TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2013

Prepared for	YOUTH FRONTIERS, INC. 6009 EXCELSIOR BOULEVARD MINNEAPOLIS, MN 55416
Prepared by	FROEHLING ANDERSON LTD 1000 SHELARD PARKWAY - SUITE 400 ST. LOUIS PARK, MN 55426
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 990
Department of the Treasury

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.

		The organization may have to doo a copy of the rotatin to satisfy	o lato la		mopeonen
AF	or the	2012 calendar year, or tax year beginning $ m JUL1,2012$ and end	ling J	UN 30, 2013	
B C a	heck if	C Name of organization		D Employer identifie	cation number
	Addres	YOUTH FRONTIERS, INC.			
	Name			41-1	598977
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Roo	m/suite	E Telephone number	
]Termin ated	6009 EXCELSIOR BOULEVARD		952-	922-0222
	Amend			G Gross receipts \$	2,903,624.
	Applica tion	MINIMATOLIS, MA 55410		H(a) Is this a group re	
	pendin	F Name and address of principal officer: JOSEPH T CAVANAUGH		for affiliates?	Yes 🔀 No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
I T	ax-exe	empt status: 🗶 501(c)(3) 🛄 501(c) () ┥ (insert no.) 🛄 4947(a)(1) or	527		list. (see instructions)
		e: WWW.YOUTHFRONTIERS.ORG		H(c) Group exemption	
KF	the second s		L Year o	of formation: 1987	State of legal domicile: MN
Pa	irt I	Summary			
é	1 1	Briefly describe the organization's mission or most significant activities: YOUTH	FRON	TIERS PARTN.	ERS WITH
Activities & Governance				HERE STUDEN	
EL			of more	than 25% of its net as	sets. 28
ŇO				3	28
8		Number of independent voting members of the price of art vi, e (b)			61
ies		Total number of individuals employed in calendar year 2012 (Part V, line za)			13750
tivit		Total number of volunteers (estimate if necessary)			13750
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	 	Prior Year	Current Year
				1,106,276.	1,186,647.
ne	1221 2	Contributions and grants (Part VIII, line 1h)	0,000	1,395,520.	1,683,857.
Revenue	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Program service revenue (Part VIII, line 2g)		30.	1,207.
Re		Investment Income (Part VIII, column (A), lines 3, 4, and 7d)		-34,407.	-35,858.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,467,419.	2,835,853.
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,920,076.	2,062,917.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25)			
Ĕ	U	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		513,968.	638,465.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,434,044.	2,701,382.
		Revenue less expenses. Subtract line 18 from line 12		33,375.	134,471.
Ces			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		842,732.	1,106,634.
dBa	21	Total liabilities (Part X, line 26)		349,648.	479,079.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		493,084.	627,555.
	urt II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
Sig	ן י	Signature of officer		Date	
Her	e	JOSEPH T CAVANAUGH, CEO			
		Type or print name and title		ate L.	PTIN
_		Print/Type preparer's signature	1	Date Check L	P00292837
Paid		GARY DOSDALL, CPA		solf.omnlou	

		FROEHLING ANDERSON LTD	Firm's EIN 41-1384792
Use Only	Firm's address	1000 SHELARD PARKWAY - SUITE 400 ST. LOUIS PARK, MN 55426	Phone no. (952)979-3100
May the I	RS discuss this i	eturn with the preparer shown above? (see instructions)	Yes No
232001 12-1	10-12 LHA Fo	r Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part II Briefly describe the organization's mission: YOU'TH FRONTIERS' MISSION IS TO BECOME THE PREMIER ORGANIZATI PROVIDING CHARACTER DEVELOPMENT PROGRAMS AND SERVICES TO SCE THROUGHOUT THE MIDWEST. OUR VISION IS TO CHANGE THE WAY KIDS EACH OTHER IN EVERY HALLWAY, LUNCH LINE AND CLASSROM OF EVE D did the organization undentake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If 'Yes,' describe these new services on Schedule 0. 3 Did the organization sprogram service accomplishments for each of its three largest program services, as measure Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to revenue, if any, for each program service accomplishments for each of its three largest program services, as measure Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to revenue, if any, for each program services. OUR PROVEDES 'NALUES- BASED, SOCIAL-EMOTIONAL LEZ RETREATS FOR SCHOOLS THROUGHOUT MINNESOTA AND THE MIDWEST. I FILING YEAR, THE ORGANIZATION DELIVERED 708 RETREATS AND WOD 113, 000 STUDENTS AND EDUCATORS. OUR PROGRAMS INCLUDE A KINDN FOR ELEMENTARY SCHOOLS; A COURAGE RETREAT FOR MIDDLE SCHOOLS HIGHS CARCOLS; AND CAN HONOR RETREAT, PURPOSE RETREAT AND MINI FOR ELEMENTARY SCHOOLS; A COURAGE RETREAT FOR MIDDLE SCHOOLS HIGHS CARCOL, IMPROVE SCHOOL CLIMATE AND REDUCE NERACTIVE BOND TO SCHOOL, IMPROVE SCHOOL CLIMATE AND REDUCE SUNCE DISRESPRECTFUL ERLAV		
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4d Other program services (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$)	
4e Total program service expenses ► 2,172,408.		
	Form 9	90 (2012
32002 12-10-12		
2		
.41114 767016 342500 2012.04030 YOUTH FRONTIERS, INC.	3425	00 1

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	23	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	the organization's separate of consolidated infancial statements for the tax year include a foothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• ••		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			37
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

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YOUTH FRONTIERS, INC.

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
~~	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	~~		v
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0-		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30	Note. All Form 990 filers are required to complete Schedule O	38	x	
-			· · · · ·	

Form 990 (2012)

232004 12-10-12

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Form	990 (2012) YOUTH FRONTIERS, INC. 41-1598	977	Р	age 5
Pa				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 61			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u>X</u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
a	Did the organization make any taxable distributions under section 4966?	9a		x
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	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	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2012)

232005 12-10-12

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Form 990 (2012)

Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 to				977		age
				d for a "	No" r	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (
	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management						Σ
ec	tion A. Governing Body and Management					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		28		103	
	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.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with a	ny other				
	officer, director, trustee, or key employee?				2		Σ
3	Did the organization delegate control over management duties customarily performed by or under the						Ι.
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Σ Σ
4	Did the organization make any significant changes to its governing documents since the prior Form				4		2 2
5	Did the organization become aware during the year of a significant diversion of the organization's as				5 6		2
6 70	Did the organization have members or stockholders?			·····	6		- 1
7a					7a		2
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,			····· -	14		
J	persons other than the governing body?				7b		2
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				10		F
a	The governing body?	•	•	- 1	8a	x	
	Each committee with authority to act on behalf of the governing body?				8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenue	Code.)				
				-		Yes	-
	Did the organization have local chapters, branches, or affiliates?				10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o						
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ .$			Г	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befor	e filing the fo	orm?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
2a						v	
					12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to confl	icts?		12a 12b	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If	e to confl	icts?		12b	X	
с	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If " in Schedule O how this was done	e to confl Yes, " des	icts? scribe		12b 12c	X X	
с 3	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If ""</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	e to confl Yes, " des	icts? scribe		12b 12c 13	X	
с 3 4	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	e to confl Yes, " des	icts? scribe		12b 12c	X X	2
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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.

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Form 990 (2012)
Part VII	Conti

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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees			ghe	st C	Compensated Employe	es (continued)			
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Name and title	Average	(da		Posi heck r			000	Reportable	Reportable	1	Estimate	ed
	hours per	box	, unle	ess per	rson i	is botl	h an	compensation	compensation	6	amount	of
	week	-	cer ar	nd a di	recto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		mpensa	ation
	hours for	or dir	æ			ated		organization	(W-2/1099-MISC)		from th	
	related organizations	trustee or director	truste			pensi		(W-2/1099-MISC)			rganizat	
	below	ual tru	onal		ploye	t com ee					and relat	
	line)	Individual t	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				ganizati	0115
(18) JOHN ESTREM	1.00	<u> </u>	=	ò	ž	нн	æ					
BOARD CHAIR		x						0.	0			0.
(19) VIRGINIA CLARK	1.00											
BOARD MEMBER		x						0.	0			0.
(20) NATHAN DUNGAN	1.00											
BOARD MEMBER		x						0.	0	•		Ο.
(21) JOHN FORTLITI	1.00											
BOARD MEMBER		x						0.	0			0.
(22) DR. BRUCE JACKSON	1.00											
BOARD MEMBER		x						0.	0			0.
(23) DWIGHT JOHNSON	1.00								-	-		
BOARD MEMBER		x						0.	0			Ο.
(24) SAM REID	1.00									-		
BOARD MEMBER		x						0.	0			0.
(25) JOHN DULIN	1.00									<u> </u>		
BOARD MEMBER		x						0.	0			0.
(26) TOM LANGSETH	1.00									+		
BOARD MEMBER		x						0.	0			0.
				11				137,511.		•		0.
c Total from continuation sheets to Part V								410,129.		•		0.
d Total (add lines 1b and 1c)								547,640.	0			0.
2 Total number of individuals (including but r							no r			<u> </u>		
compensation from the organization		1030	; 11310	su ac	5006	5) 101	101					1
											Yes	No
3 Did the organization list any former officer	director or tri	ista	o ka		nnlo		or	highest compensated e	molovee on			
line 1a? If "Yes," complete Schedule J for s			0, 10	<i>y</i> 011	npio	yoo,	. 01	nighteet eenipenedtee e		3		X
4 For any individual listed on line 1a, is the si			 omn	ensa	tion	 anc	1 ot	her compensation from	the organization	· •		
and related organizations greater than \$15			-					-	-	4		X
5 Did any person listed on line 1a receive or												<u> </u>
rendered to the organization? If "Yes," con										. 5		X
Section B. Independent Contractors		001	0, 0,		0010					<u> </u>		
1 Complete this table for your five highest co	mpensated in	depe	ende	ent co	ontr	acto	orst	that received more than	\$100 000 of compe	nsatio	n from	
the organization. Report compensation for												
(A)				<u> </u>				(B)			(C)	
Name and business	address	N	ONI	Ξ				Description of s	ervices		pensatio	n
2 Total number of independent contractors (including but r		mita	d to	the			habove) who received a	ore than			
 100,000 of compensation from the organ 	, e	IUL II	mile	ินเบ	105))	5180	a above, who received ff				
SEE PART VII, SECTIO		L I	NU	ATT			SH.	EETS		For	m 990 ((2012)
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						8						

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d emp		organization (W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	stee			nsate		(11 2/1000 11100)		and related
	organizations	trust	ial tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) MARY DALY WOZNIAK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) DUKE ZUREK	1.00									
BOARD MEMBER		X						0.	0.	0.
(29) ERICA CANTONI	40.00							60.045		•
ASSOCIATE DIRECTOR OF DONOR RELATION	40.00			X				69,847.	0.	0.
(30) ANDREW ZIMNEY	40.00							F0 000	0	0
DIRECTOR OF RETREAT PROG	40.00			X				58,822.	0.	0.
(31) ALI SIPKINS SECRETARY	40.00			x				64 502	0.	0
(32) KRIS DONNELLY	40.00			^				64,592.	0.	0.
DIRECTOR OF SCHOOL RELATIO	40.00			x				73,368.	0.	0.
(33) TODD HANSEN	40.00			<u>л</u>				75,500.	• •	0.
PRESIDENT	40.00			x				75,775.	Ο.	0.
(34) LISA FERGUSON	40.00							15,115.	••	
TREASURER	10.00			x				25,276.	Ο.	0.
(35) REBECCA HADDAD	17.00									
DIRECTOR OF DONOR RELATIONS				x				42,449.	Ο.	0.
								,		
					-	-				
	1									
Total to Part VII, Section A, line 1c								410,129.		
,										

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Form 990 (2012) YOUTH F Part VIII Statement of Revenue

YOUTH FRONTIERS, INC.

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

(D) Revenue excluded from tax under (A) (B) (C) Related or Unrelated Total revenue exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts **1** a Federated campaigns 1a 1b **b** Membership dues 330,188. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 856,459 similar amounts not included above 1f 6,235. g Noncash contributions included in lines 1a-1f: \$ 1,186,647. ► h Total. Add lines 1a-1f **Business Code** 2 a RETREATS 611710 1,668,825.1,668,825 Program Service Revenue OTHER PROGRAM FEES 900099 15,032. 15,032. b С d е f All other program service revenue ,683,857**.** g Total. Add lines 2a-2f ► Investment income (including dividends, interest, and 3 other similar amounts) ► Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 1,500 assets other than inventory b Less: cost or other basis 293. and sales expenses 1,207. c Gain or (loss) 1,207. 1,207. d Net gain or (loss) ► 8 a Gross income from fundraising events (not Other Revenue including \$ 330,188. of contributions reported on line 1c). See 31,620 Part IV, line 18 a 67,478. b Less: direct expenses b -35,858. -35,858. c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances _____ a **b** Less: cost of goods sold _____ **b** c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b С d All other revenue e Total. Add lines 11a-11d ► 2,835,853.1,685,064. -35,858. 0. Total revenue. See instructions. 232009 12-10-12 Form 990 (2012) 10

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YOUTH FRONTIERS, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respor	· / · · · · · · · · · · · · · · · · · ·			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
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,		242 100		
	trustees, and key employees	547,639.	343,128.	51,797.	152,714.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	1,241,985.	1,119,508.	17,610.	104,867.
7	Other salaries and wages Pension plan accruals and contributions (include	1,241,903.	1,119,300.	17,010.	104,007.
8	section 401(k) and 403(b) employer contributions)	8,547.	8,547.		
0		0,547.	0,517.		
9 10	Other employee benefits	264,746.	224,216.	8,141.	32,389.
10	Payroll taxes Fees for services (non-employees):	201,110.	227,210.		52,505.
	Management	105,157.	67,364.	3,681.	34,112.
a b	Legal	,		.,	~ - / 2 •
	Accounting	13,553.		13,553.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	29,814.	13,289.	2,204.	14,321.
13	Office expenses	148,345.	114,975.	8,936.	24,434.
14	Information technology				
15	Royalties				
16	Occupancy	54,904.	40,533.	7,741.	6,630.
17	Travel	185,554.	162,649.	301.	22,604.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,827.	16,267.	1,379.	1,181.
23	Insurance				
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 avenues on Schedula O.)				
а	amount, list line 24e expenses on Schedule 0.)	54,739.	41,393.	7,189.	6,157.
a h	TELEPHONE AND FAX	19,041.	14,938.	1,591.	2,512.
2	MISCELLAEOUS	7,367.	5,438.	1,039.	890.
d	DUES AND SUBSCRIPTIONS	1,001.	-,		1,001.
-	All other expenses	163.	163.		_,
25	Total functional expenses. Add lines 1 through 24e	2,701,382.	2,172,408.	125,162.	403,812.
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)				
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ı 990 (2012) YOUTH FRONTIEF	RS, IN	1C.		41-	1598977 _{Page} 11
rt X	Balance Sheet					
	Check if Schedule O contains a response to an	y question	in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			701,763.	1	960,972.
2	Savings and temporary cash investments		Γ		2	
3	Pledges and grants receivable, net			81,956.	3	85,541.
4	Accounts receivable, net			12,433.	4	13,152.
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compens	ated empl	oyees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqual	ified perso	ons (as defined under			
	section 4958(f)(1)), persons described in section	n 4958(c)(3	3)(B), and contributing			
	employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr)		6			
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			18,323.	9	20,077.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	216,610.			
b	Less: accumulated depreciation	10b	189,718.	28,257.	10c	26,892.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equ			842,732.	16	1,106,634.
17	Accounts payable and accrued expenses			123,997.	17	257,599.
18	Grants payable		·····		18	0.04 4.00
19	Deferred revenue			225,651.	19	221,480.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to current and forme	r officers,	directors, trustees,			
1	key employees highest compensated employee	ac and die	auglified persons			

Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 Schedule D 479,079. 349,648. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► ⊥X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 584,210. 474,639. Unrestricted net assets 27 27 18,445. 43,345. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 493,084. 627,555. 33 33 Total net assets or fund balances 842,732. 1,106,634. Total liabilities and net assets/fund balances 34 34 Form 990 (2012)

Assets

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1 Total revenue (must equal Part VIII, column (A), line 12) 1 2,835,853 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,701,382 3 Revenue less expenses. Subtract line 2 from line 1 3 1.34,471 4 493,084 4 493,084 5 5 5 5 6 Donated services and use of facilities 5 6 7 Investment expenses 7 8 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 Kassets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 627,555 Part XII Financial Statements and Reporting X X Check if Schedule O contains a response to any question in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 X X If "Yes," check a box below to indicate whe
3 Revenue less expenses. Subtract line 2 from line 1 3 134,471 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 493,084 5 6 6 6 6 7 8 9 9 0 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 627, 555 Part XII Financial Statements and Reporting X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 9 0 2a X
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 93,084 5 5 6 6 7 6 7 6 8 7 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 627,555 Part XII Financial Statements and Reporting X Check if Schedule O contains a response to any question in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Financial statements compiled or reviewed by an independent accountant? 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 627,555 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Check if the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Check if the year were compiled or reviewed on a separate basis, consolidated basis, or both:
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 6277, 555 Part XII Financial Statements and Reporting X Check if Schedule O contains a response to any question in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 627,555 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 627,555 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII X Yes Not 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 627,555 Part XII Financial Statements and Reporting 10 627,555 Check if Schedule O contains a response to any question in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 627,555 Part XII Financial Statements and Reporting X Check if Schedule O contains a response to any question in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: I I
10 627,555 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII X Check if Schedule O contains a response to any question in this Part XII X Otheck if Schedule O contains a response to any question in this Part XII X Image: Schedule O contains a response to any question in this Part XII X Image: Schedule O contains a response to any question in this Part XII X Image: Schedule O contains a response to any question in this Part XII X Image: Schedule O contains a response to any question in this Part XII X Image: Schedule O contains a response to any question in this Part XII Yes Image: Schedule O contains a response to any question in this Part XII Yes Image: Schedule O contains a response to any question in this Part XII Other Image: Schedule O contains a response to any question in this Part XII Other Image: Schedule O contains a response to any question in this Part XII Other Image: Schedule O contains a response to any question in this Part XII Ot
Part XII Financial Statements and Reporting X Check if Schedule O contains a response to any question in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Contain the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Construction of the statements of the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Construction of the statements of the year were compiled or reviewed on a separate basis, consolidated basis, or both:
Check if Schedule O contains a response to any question in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Colspan="2">Image: Colspan="2">Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Other Image: Colspan="2">Image: Colspan="2" Colspan="2">Image: Colspan="2" Colspa=""2" Colspa="2" Colspan="2" Colspan="2" Colspan="2" Col
 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
separate basis, consolidated basis, or both:
Separate basis Consolidated basis Both consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,
consolidated basis, or both:
X Separate basis Consolidated basis Both consolidated and separate basis
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit
Act and OMB Circular A-133? 3a X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit
or audits, explain why in Schedule O and describe any steps taken to undergo such audits

INC.

Page 12

Form 990 (2012)

Form 990 (2012)	YOUTH	FRO
Part XI	Reconciliation	of Net A	ssets

YOUTH FRONTIERS,

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

Department of the Treasury

(Form 990 or 990-E2	Z)
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I

Public Charity Status and Public Support

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

L **Open to Public** Inspection

OMB No. 1545-0047

Internal Reve	nue Service	► At	tach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	instructio	ons.			Inspe	ction	
Name of t	the organizati	on						E	nployer	ider	ntificati	on nu	mber
			RONTIERS, IN						4	1-1	1598	977	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	ructions.					
The organ	ization is not a	a private foundation	because it is: (For lines ⁻	1 through	11, check	only one b	ox.)						
1 🗀	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3	A hospital or	a cooperative hospi	tal service organization (described	in section	170(b)(1)	(A)(iii).						
4	A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the h	nospital	's nam	ne,
	city, and stat	e:											
5	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t describ	oed ir	ו		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).						
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	oort from a	governme	ental unit c	or from the	general	publ	ic desc	ribed i	in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9 X	An organizati	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its	s support f	rom contri	butions, n	nembershi	o fees, a	nd g	ross red	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ions, and (2	2) no more	than 33 1	/3% of its	support	t fron	n gross	invest	tment
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	nization	after	June 3	0, 197	75.
	See section	509(a)(2). (Complete	e Part III.)										
10 🔛	An organizati	on organized and op	perated exclusively to te	st for publ	lic safety. S	See sectio	n 509(a)(4	!).					
11 📖	An organizati	on organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	/ out the	e pur	poses o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See sec	tion 509(a	a)(3). Ch	eck 1	the box	that	
		······································	organization and compl		•								
	a 🛄 Type I			• •	nctionally	-			e III - No				•
e 📖	By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	y by one o	r more dise	qualified	pers	ons oth	ier tha	ın
		•	han one or more publicly		•				9(a)(1) or	sect	ion 509	(a)(2).	
f			ten determination from t										
			nis box										. 🖵
g	-		organization accepted ar			-						<u> </u>	
		-	irectly controls, either al	-					-	́ г		Yes	No
			upported organization?								11g(i)	<u> </u>	
			n described in (i) above?								11g(ii)	<u> </u>	<u> </u>
			person described in (i) o							L	11g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganization	(s).								
				(iv) to the	rachization		, potify the	(vi) Is	the				
• •	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		unotify the	organizatio	n in col.	(vii)	Amount		netary
orga	anization		above or IRC section		document?	-	support?	(i) organiz U.S	ed in the ?		sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No				
				162		162		162					

Total

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

	edule A (Form 990 or 990-EZ) 2012	Organizations	Described in	Continue 170			Page 2
Pa	IT II Support Schedule for	•					•
	(Complete only if you checke				on failed to qualify	under Part III. If the	e organization
0.0	fails to qualify under the tests	3 listed below, plea	ase complete Part	111.)			
	ction A. Public Support	<u> </u>			1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
-	ction B. Total Support	1	1	i	1	1	1
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for						
0	organization, check this box and sto ction C. Computation of Publ	o here					▶∟_
<u>Sec</u>	ction C. Computation of Publ	ic Support Pe	rcentage			11	
14	Public support percentage for 2012 (%
15	Public support percentage from 2011						. %
16 a	33 1/3% support test - 2012. If the o						
	stop here. The organization qualifies	. ,	•				
b	33 1/3% support test - 2011. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				• •		
40	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ba, 100, 17a, or 17		and see instruction edule A (Form 990	
					3011	Caale A (FUIII 330	

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Schedule A (Form 990 or 990-EZ) 2012 YOUTH FRONTIERS, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1035656.	988,021.	1108045.	1107086.	1197772.	5436580.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1393959.	1282445.	1367695.	1404625.	1700445.	7149169.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5	2429615.	2270466.	2475740.	2511711.	2898217.	12585749.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	456,836.	305,000.	290,000.	229,675.	223,617.	1505128.
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						0.
	amount on line 13 for the year	456,836.	305,000.	290,000.	229,675.	223,617.	
	Public support (Subtract line 7c from line 6.)	15070501	50570001	25070001	22570750		11080621.
	ction B. Total Support						110000110
-	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	2429615.	2270466.	2475740.	2511711.	2898217.	12585749.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2429615.	2270466.	2475740.	2511711.	2898217.	12585749.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
		-					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (line 8, column (f) di	ivided by line 13, c	olumn (f))		15	88.04 %
16	Public support percentage from 2011					16	86.53 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20					17	.00 %
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	%
19a	1 33 1/3% support tests - 2012. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation) X
b	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶Ц
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
23202	23 12-04-12			16	Sch	edule A (Form 99	0 or 990-EZ) 2012

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^{2012.04030} YOUTH FRONTIERS, INC.

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

41-1598977

2012

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2008 Amount	2009 Amount	2010 Amount	2011 Amount	2012 Amount
	456,836.	305,000.	290,000.	229,675.	223,617
ntal to Schedule A, art III, Line 7a	456,836.	305,000.	290,000.	229,675.	223,617

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SCHEDULI	ΕD
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(Form 9	990)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Inspection

2

1 _

2

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.

	YOUTH FRONTIERS, INC. rt I Organizations Maintaining Donor Advised Funds or Other Similar Fu	nds or A	Accounts.Complete if th	977 Ie
	organization answered "Yes" to Form 990, Part IV, line 6.			
	(a) Donor advised funds		(b) Funds and other accou	nts
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 a	advised fur	nds	
	are the organization's property, subject to the organization's exclusive legal control?		Yes	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca	n be used	only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purp	ose confe		
D - 1	impermissible private benefit?			
-	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 99	90, Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
			ally important land area	
	Protection of natural habitat	certified h	historic structure	
~	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the f	orm of a c	conservation easement on t	he la
	day of the tax year.		Held at the End of th	0 T 0 1
_	Tatel number of concervation accoments		2a	5 14)
a h			2a 2b	
b			20 2c	
c d				
u	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated b			
Ŭ	year	y the orga		
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	n of		
-	violations, and enforcement of the conservation easements it holds?		Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemer			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements du			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section			-
-	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exp			and
-	include, if applicable, the text of the footnote to the organization's financial statements that descr			
	conservation easements.		ggg	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, c	or Other	Similar Assets.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.			
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue s	tatement a	and balance sheet works of	i art,
1a	historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance o	f public service, provide, in	Par
1a	the text of the footnote to its financial statements that describes these items.			
1a				
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state	ment and I	balance sheet works of art,	, hist
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state			
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public se	ervice, provide the following	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state treasures, or other similar assets held for public exhibition, education, or research in furtherance or relating to these items:	of public se	ervice, provide the following	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state treasures, or other similar assets held for public exhibition, education, or research in furtherance or relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	of public se	ervice, provide the following ▶ \$ ▶ \$	
b	 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state treasures, or other similar assets held for public exhibition, education, or research in furtherance or relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 	of public se	ervice, provide the following ▶ \$ ▶ \$	
b 2 a	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state treasures, or other similar assets held for public exhibition, education, or research in furtherance or relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for fina the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1	of public se	ervice, provide the following ▶ \$ ▶ \$, provide ▶ \$	
b 2 a	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state treasures, or other similar assets held for public exhibition, education, or research in furtherance or relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for fina the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1	of public se	ervice, provide the following ▶ \$ ▶ \$, provide ▶ \$	
b 2 a b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state treasures, or other similar assets held for public exhibition, education, or research in furtherance or relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for fina the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part X Assets included in Form 990, Part X	of public se	ervice, provide the following ▶ \$	g am
b 2 a b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state treasures, or other similar assets held for public exhibition, education, or research in furtherance or relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for fina the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part X Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.	of public se	ervice, provide the following ▶ \$ ▶ \$, provide ▶ \$	g am

-		RONTIERS,								Page 2
Pa	t III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, o	or Othe	er Simila	ar Asse	ts (continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	c	1 🛄	Loan or exc	hange progra	ams				
b	Scholarly research	e	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how tl	hey further t	he organizati	on's exe	mpt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er simila	r assets	_	-	
	to be sold to raise funds rather than to be m							L	Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatic	n answered '	'Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	art X, line 21.								
1a	Is the organization an agent, trustee, custoo	lian or other interme	diary for	contribution	ns or other as	sets not	included	_	-	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						. 1e			
	Ending balance								1	
	Did the organization include an amount on F							L	Yes	No No
	If "Yes," explain the arrangement in Part XIII									
Pa	t V Endowment Funds. Complete									
		(a) Current year	(b) F	Prior year	(c) Two year	's back	(d) Three y	ears back	(e) Four y	/ears back
	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rrent year end baland	-	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
-	The percentages in lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	ind administe	red for t	he organiz	zation	Г	
	by:									<u>res No</u>
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		·····						3a(ii)	
b	If "Yes" to 3a(ii), are the related organization								3b	
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipment									
Fai						(-) ((-1) D1-	
	Description of property	(a) Cost or o basis (investi			or other (other)		ccumulate oreciation	a	(d) Book	value
	L - u - d		nent)	Dasis		ue				
	Land									
	Buildings			1	3,243.		13,2	13		0
	Leasehold improvements				3,243.		<u>13,2</u> 176,4		26	0. ,892.
	Equipment				5,507.	-	1/0,4	1	20	,094•
	Other		V c-l	(D) //	10(-))				26	800
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, COlUI	тп (В), line 1	iu(c).)					,892.
								Schedule	D (Form	990) 2012

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Schedule D (Form 990) 201	10
Schedule D (1 0111 330) 201	I 2
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YOUTH FRONTIERS, INC.

Part VII	Investments - Other Securities. See				
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1) Financ	ial derivatives				
	/-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
	(b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
	I Investments - Program Related. Se	e Form 990, Part X, li	ne 13.		
	(a) Description of investment type	(b) Book value		aluation: Cost or end	d-of-year market value
(1)					•
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets. See Form 990, Part X, line	15.			
		Description			(b) Book value
(1)		•			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	umn (b) must equal Form 990, Part X, col. (B) line	15)			
Part X	Other Liabilities. See Form 990, Part X, li				
1.	(a) Description of liability		(b) Book value		
	deral income taxes			-	
(2)				-	
(3)				-	
(4)				-	
(5)				-	
(6)					
(7)				-	
(8)					
(9)					
(10)					
	umn (b) must equal Form 000 Port V and (D) line	25)			
I ULAI. (COIL	umn (b) must equal Form 990, Part X, col. (B) line	∠J./₽			

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

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Sche	dule D (Form 990) 2012 YOUTH FRONTIERS, INC.			41-3	1598977 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With			า
1	Total revenue, gains, and other support per audited financial statements			1	2,902,124.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,902,124.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	-66,271.		
с	Add lines 4a and 4b			4c	-66,271.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,835,853.
l Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nonte Wit	h Fynenses ner	Dotu	
ıч				neiu	
1	Total expenses and losses per audited financial statements			1	2,767,653.
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1 1	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1 1	
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1 1	
1 2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c		1 1	
1 2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1 1	2,767,653.
1 2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	66,271.	1 1	2,767,653. 66,271.
1 2 b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	66,271.	1	2,767,653.
1 2 b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	66,271.	1 2e	2,767,653. 66,271.
1 2 b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	66,271.	1 2e	2,767,653. 66,271.
1 2 b c d 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	66,271.	1 2e	2,767,653. 66,271.
1 2 b c d 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	66,271.	1 2e 3 4c	2,767,653. 66,271. 2,701,382. 0.
1 2 3 4 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	66,271.	1 2e 3	2,767,653. 66,271.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF FIXED ASSETS

DIRECT EXPENSES OF FUNDRAISING EVENTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON SALE OF FIXED ASSETS

DIRECT EXPENSES OF FUNDRAISING EVENTS

Schedule D (Form 990) 2012

232054 12-10-12 SCHEDULE D, PART XII LINE 4B RECLASSIFICATION OF FUNDRAISING EXPENSES

\$67,478

RECLASSIFICATION OF REALIZED GAIN ON SALE OF SECURITIES \$1,207

SCHEDULE D, PART XIII LINE 2D RECLASSIFICATION OF FUNDRAISING EXPENSES

\$67,478

RECLASSIFICATION OF REALIZED GAIN ON SALE OF SECURITIES \$1,207

Schedule D (Form 990) 2012

232055 12-10-12

SCHEDULE G (Form 990 or 990-EZ)			ntal Inforr sing or Ga			Regarding Activities		F	OMB No. 1545-0047
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.								COIL Open To Public Inspection
								entification number	
F undrais		RONTIERS,						41-1598	
	complete this par		ganization answe	red "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 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? 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. 									
(i) Name and addres or entity (fund		(ii) Ac	tivity	fundr have c or con	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total									

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.

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

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012 YOUTH FRONTIERS, INC.

Pa	art I	·	-			
		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DINNER	LUNCHEON	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Sevenue						
eve	1	Gross receipts	117,140.	114,861.	129,807.	361,808.
œ						
	2	Less: Contributions	109,965.	102,520.	117,703.	330,188.
			7 175	10 241	10 104	31,620.
	3	Gross income (line 1 minus line 2)	7,175.	12,341.	12,104.	51,020.
	4	Cash prizes				
	.					
	5	Noncash prizes				
Direct Expenses						
pen	6	Rent/facility costs				
Ш Н	_					
Direc	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		21,871.	30,028.	67,478.
	10				►	(67,478) -35,858.
	11	Net income summary. Combine line 3, colum	n (d), and line 10		►	-35,858.
Pa	art I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(1) Dull taba (instant		() -
Ine			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Å	1	Gross revenue				
SS	2	Cash prizes				
ense						
БХр	3	Noncash prizes				
rect Expenses		Rent/facility costs				
Ē	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	()
		Not coming income summary. Combine line 1	oolump d, and line 7		•	
	0	Net gaming income summary. Combine line 1	, column d, and line 7			
9	En	ter the state(s) in which the organization opera	tes gaming activities:			
		he organization licensed to operate gaming ac	· · · _	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	-		/ear?	Yes No
b) IT "	Yes," explain:				
	_				.	
2320	82 0	1-07-13			Schedule G (For	m 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 YOUTH FRONTIERS, INC.	41-1	<u>598</u>	<u>977</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?			/es	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
10	to administer charitable gaming?		ר בו ו	res	└── No
	Indicate the percentage of gaming activity operated in:		120		%
	The organization's facility An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor		100		70
	Nama				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		. L \	/es	└── No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt			
_	of gaming revenue retained by the third party \blacktriangleright .				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation 🕨 \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			/es	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	 in tha	. — .	163	
D	organization's own exempt activities during the tax year > \$				
Ра	t IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	ımns (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 info	ormation	ı (see ir	nstruc	tions).
23208	3 01-07-13 Schedule 36	G (Form	n 990 o	r 990	-EZ) 2012
	50		-		

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection Employer identification number

41-1598977

OMB No. 1545-0047

YOUTH FRONTIERS, INC.

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

THRIVE SOCIALLY, EMOTIONALLY AND ACADEMICALLY.

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

IN AMERICA BY PROVIDING CHARACTER DEVELOPMENT PROGRAMS THAT FUNCTION AS

A CATALYST FOR GETTING STUDENTS TO CARE ABOUT CHARACTER AND TO TREAT

OTHERS WITH RESPECT.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDES A COPY OF ITS 990 TO ITS BOARD OF DIRECTORS TO SIGN OFF ON PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S DIRECTORS AND OFFICERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST FORM ANNUALLY AND, IF NECESSARY, ADDRESS CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A: THE CEO'S COMPENSATION WAS REVIEWED BY AN INDEPENDENT PARTY. WITH THE BOARD'S APPROVAL THE COMPENSATION WAS ADJUSTED IN ACCORDANCE WITH THE INDEPENDENT PARTY'S SUGGESTION.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE MAILED TO DONORS AND BOARD MEMBERS AND ARE AVAILABLE UNPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO POSTED ON THE WEBSITE OF YOUTH FRONTIERS, INC. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE CHARITIES REVIEW COUNCIL WEBSITE AT WWW.SMARTGIVERS.ORG. THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization				Employer id	Page : entification number
	ONTIERS, INC.			41-1	598977
FORM 990, PAGE 12, PAR	T XII, LINE 2C:				
NO CHANGE OCURRED IN T	HE PROCESS				
220210					
232212 01-04-13		38		Schedule O (Form 9	90 or 990-EZ) (2012
L41114 767016 342500	2012.04030	YOUTH	FRONTIERS	, INC.	342500_1

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

JUNE 30, 2013

Prepared for	YOUTH FRONTIERS, INC. 6009 EXCELSIOR BOULEVARD MINNEAPOLIS, MN 55416
Prepared by	FROEHLING ANDERSON LTD 1000 SHELARD PARKWAY - SUITE 400 ST. LOUIS PARK, MN 55426
Amount due or refund	BALANCE DUE OF \$25
Make check payable to	STATE OF MINNESOTA
Mail tax return and check (if applicable) to	OFFICE OF THE ATTORNEY GENERAL SUITE 1200, BREMER TOWER 445 MINNESOTA STREET ST. PAUL, MN 55101-2130
Return must be mailed on or before	JANUARY 15, 2014
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUALS. INCLUDE THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER AND ANNUAL REPORT ON THE REMITTANCE.

STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

SUI	TORNEY GENERAL LORI SWANSON TE 1200, BREMER TOWER MINNESOTA STREET		nual Reporting	Initial Registration	n
(651	PAUL, MN 55101-2130 1) 757-1311	FEDERA		R: 41-1598977	
	1) 296-1410 (TTY) w.ag.state.mn.us	FOR YE	AR ENDING:	06/30/2013	
	SECTION A: REQUIRED INFORMATION FOR INI	ITIAL REGI	STRATION & A	NNUAL REPORTING	_
1.	Legal Name of Organization: YOUTH FRONTIERS, INC	•			
	If annual reporting, is this a new name since the organization's last filin	ng?		Yes	X No
	If so, please state former name:				
2.	List all names under which the organization solicits contributions: YOUTH FRONTIERS, INC •				
3.	Mailing Address of Organization (required)	Physical	Address of Organiz	zation (required)	
	6009 EXCELSIOR BOULEVARD			R BOULEVARD	
	MINNEAPOLIS, MN 55416	MINN	EAPOLIS, M	IN 55416	
4.	Contact Person LISA FERGUSON Tel. No. 952-922-0222	E-mail Fax No.	LFERGUSON	1@YOUTHFRONTIER	S.ORG
5.	Does the organization use the services of a professional fund-raiser (or $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	utside solicitor	or consultant)?		
	If so, provide name and address of any outside professional fund-raise compensation each outside fund-raiser received from the filing organiz				
	Name				
	Address				
	City State ZIP		Compensatio	on	
6.	a) Does this professional fund-raiser solicit or consult in Minnesota?			Yes	No No
	b) Is this professional fund-raiser registered to solicit or consult in Mir	nnesota?		Yes	No No
7.	Month and day accounting year ends: 06/30				
8.	Has the organization included the filing fee, late fee (if any) and all atta	chments requi	red by the instructic	ons? X Yes	No No
Of	fice Use Only: ARF \$25 \$50 N (e-Postcard)	990 🔛 EZ	PF FES	SIG BD SAI	L 🛄 Audit
01/-	13	Upon requ	uest this material ca	an be made available in alterr	nate formats.
2998	01				
02-04	4-13	2			

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9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

INCOME Contributions from the public Government Grants Other revenue TOTAL REVENUE		\$ \$ \$	1,186,647. 0. 1,649,206. 2,835,853.
EXCESS or DEFICIT TOTAL Assets TOTAL Liabilities	\$ <u>134,47</u> \$ <u>1,106,63</u> \$ <u>479,07</u>		

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities)

> 627,555. \$

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SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers MUST complete questions 1-6

1.	Has the organization's accounting year changed since the last report was filed?
	If yes, provide the new year-end date:

- 2. Attach an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending.

 X
 None
 Attached
- 3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
	JOE CAVANAUGH			
1	CEO AND BOARD MEMBER	137,511.	0.	0.
2				
3				
4				
5				

4. Attach a list of organization's board of directors.

Attached X Included in IRS return

X Attached

X No

____ Yes

5. Attach a GAAP audit if total revenue exceeds \$750,000.

Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).

6. Minnesota law requires that an organization file a copy of all tax or informational returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)?
Yes
No (Not required to file a return with IRS or files a group return).

NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

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7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990

	does not contain a completed functional expense				
Statement of Functional Expenses					
		(A)	(B)	(C)	(D)
		Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments				
	and organizations in the U.S.				
2	Grants and other assistance to individuals in the U.S.				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			_ /	
	trustees, and key employees	547,639.	343,128.	51,797.	152,714.
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	1,241,985.	1,119,508.	17,610.	104,867.
8	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)	8,547.	8,547.		
9	Other employee benefits				
10	Payroll taxes	264,746.	224,216.	8,141.	32,389.
11	Fees for services (non-employees):				
а	Management	105,157.	67,364.	3,681.	34,112.
b	Legal				
с	Accounting	13,553.		13,553.	
d	Lobbying				
е	Professional fundraising services				
f	Investment management fees				
g	Other				
12	Advertising and promotion	29,814.	13,289.	2,204.	14,321.
13	Office expenses	148,345.	114,975.	8,936.	24,434.
14	Information technology				
15	Royalties				
16	Occupancy	54,904.	40,533.	7,741.	6,630.
17	Travel	185,554.	162,649.	301.	22,604.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,827.	16,267.	1,379.	1,181.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and				
	labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	EQUIPMENT EXPENSES	54,739.	41,393.	7,189.	6,157.
b	TELEPHONE AND FAX	19,041.	14,938.	1,591.	2,512.
c	MISCELLAEOUS	7,367.	5,438.	1,039.	890.
d	All other expenses STMT 1	1,164.	163.		1,001.
25	Total functional expenses. Add lines 1 through 24d	2,701,382.	2,172,408.	125,162.	403,812.
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organi- zation reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation Must be prepared in	accordance with gene	rally accepted account		

Must be prepared in accordance with generally accepted accounting principles. For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF The total of Column A, lines 1 through 24d should equal line 25a. The total of lines 25b, 25c and 25d, should equal line 25a

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2012.04030 YOUTH FRONTIERS, INC.

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SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and	acknowledge that we are o	duly constituted officers	of this organization, being t	the
CEO	(Title) and	TREASURER		(Title) respectively, and
that we execute this document on t	behalf of the organization p	ursuant to the resolution	of the	
		(Board of Directors	, Trustees, or Managing Gro	oup) adopted on the
day of, 20	_, approving the contents	of the document, and do	hereby certify that the	
		(Board of Directors	, Trustees, or Managing Gro	oup) has assumed, and will continue
to assume, responsibility for determ	nining matters of policy, and	d have supervised, and v	vill continue to supervise, th	ne finances of the organization. We
further state that the information su	pplied is true, correct and	complete to the best of o	our knowledge.	
JOSEPH T CAVANAUGH	I	LISA	FERGUSON	
Name (Print)		Name	(Print)	
Signature		Signatu		
CEO		TREA	SURER	
Title		Title		
Date		Date		

* NOTICE *

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.

AG: #3124563-v1

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ANNUAL REPORT	OTHER EXI	OTHER EXPENSES			
DESCRIPTION	TOTAL EXPENSE	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING	
EQUIPMENT EXPENSES	54,739.	41,393.	7,189.	6,157.	
TELEPHONE AND FAX	19,041.	14,938.	1,591.	2,512.	
MISCELLAEOUS	7,367.	5,438.	1,039.	890.	
DUES AND SUBSCRIPTIONS	1,001.	0.	0.	1,001.	
SPECIAL EVENTS	163.	163.	0.	0.	
TOTALS INCLUDED ON LN 25	82,311.	61,932.	9,819.	10,560.	