAN-HOMMES CHIEF PROGRAMS OFFICER	40.00			X				108,555.	0.	9,607.
Total to Part VII, Section A, line 1c								208,357.		19,154.

**Part VIII** **Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	383,625.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	242,843.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	9,398,133.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,304,000.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		145,542.				
	<b>h Total.</b> Add lines 1a-1f .....			11,328,601.			
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2 a</b> HEAD START .....	611600		3,081,007.	3,081,007.		
	<b>b</b> OUT-CLIENT SERVICES .....	624100		1,304,367.	1,304,367.		
	<b>c</b> TRANSITIONAL LIVING .....	624100		523,500.	523,500.		
	<b>d</b> COMMUNITY YOUTH DEVELO .....	624110		468,163.	468,163.		
	<b>e</b> FOSTER CARE .....	623990		362,952.	362,952.		
	<b>f</b> All other program service revenue .....	624200		321,920.	321,920.		
	<b>g Total.</b> Add lines 2a-2f .....			6,061,909.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,896.			1,896.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ 242,843. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		231,697.			
	<b>b</b> Less: direct expenses .....	<b>b</b>		99,384.			
	<b>c</b> Net income or (loss) from fundraising events .....			132,313.			132,313.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>		130,542.			
	<b>b</b> Less: cost of goods sold .....	<b>b</b>		225,462.			
	<b>c</b> Net income or (loss) from sales of inventory .....			-94,920.			-94,920.
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS .....	900099		8,601.			8,601.	
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			8,601.				
<b>12 Total revenue.</b> See instructions. ....			17,439,138.	6,061,909.	0.	48,628.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
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	391,783.		391,783.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,411,065.	8,578,788.	621,455.	210,822.
8 Pension plan accruals and contributions (include section 401(k) and section 408(b) employer contributions)	122,350.	120,079.		2,271.
9 Other employee benefits	1,558,653.	1,407,935.	118,574.	32,144.
10 Payroll taxes	826,206.	726,287.	83,548.	16,371.
11 Fees for services (non-employees):				
a Management				
b Legal	34,787.		34,787.	
c Accounting	52,250.		52,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,085,636.	1,005,068.	72,994.	7,574.
12 Advertising and promotion				
13 Office expenses	1,235,116.	1,089,629.	120,901.	24,586.
14 Information technology				
15 Royalties				
16 Occupancy	1,140,014.	904,961.	223,326.	11,727.
17 Travel	337,073.	314,627.	19,660.	2,786.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	171,801.	155,773.	13,335.	2,693.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	177,886.	142,118.	31,250.	4,518.
23 Insurance	37,840.	28,660.	8,519.	661.
24 Other expenses. Itemize expenses not covered 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.)				
a EQUIP/FURN/CAPITAL EXP	206,891.	197,628.	8,481.	782.
b RESIDENT, FOSTER, AND I	80,944.	80,944.		
c MISCELLANEOUS	39,981.	12,115.	27,823.	43.
d INDIRECT EXPENSE APPORT	0.	1,350,308.	-1,381,180.	30,872.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	16,910,276.	16,114,920.	447,506.	347,850.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☒ if following SOP 98-2 (ASC 958-720)

**Part X** Balance Sheet

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,167,545.	1	929,358.
	2 Savings and temporary cash investments .....	159,601.	2	424,271.
	3 Pledges and grants receivable, net .....	26,948.	3	28,434.
	4 Accounts receivable, net .....	1,572,424.	4	1,467,132.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	73,729.	9	138,862.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 5,267,814.		
	b Less: accumulated depreciation .....	10b 1,439,429.		
		3,895,540.	10c	3,828,385.
	11 Investments - publicly traded securities .....	36,953.	11	30,677.
	12 Investments - other securities. See Part IV, line 11 .....	59,325.	12	292,113.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	29,969.	15	23,149.
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	7,022,034.	16	7,162,381.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	1,200,011.	17	1,004,677.
	18 Grants payable .....		18	
	19 Deferred revenue .....	17,151.	19	9,057.
	20 Tax-exempt bond liabilities .....	1,502,949.	20	1,439,422.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	435,743.	23	363,742.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	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 .....	41,791.	25	42,232.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	3,197,645.	26	2,859,130.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	2,626,000.	27	3,380,563.
	28 Temporarily restricted net assets .....	1,071,531.	28	795,830.
	29 Permanently restricted net assets .....	126,858.	29	126,858.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	3,824,389.	33	4,303,251.
	34 Total liabilities and net assets/fund balances .....	7,022,034.	34	7,162,381.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,439,138.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,910,276.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	528,862.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,824,389.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-50,000.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	4,303,251.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

Form **990** (2011)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,013,633.	7,738,123.	8,184,419.	10,853,398.	11,328,601.	46,118,174.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8,013,633.	7,738,123.	8,184,419.	10,853,398.	11,328,601.	46,118,174.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4. ....						46,118,174.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	8,013,633.	7,738,123.	8,184,419.	10,853,398.	11,328,601.	46,118,174.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	16,902.	9,674.	8,448.	3,745.	1,896.	40,665.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	206,419.	151,851.	125,128.	139,087.	132,313.	754,798.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	7,428.	7,769.	13,011.	13,345.	8,601.	50,154.
<b>11 Total support.</b> Add lines 7 through 10 .....						46,963,791.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	25,915,558.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.20 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	98.08 %
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the organization

Employer identification number

YOUTH IN NEED

43-1033862

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. .... ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

YOUTH IN NEED

43-1033862

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 909,719.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 383,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,686,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

YOUTH IN NEED

43-1033862

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization  <b>YOUTH IN NEED</b>	Employer identification number  43-1033862
--	--

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

## (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

## (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

## (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

## (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

YOUTH IN NEED

Employer identification number

43-1033862

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	139,758.	136,541.	98,724.	37,663.	
b Contributions			35,189.	60,247.	
c Net investment earnings, gains, and losses		3,217.	2,628.	814.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	139,758.	139,758.	136,541.	98,724.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 9.00 %  
 b Permanent endowment ☒ 91.00 %  
 c Temporarily restricted endowment ☒ .00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,593,750.		1,593,750.
b Buildings		2,106,577.	561,656.	1,544,921.
c Leasehold improvements		602,913.	229,299.	373,614.
d Equipment		838,889.	648,474.	190,415.
e Other		125,685.		125,685.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,828,385.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		

**Total.** (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		

**Total.** (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY	42,232.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 42,232.

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



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,439,138.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,910,276.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	528,862.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-50,000.
9	Total adjustments (net). Add lines 4 through 8	9	-50,000.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	478,862.

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

1	Total revenue, gains, and other support per audited financial statements	1	17,688,599.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	23,999.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	225,462.
e	Add lines 2a through 2d	2e	249,461.
3	Subtract line 2e from line 1	3	17,439,138.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,439,138.

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

1	Total expenses and losses per audited financial statements	1	17,209,737.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	23,999.
b	Prior year adjustments	2b	
c	Other losses	2c	50,000.
d	Other (Describe in Part XIV.)	2d	225,462.
e	Add lines 2a through 2d	2e	299,461.
3	Subtract line 2e from line 1	3	16,910,276.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	16,910,276.

**Part XIV Supplemental Information**

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

PART V, LINE 4: THE ENDOWMENT IS TO BE KEPT IN TACT AND THE FUNDS

GENERATED ARE TO BE USED TO SUPPORT THE ORGANIZATION'S OPERATIONS.

PART X, LINE 2: THE ORGANIZATION HAS ADDRESSED THE PROVISIONS OF FASB

ASC 740, ACCOUNTING FOR INCOME TAXES. IN THAT REGARD, THE ORGANIZATION HAS

EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS,

PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS AND

BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY AT THIS TIME TO

**Part XIV** Supplemental Information *(continued)*

COVER ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S FEDERAL FORM 990 FOR

TAX YEARS 2007 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING

AUTHORITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

LOSS FROM STORM DAMAGE -50,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED AGAINST REVENUE IN PART VII

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED AGAINST REVENUE IN PART VII

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2011

**Open To Public Inspection**

Name of the organization

## YOUTH IN NEED

Employer identification number

43-1033862

## Part I:

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 CELEBRATION OF YOUTH (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 6 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	273,750.	138,081.	62,709.	474,540.
	2 Less: Charitable contributions .....	116,620.	67,606.	58,617.	242,843.
	3 Gross income (line 1 minus line 2) .....	157,130.	70,475.	4,092.	231,697.
Direct Expenses	4 Cash prizes .....		1,245.		1,245.
	5 Noncash prizes .....		2,970.		2,970.
	6 Rent/facility costs .....		26,750.	903.	27,653.
	7 Food and beverages .....	27,642.	827.	1,423.	29,892.
	8 Entertainment .....				
	9 Other direct expenses .....	23,837.	12,021.	1,766.	37,624.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 99,384 )
	11 Net income summary. Combine line 3, column (d), and line 10 .....				132,313.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
Direct Expenses	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in:   |                              |                             |
| a  | The organization's facility   | 13a                          | %                           |
| b  | An outside facility   | 13b                          | %                           |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                     |                              |                             |

Name 

Address 

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name  \_\_\_\_\_

Address 

**16** Gaming manager information:

Name ▶

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided	Date	Time	Location	Other

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: \$

**Part IV.** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

YOUTH IN NEED

Employer identification number

43-1033862

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES A. BRAUN	(i) 137,967.	(ii) 15,131.	(iii) 0.	4,643.	6,531.	164,272.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

- ▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

YOUTH IN NEED

Employer identification number

43-1033862

**Part I Bond Issues** SEE PART VI FOR COLUMN (A) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased (h) On behalf of issuer				(i) Pooled financing			
						Yes	No	Yes	No	Yes	No	Yes	No
INDUSTRIAL DEVELOPMENT AUTHORITY OF A ST. CHARLES COUNTY, UMB BANK TRUSTEE	43-1153264	NONE	11/01/06	1,800,000	REAL ESTATE PURCHASE				X			X	X
B													
C													
D													

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		1,800,000						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		1,800,000						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2006							
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

**Part III Private Business Use**

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A	B	C	D
	Yes	No	Yes	No
		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?				
		X		

132121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2011



**Part III Private Business Use (Continued)**

	A		B		C	
	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....						
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....						
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00	%		%	%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00	%		%	%
<b>6</b> Total of lines 4 and 5 .....		.00	%		%	%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	X					

**Part IV Arbitrage**

	A		B		C	
	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? .....		X				
<b>2</b> Is the bond issue a variable rate issue? .....	X					
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X				
<b>b</b> Name of provider .....						
<b>c</b> Term of hedge .....						
<b>d</b> Was the hedge superintergrated? .....						
<b>e</b> Was the hedge terminated? .....						
<b>4a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X				
<b>b</b> Name of provider .....						
<b>c</b> Term of GIC .....						
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....						
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....		X				
<b>6</b> Did the bond issue qualify for an exception to rebate? .....	X					

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

132122  
01-23-12

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

INDUSTRIAL DEVELOPMENT AUTHORITY OF ST. CHARLES COUNTY, UMB BANK TRUSTEE

(F) DESCRIPTION OF PURPOSE: REAL ESTATE PURCHASE

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

YOUTH IN NEED

Employer identification number

43-1033862

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	9	92,372.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( SUPPLIES ) .....	X	414	53,170.	COST
26 Other ► ( ) .....				
27 Other ► ( ) .....				
28 Other ► ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2011)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

YOUTH IN NEED

Employer identification number

43-1033862

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

EMERGENCY SHELTER PROGRAM - THE SHELTER IS AN EMERGENCY RESIDENCE FOR

12 YOUTH (AGES 10-18) EXPERIENCING CRISIS; 24-HOUR SUPPORT AND

INFORMATION IS PROVIDED THROUGH A HOTLINE. DURING 2011, THE EMERGENCY

SHELTER PROGRAM SERVED 1,170 YOUTH AND FAMILY MEMBERS.

EXPENSES \$ 900,684. INCLUDING GRANTS OF \$ 0. REVENUE \$ 321,920.

TRANSITIONAL LIVING PROGRAM - A GROUP HOME (AND SCATTERED-SITE

APARTMENTS) PROVIDE HOMELESS YOUTH AGES 16-21 AN OPPORTUNITY TO LEARN

INDEPENDENT-LIVING SKILLS AND WORK TO COMPLETE THEIR EDUCATION AND

BECOME SELF-SUFFICIENT COMMUNITY MEMBERS. DURING 2011, THE

TRANSITIONAL LIVING PROGRAM SERVED 52 YOUTH.

EXPENSES \$ 835,617. INCLUDING GRANTS OF \$ 0. REVENUE \$ 523,500.

FOSTER CARE - DURING 2011, 626 YOUTH AND FAMILY MEMBERS WERE SERVED BY

THE FOSTER CARE PROGRAM.

EXPENSES \$ 386,750. INCLUDING GRANTS OF \$ 0. REVENUE \$ 362,952.

FORM 990, PART VI, SECTION A, LINE 4: BYLAWS WERE REVISED TO INCREASE THE

MAXIMUM BOARD SIZE FROM 50 TO 60; CLARIFY THAT THE AUDIT COMMITTEE CHAIR

ALSO SERVES ON THE EXECUTIVE COMMITTEE; ADD DUTIES TO THE PLANNING

COMMITTEE AND RENAME SAID COMMITTEE AS "PLANNING & PROGRAM COMMITTEE".

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S 990 IS INITIALLY

REVIEWED BY THE CFO. QUESTIONS AND CONCERNS ARE ADDRESSED AND ANY REQUIRED

CHANGES ARE MADE. THE 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE. THE

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

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization YOUTH IN NEED	Employer identification number 43-1033862
---	--

## AUDIT COMMITTEE VOTES TO

\* APPROVE THE 990 FOR FILING

\* PROVIDE THE 990 TO THE ENTIRE BOARD OF DIRECTORS

## DURING THE NEXT BOARD MEETING THE CHAIRMAN CONFIRMS

\* THE AUDIT COMMITTEE MET WITH THE INDEPENDENT ACCOUNTANTS TO

DISCUSS THE 990

\* THE 990 WILL BE SUBMITTED TO IRS

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY AND COMPLETE AND SIGN AN ACKNOWLEDGEMENT AND DISCLOSURE STATEMENT. ANY DISCLOSURES ARE THEN REVIEWED BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: A COMPREHENSIVE ANALYSIS OF THE COMPENSATION FOR THE CEO AND ALL OTHER EXECUTIVE MANAGEMENT IS PERFORMED ON AN ANNUAL BASIS. THE EXECUTIVE MANAGEMENT POSITIONS ARE MARKET PRICED USING DATA FROM SURVEYS OF OTHER REGIONAL NON-PROFIT AGENCIES. A MINIMUM OF FIVE SURVEYS ARE USED, AND THE DATA EXTRAPOLATED IS BASED ON POSITION TYPE, BUDGET SIZE, NUMBER OF EMPLOYEES AND/OR TYPE OF NON-PROFIT AGENCY. THE DATA IS ANALYZED AND THE ORGANIZATION'S PAY GRADES ARE DETERMINED BASED ON THIS MARKET DATA. SALARY RECOMMENDATIONS OF THE CEO AND THE EXECUTIVE MANAGEMENT TEAM ARE GIVEN TO THE YOUTH IN NEED'S BOARD OF DIRECTORS COMPENSATION COMMITTEE. THESE INDIVIDUALS ARE VOLUNTEER BOARD MEMBERS WHO ARE RECOGNIZED EXPERTS IN THE FIELD OF MANAGEMENT AND COMPENSATION. THEY REVIEW THE COMPENSATION ANALYSIS AND RECOMMENDATIONS BEFORE RECEIVING APPROVAL FROM THE EXECUTIVE BOARD OF DIRECTORS.

Name of the organization

YOUTH IN NEED

Employer identification number

43-1033862

FORM 990, PART VI, SECTION C, LINE 18: YOUTH IN NEED MAKES ITS FORM 1023

AVAILABLE TO THE PUBLIC UPON REQUEST. ITS FORM 990 IS MADE AVAILABLE TO

THE PUBLIC THROUGH [WWW.YOUTHINNEED.ORG](http://WWW.YOUTHINNEED.ORG) AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE

TO THE PUBLIC THROUGH [WWW.YOUTHINNEED.ORG](http://WWW.YOUTHINNEED.ORG) AND UPON REQUEST. THE CONFLICT

OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

LOSS FROM STORM DAMAGE -50,000.

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR

OVERSEEING THE AUDIT OF THE ORGANIZATION AND THE SELECTION OF THE

INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

► Attach to Form 990.

Open to Public Inspection

Employer identification number

43-1033862

organization answered "Yes" to Form 990, Part IV, line 33.)

[illegible]

**Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

Schedule R (Form 990) 2011





**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	1c	
<b>d</b> Loans or loan guarantees to or for related organization(s)	1d	
<b>e</b> Loans or loan guarantees by related organization(s)	1e	
<b>f</b> Sale of assets to related organization(s)	1f	
<b>g</b> Purchase of assets from related organization(s)	1g	
<b>h</b> Exchange of assets with related organization(s)	1h	
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)	1i	
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)	1j	
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)	1k	
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)	1l	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	
<b>n</b> Sharing of paid employees with related organization(s)	1n	
<b>o</b> Reimbursement paid to related organization(s) for expenses	1o	
<b>p</b> Reimbursement paid by related organization(s) for expenses	1p	
<b>q</b> Other transfer of cash or property to related organization(s)	1q	
<b>r</b> Other transfer of cash or property from related organization(s)	1r	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

