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

OMB No 1545-0047 2006 Open to Public Inspection

inter	nai Reve	nue Service The organization may have to use a copy of this return to se	alisty state repo	rung requireme	1113	
Α	For the	2006 calendar year, or tax year beginning , and ending				
В	Check if	applicable Please C Name of organization			D Emp	oloyer identification number
\Box	Address	change use IRS			_ 36	-4564105
\exists		VOUTH SPECIALIST CENTERS, INC	c.		E Tele	ephone number
\vdash	Name ch	type. Number and street (or P O box if mail is not delivered to street addre		Room/suite		1-340-0071
\sqcup	Initial ret		,			ounting method. Cash
	Final reti	Specific			X Acci	· — —
\exists		Instruc-	6	1		Tual Utilei (specily)
	Amende				502	
	Applicati	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 		applicable to secti	_	
			1 ' '	group return for		Yes \Lambda No
<u>G</u>	Websit	e: NONE	H(b) If Yes.	enter number of	affiliates	
J	Organi	zation type	H(c) Are all	affiliates included?	7	∐ Yes ∐ No
	(check	only one) ► X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	(If "No," a	attach a list. See instr	uctions)	
ĸ	Check h	ere If the organization is not a 509(a)(3) supporting organization and its gross	H(d) Is this a	a separate return f	filed by an	
		are normally not more than \$25,000 A return is not required, but if the organization chooses	organiz	ation covered by	a group rul	ing? Yes X No
		return, be sure to file a complete return	I Group	Exemption Nur	mber 🕨	
		outing be dute to the a complete return	M Check	: ▶ 📙 if the	organiza	tion is not required
L	Gross r	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 205, 547	7 to atta	ch Sch. B (Forn	n 990, <u>99</u>	0-EZ, or 990-PF)
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Bal		e the instruc		
	1	Contributions, gifts, grants, and similar amounts received.			T	
	а	Contributions to donor advised funds	1a			
	ь	Direct public support (not included on line 1a)	1b	15,707	7	
	I	· · · · · · · · · · · · · · · · · · ·	1c		7	
	C	Indirect public support (not included on line 1a)	-			
	d	Government contributions (grants) (not included on line 1a)	1d		┥	15,707
	e	Total (add lines 1a through 1d) (cash \$ 15,707 noncash \$			1e	
	2	Program service revenue including government fees and contracts (from Part VII, line	e 93)		2	189,840
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a		1 1	
	ь	Less: rental expenses	6b		_	
	c	Net rental income or (loss) Subtract line 6b from line 6a				
	7	Other investment income (describe ▶			7	
9	8a	Gross amount from sales of assets other (A) Securities	(B) Other		
Revenue	1	than inventory	8a		1	
&	Ь	Less: cost or other basis and sales expenses	8b		† ∣	
		Gain or (loss) (attach schedule)	8c		†	
	C	Net gain or (loss). Combine line 8c, columns (A) and (B)	00		84	
	d		hara N		"	
	9	Special events and activities (attach schedule). If any amount is from gaming, check	nere 🕨 🔲			
	a	Gross revenue (not including \$ of	- 1			
		contributions reported on line 1b)	9a		-[
	b	Less: direct expenses other than fundraising expenses	9b		- ∤	
	С	Net income or (loss) from special events. Subtract line 9b from line 9a	1		9c	
	10a	Gross sales of inventory, less returns and allowances	10a		↓	
'A	b	Less: cost of goods sold	10b		↓	
Š	С	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from	n line 10a		10c	
	11	Other revenue (from Part VII, line 103)			11	
5	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	205,547
EXPENSES NACOS	13	Program services (from line 44, column (B))			13	206,293
_ ∑å	14	Management and general (from line 44, column (C))	ved in co	RRES	14	53,934
_sus	15	Fundraising (from line 44, column (D))	S - OSC -53	2	15	20,419
ŞĞ.		Poyments to affiliates (attach schedule)			16	
	16	MΩ	V 2 7 200	7	17	280,646
<u>-</u>	17	<u> </u>	- 13 230	-	_	-75,099
8998 ot 1 0	18	Excess or (deficit) for the year Subtract line 17 from line 12	A POR SI MERCEN		18	-24,687
Ĭ	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	-24,08/
ĕ	20	Other changes in net assets or fund balances (attach explanation)			20	00 702
Z ===	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	-99,786
inst	truction	y Act and Paperwork Reduction Act Notice, see the separate is.				Form 990 (2006)
DAA						<u> 1</u> م

Page 2

Form 990 (2006) YOUTH SPECIALIST CEN			36-4564105		Page
				 are required for section optional for others (Se 	
Do not include amounts reported on line			(B) Program	(C) Management	
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)					
(cash \$ cash \$	<u>. </u>				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)					
(cash \$s	<u> </u>				
If this amount includes foreign grants, check here] 22b				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach		ł			
schedule)	24				·····
25a Compensation of current officers, directors,		İ			
key employees, etc. listed in Part V-A (attach	25a				
schedule) b Compensation of former officers, directors,	234				
key employees, etc. listed in Part V-B (attach					
schedule)	25b				
c Compensation and other distributions, not included above, to	100			İ	· -
disqualified persons (as defined under section 4958(f)(1)) and					
persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included					
on lines 25a, b, and c	26	27,277	19,094	5,728	2,45
27 Pension plan contributions not included on					
lines 25a, b, and c	27			<u></u>	
28 Employee benefits not included on lines		i			
25a – 27	28				<u> </u>
29 Payroll taxes	29	2,821	1,975	592	25
30 Professional fundraising fees	30	2 600		2 600	
31 Accounting fees	31	3,600		3,600	
32 Legal fees	32	2,448	1 000	2,448	226
33 Supplies	33	2,574	1,802 4,187	540 1,256	232 538
34 Telephone	34	5,981 226	158	47	2:
35 Postage and shipping	35 36	124,000	86,800	26,040	11,16
36 Occupancy 37 Equipment rental and maintenance	37	5,773	4,041	1,212	520
38 Printing and publications	38	37.75	-/0	-/	
39 Travel	39		***		
40 Conferences, conventions, and meetings	40	99	99		
41 Interest	41	13,986	9,790	2,937	1,259
42 Depreciation, depletion, etc. (attach schedule)	42	5,362	3,753	1,126	483
43 Other expenses not covered above (itemize).					
a SEE STATEMENT 1	43a	86,499	74,594	8,408	3,49
b	43b				
С	43c				
d	43d				<u> </u>
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a					
through 43g. (Organizations completing			1		
columns (B)-(D), carry these totals to lines	1	200 646	206 202	E2 024	20 410
13-15)	44	280,646	206,293	53,934	20,419
Joint Costs. Check ► if you are following SOP 98-2.	l fundrois!=	a collectation reported	ın (R) Program consiss	ne? 1	Yes X No
Are any joint costs from a combined educational campaign and If "Yes," enter (i) the aggregate amount of these joint costs \$			in (B) Program service it allocated to Program ser		Tes Es No
(iii) the amount allocated to Management and general \$			it allocated to Program ser	`	•
tiny the amount anotated to Management and general \$, and tray the amour	it anocated to runuraising		Form 990 (2006

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How tite public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Pic	grams and accomplishine	:nts				
	nat is the organization's pri		se?			Program Service
	SEE STATEMEN	IT 2				Expenses
	-			clear and concise manner State the number		(Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
	<u>-</u>			not measurable. (Section 501(c)(3) and (4)		trusts, but optional for
org			le trusts must also enter	the amount of grants and allocations to others)		others)
а	SEE STATEME	ENT 3		•		
					_	
	(Grants and allocations	\$)	If this amount includes foreign grants, check here	<u> </u>	206,293
b						·
			•			
	(Grants and allocations	\$)	If this amount includes foreign grants, check here	▶ □	
c		-				
				•		
	•					
	(Grants and allocations	\$)	If this amount includes foreign grants, check here		
d	· · · · · · · · · · · · · · · · · · ·	- 				
•	• •					
				•		
				•		
	(Grants and allocations	\$	1	If this amount includes foreign grants, check here	▶ □	
_	Other program services (and amount mouded foreign grants, cricek field	<u>- 1 1 1 1 1 1 1 1 1 1 </u>	
е	(Grants and allocations	\$	1	If this amount includes foreign grants, check here	▶ □	
f	Total of Program Service		/ d equal line 44. column (206,293
÷				- n, v, , ,	<u>-</u> _	Form 990 (2006)

Р	art IV	Balance Sheets (See the instructions.)	<u> </u>				
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only	in the des	scription	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			1,579	45	7,872
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a				
			47b			470	
	b	Less: allowance for doubtful accounts	4/8			47c	
	48a	Pledges receivable	48a				
	Ь	Less. allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors,	, trustees	, and			
		key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined	d under s	ection 4958(f)(1)) and			
	ļ	persons described in section 4958(c)(3)(B) (att. schedu	ule)			50b	
	51a	Other notes and loans receivable (attach		ł			
rn.		schedule)	51a				
Assets	ь	Less allowance for doubtful accounts	51b			51c	
As	52	Inventories for sale or use		ļ		52	
	53 54a	Prepaid expenses and deferred charges			69,333		78,333
		Investments—publicly-traded securities		Cost FMV		54a	
	b	Investments—other securities (attach schedule)		Cost FMV		54b	
	55a	Investments-land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach					
		schedule)	55b			55c	
	56	Investments-other (attach schedule)	1 1	25 44 5		56	
	57a	Land, buildings, and equipment: basis	57a	35,417			
	b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 4	57b	7,848	29,976	57c	27,569
	58	Other assets, including program-related investments					
		(describe ► SEE STATEMENT 5	154,529	58	154,529		
	59	Total assets (must equal line 74). Add lines 45 through	255,417	59	268,303		
	60	Accounts payable and accrued expenses		<u>}</u>	98,135	60	194,835
	61	Grants payable			24 526	61	01 470
	62			FATEMENT 6	34,536	62	21,472
Se	63	Loans from officers, directors, trustees, and key employ			99 500		05 225
Liabilities	١	schedule)	51	EE WORKSHEET	88,500		95,325
<u> ia</u>	64a	Tax-exempt bond liabilities (attach schedule)	CI	EE WORKSHEET	58,933	64a	56,457
	l ce	Mortgages and other notes payable (attach schedule)	31	LE WORKSHEET	30,333	64b 65	30,437
	65	Other liabilities (describe		' h		65	. –
	66	Total liabilities. Add lines 60 through 65			280,104	66	368,089
			and comp	lete lines			
		67 through 69 and lines 73 and 74					
S	67	Unrestricted				67	
ü	68	Temporarily restricted				68	
3ala	69	Permanently restricted	_	Ļ		69	
힏	Orga	nizations that do not follow SFAS 117, check here	▶ X a	nd			
Net Assets or Fund Balances		complete lines 70 through 74.					
ō	70	Capital stock, trust principal, or current funds	Ļ		70		
sets	71	Paid-ın or capıtal surplus, or land, building, and equipment	ļ.	0.4 .005	71	00 706	
As	72	Retained earnings, endowment, accumulated income, o			-24,687	72	-99,786
Net	73	Total net assets or fund balances (add lines 67 throu	-				
_		70 through 72 (Column (A) must equal line 19 and column (A) must equal line 19 and column (A)	iumn (B) i	must	-24,687	7,	-99,786
	_,	equal line 21)	inor 66 c	nd 73	255,417	73 74	268,303
	74	Total liabilities and net assets/fund balances. Add li	mes oo di	10 10	200,321	, →	

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Pa	rt IV-A Reconciliation of Revenue per Audited Financial instructions.)	Statements With Revenue	per Return (See the N/A	
а	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12.	, ,		
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	}		
		b4		
	Add lines b1 through b4		b	
С	Subtract line b from line a		С	
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify).			
		d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		▶ e	
₽ŧ	rt IV-B Reconciliation of Expenses per Audited Financial	Statements With Expense	s per Return N/A	
а	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	i		
		b4		
	Add lines b1 through b4		b	
С	Subtract line b from line a		С	
d	Amounts included on Part I, line 17, but not on line a:		1 1	
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify).]		
		d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		▶ e	
P:	ort V-A Current Officers Directors Trustees and Key Em	niovees /l ist each person who	was an officer director trust	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

	(A) Name and address		 (B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOANNE M. NERMON	SAN	TA ANA	CEO/DIRECTOR			
701 WEST 17TH ST	CA	92706	40	0	0	0
DAN IRWIN	SAN	TA ANA	CFO/TREAS			
701 WEST 17TH ST	CA	92706	40		0	0
JULIE TURNER	SAN	TA ANA	SEC'Y			
701 WEST 17TH ST	CA	92706	40	0	0	0
EARL GOLDMAN	SAN	TA ANA	DIRECTOR			
701 WEST 17TH ST	CA	92706	 0	o	0	0
FRANK ZURN	SAN	TA ANA	DIRECTOR			
701 WEST 17TH ST	CA	92706	 0	0	0	
			 			
						
	_ -					
						000

Form	990 (2006)	YOUTH	SPECIALIST	CENTERS,	INC.	<u> </u>	4105			Р	age 6
Pa	rt V-A	Current C	Officers, Directors	, Trustees, an	d Key Emp	loyees (continu	ed)			Yes	No
75a	Enter the to	otal number of	officers, directors, and	trustees permitted	to vote on org	_	_				
	meetings	• •		_		▶ 3					
b	-	-	s, trustees, or key empl	•		•	nsated				
	' '		dule A, Part I, or higher	•		·					ĺ
			edule A, Part II-A or II-B		_	•	`		756	х	
	relationship	s'il tes, al	ttach a statement that it	Jenunes me maivid	uais and expla	• •	, See Stat	EMENT 7	75b	^	
С	Do any offic	nare directors	s, trustees, or key emplo	ovees listed in Forr	n 990 Part V-	_	,	,			
Ŭ	•		s listed in Schedule A, F	-		-					
	•		listed in Schedule A, Pa	. •							ĺ
	organizatio:	ns, whether ta	ax exempt or taxable, th	nat are related to the	e organization	? See the instructions	s for				
	the definition	on of "related o	organization "						75c		X
	If "Yes," att	ach a stateme	ent that includes the info	ormation described	in the instruct	ions					
			ive a written conflict of i						75d	LJ	X
Pa	rt V-B		officers, Directors	•		•					
		, -	er officer, director, truste					·	year, i	list tha	t
		person belov	w and enter the amount	of compensation c	or other benefit	ts in the appropriate o		(D) Contributions to employ	(pg) (E	E) Expe	
			(A) Name and address	•		(B) Loans and Advances	(if not paid,	benefit plans & deferred	acco	ount and	d other
							enter -0-)	compensation plans	┿	allowand	:es
N/A	•						Ì				
									\top		
									\bot		
					··-	· · · · · · · · · · · · · · · · · · ·	 	 	+		
						<u> </u>	-				
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				<u> </u>			ļ. <u></u>		\perp		
									$+\!\!-$		
									+		
Pa	rt VI	Other Info	ormation (See the	e instructions.)						Yes	No
76			e a change in its activit		conducting acti	vities? If "Yes," attach	1 a				
	detailed sta	tement of eac	h change						76		X
77	Were any c	hanges made	in the organizing or go	verning documents	s but not repor	ted to the IRS?			77		X
	•		ned copy of the change:								
78a	-		e unrelated business gr	oss income of \$1,0	00 or more du	ring the year covered	by				3 7
	this return?								78a		<u> </u>
	•		return on Form 990-T f	•	raction during	the year? If "Vec " at	laah		78b		
79	a statement	•	dissolution, termination,	or substantial CONT	acuon uuning	nie yearrii tes, all	auli		79		X
80a			d (other than by associa	ation with a statewi	de or nationw	de organization) throi	uah				 -
Jud	•		overning bodies, trustee			= -	-5				
	organization			,	,	,			80a		X
b	-		of the organization								
					and check	whether it is 🔲 e:	xempt or	nonexempt			
81a		-	political expenditures (ions.)		81a				
<u>b</u>	Did the orga	anization file F	orm 1120-POL for this	year?					81b		<u> </u>
									Form	990	(2006)

Form	990 (2006) YOUTH SPECIALIST CENTERS, INC. 36-45641	05		F	Page
Pa	art VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?		82a	ļ	X
b	If "Yes," you may indicate the value of these items here. Do not include this			•	
	amount as revenue in Part I or as an expense in Part II	1			
	(2b	┨ _╍ ╴		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications'	N/A	83a	X	├─
04a	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A N/A	83b 84a		├
84a	Did the organization solicit any contributions or gifts that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or	N/A	64a	\vdash	
b	gifts were not tax deductible?	N/A	84b	ţ	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	85a	\vdash	┢
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b	-	┢
_	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organizatio				
	received a waiver for proxy tax owed for the prior year.				
С		5c			
d	Section 162(e) lobbying and political expenditures	5d]		l
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	5e]		1
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	5f			l
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	1-			
	following tax year?	N/A	85h		ļ
86		6a	-		
b		6b	-		
87		7a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other	7b			
000	sources against amounts due or received from them) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	70	1		1
88a	partnership, or an entity disregarded as separate from the organization under Regulations sections				
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		x
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the		1000		
-	meaning of section 512(b)(13)? If "Yes," complete Part XI	>	88b		x
89a					
	section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶	0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction				l
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				
	a statement explaining each transaction		89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified				l
	persons during the year under sections 4912, 4955, and 4958	0			ĺ
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization	D			ł
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		00-		v
	transaction? All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contra	ct?	89e 89f		X
f	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	CLF	991		
g	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings				
	at any time during the year?		89g		x
90a	List the states with which a copy of this return is filed CA				
ь	Number of employees employed in the pay period that includes March 12, 2006 (See				
-	instructions)	906			(
91a	The books are in care of ▶ JOANNE M. NERMON	Telephone no. ▶ 951-	340	-00	71
	701 W. 17TH ST.				
	Located at ► SANTA ANA, CA	ZIP+4 ▶ 92706			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authorit	у			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		-	Yes	No
	account)?		91b		X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				ĺ
	and Financial Accounts.		<u> </u>	990	(200
ΠΔΔ			rom		

Form	n 990 (2006) YOUTH SPECIALIS	T CENTERS	, INC.	36-456	4105		Page 8
Pa	art VI Other Information (contin	ued)				<u> </u>	Yes No
С	At any time during the calendar year, did the o	-	ın an office out	side of the United State	es?		91c X
	If "Yes," enter the name of the foreign country	>					
92	Section 4947(a)(1) nonexempt charitable trust	s filing Form 990 in	lieu of Form 1	1041- Check here		1 .	▶ _
	and enter the amount of tax-exempt interest re					▶ 92	·
Pa	art VII Analysis of Income-Produ	ucing Activitie	s (See the	instructions.)			<u> </u>
Note	e: Enter gross amounts unless otherwise	ļ	Unrelate	d business income	Excluded b	y section 512, 513, or 514	(E)
ındıc	cated		(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	Related or exempt function
93	Program service revenue.		business code	Amount	code	Allount	ıncome
а	PROGRAM SERVICE REVEN	UE				··	189,840
b							
С							
d							
е							
f	Medicare/Medicaid payments		-				
g				·			
94	Membership dues and assessments		-				
95	Interest on savings and temporary cash invest	ments			1 1		
96	Dividends and interest from securities						
97	Net rental income or (loss) from real estate:						
	debt-financed property				†		
b							
98	Net rental income or (loss) from personal prop	artı.					
99	Other investment income	enty					
		nyonton			 		
100	• •	riventory			 		
101	Net income or (loss) from special events	ŀ					· · · · · · · · · · · · · · · · · · ·
102	, , ,	}			\vdash		
103					\vdash		
b]					
C							
d							
е				•			100 040
	Subtotal (add columns (B), (D), and (E))	l l		0		0	189,840
	Total (add line 104, columns (B), (D), and (E))			•		-	189,840
	e: Line 105 plus line 1e, Part I, should equal the a			. <u> </u>			
Pá	art VIII Relationship of Activities	to the Accom	<u>plishment (</u>	of Exempt Purpos	ses (Se	<u>e the instruction</u>	s.)
Li	ine No. Explain how each activity for which				d important	ly to the accomplishm	nent
	of the organization's exempt purpo	 -					
9.	3A FEES FOR EDUCATION	N, TRAINI	NG, CON	SULTING, RO	MOM &	BOARD.	
				 -			
Pa	art IX Information Regarding Ta	xable Subsidi	aries and C	isregarded Entiti		e the instructions	
ì	(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest		(C) lature of activities	-	(D) Fotal income	(E) End-of-year assets
	N/A		%				
			%				
			%				
			%			-	
P:	art X Information Regarding Tr	ansfers Assoc	79	Personal Benefit	Contrac	ts (See the inst	tructions.)
	(a) Did the organization, during the year, receive						Yes X No
	(b) Did the organization, during the year, received(b) Did the organization, during the year, pay presented					ment whitatt!	Yes X No
•	Note: If "Yes" to (b), file Form <u>8870 and Form 47</u>	•	•	a personal vertelli Willi	i dol'		☐ 1e2 चि H0
<u>r</u>	note. II 165 to (b), life Form 0070 and Form 47	LO (SEE INSURCION	10)				Form 990 (2006)

Form 9	90 (2006) YOUTH SPECIALIST CENTE		36-4564105			Page 9
Par				y if the organiz	ation	/A
	is a controlling organization as defin-	ed in section 512(b)	(13).		1/4	
	• •				Ye	s No
106	Did the reporting organization make any transfers to a cor		1 section 512(b)(13) of			
	the Code? If "Yes," complete the schedule below for each	T				
	(A)	(B)	(C)		(D)	
	Name, address, of each	Employer ID	Description of	Am		transfer
+-	controlled entity	Number	transfer			
a						
+		 				
				İ		
b						
+	· · · · · · · · · · · · · · · · · · ·	 				
c						
	Totals					
	- Totals					
					Ye	s No
107	Did the reporting organization receive any transfers from					
	512(b)(13) of the Code? If "Yes," complete the schedule b		-			
	(A)	(B)	(C) Description of		(D)	
	Name, address, of each controlled entity	Employer ID Number	transfer	Am		transfer
+	Controlled Chicky	110111001				
a						
_		"				
ь						
c						
	Totals					
					1	T
					Ye	s No
108	Did the organization have a binding written contract in effe	-	vering the interest,			
	rents, royalties, and annuities described in question 107 a			4b - b - 4 - 6		
	Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete Declaration of	this return, including accompa preparer (other than officer) is	anying schedules and statements, and to s based on all information of which prepai	the best of my knowledg	eage e	
Pleas	se la la la company de la comp			1		
Sign	Signature of officer		·	Date		
Here	Daviel W. IRwin	SOLO KELLYON		NOV, 14, 2	2007	
	Type or print name and title	A MANAGER		15 10 11/2	-00/	
			A Date Check if		er's SSN	
Paid	Preparer's signature	Sme C.	11/13/07 self- employed		en Instr	X)
Prepa	ror's	FINK, CPA	TI/IS/O/ employed	EIN D		
Use (Tests Firm s name (or yours	JLU AVE., SUI	TE 126	Phone		
	address, and ZIP + 4 MONTROSE,			no ▶ 818-	249-	4577

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ OMB No 1545-0047

Employer identification number

2006

	YOUTH SPECI	ALIST CENTERS, 1	NC.	36-4564	4105				
Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees								
	(See page 2 of the instructions. List each one. If the	re are none, enter "N	one.")						
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position		(d) Contrib empl ben & deferred o	plans account & other				
NONE									
									
Fotal number of	of other employees paid over \$50,000			- L.					
Part II-A	Compensation of the Five Highest Paid Independer								
	(See page 2 of the instructions. List each one (wheth								
	(a) Name and address of each independent contractor paid more than \$50,	000	(b) Type of	service	(c) Compensation				
NONE									
		-							
					<u> </u>				
 									
Fotal number o	of others receiving over \$50,000 for								
rofessional se									
Part II-B	Compensation of the Five Highest Paid Independer				.l				
	(List each contractor who performed services other to firms. If there are none, enter "None." See page 2 of		vices, whethe	ringividua	als or				
	(a) Name and address of each independent contractor paid more than \$50,		(b) Type of s		(c) Compensation				
NONE	(a) Name and address of each independent contractor paid more than \$55,	000	(b) Type of s		(c) compensation				
			·····						
Fotal number of 550,000 for oth	of other contractors receiving over								
	k Reduction Act Notice see the Instructions for Form 990 and For	rm 990-F7	Schedu	le A (Form 9	90 or 990-EZ) 2006				

* '	III III Statements About Activities (See Dane 7 of the Instructions)		Yes	NI-
	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	_2a		x
b	Lending of money or other extension of credit? SEE STATEMENT 8	2b	х	
С	Furnishing of goods, services, or facilities?	2c		х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		х
е	Transfer of any part of its income or assets?	2e		х
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		x
b	Did the organization make any taxable distributions under section 4966?	4b		-
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	:	
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

P	art I	W Reason for Non-Private Founda	ation Status (See)	pages 4 through 7	of the instr	uctions.)					
l cer 5	tify th	nat the organization is not a private foundation be A church, convention of churches, or association	•	• • • • • • • • • • • • • • • • • • • •	ox)						
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)									
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).										
8	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).										
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,										
	and state ▶										
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)										
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)										
11b		A community trust. Section 170(b)(1)(A)(vi). (Als	so complete the Support	t Schedule in Part IV-A.)						
12	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)										
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type II Type III-Functionally Intergrated Type III-Other										
		Provide the following inform	ation about the suppor	rted organizations. (Se	e page 7 of the	instructions)					
		(a)	(b)	(c)	((d) (t	(e)				
		Name(s) of supported organization(s)	Employer	Type of	Is the su	pported	Amount of				
			identification	organization	organizatio	on listed in	support				
			number (EIN)	(described in lines	the sup	porting					
				5 through 12	organiz	ation's					
				above or IRC	governing o	focuments?					
				section)							
					Yes	No					
•											
Tota	ŀ					•					
14		An organization organized and operated to test	for public safety. Section	509(a)(4) (See page 7	of the instruction	ons)					
		games and operated to test		-1-7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							

	rt IV-A Support Schedule (Con					ting.	
	: You may use the worksheet in the instruc			sh method of accountin			
Caler	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received (Do						
	not include unusual grants See line 28)	5,000					5,000
16	Membership fees received				 		0
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of						
	facilities in any activity that is related to the	25 025		İ			25 025
	organization's charitable, etc., purpose	35,835		 	 		35,835
18	Gross income from interest, dividends, amounts received from payments on securities				1		
	loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less						
	section 511 taxes) from businesses acquired						o
	by the organization after June 30, 1975				 		U
19	Net income from unrelated business						0
	activities not included in line 18						
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on					1	0
 21	The value of services or feething furnished to				 		<u>~</u>
21	The value of services or facilities furnished to the organization by a governmental unit						
	without charge Do not include the value of	'					
	services or facilities generally furnished to the public without charge				}		0
22	Other income Attach a schedule Do not						
	include gain or (loss) from sale of capital assets						0
23	Total of lines 15 through 22	40,835					40,835
24	Line 23 minus line 17	5,000					5,000
 25	Enter 1% of line 23	408					
26	Organizations described on lines 10 or	11: a Enter 2% of	amount in column (e),	line 24	>	26a	0
b	Prepare a list for your records to show the	name of and amount o	contributed by each pe	rson (other than a			
	governmental unit or publicly supported or	rganization) whose tota	gifts for 2002 through	2005 exceeded the			
	amount shown in line 26a. Do not file this	s list with your return.	. Enter the total of all th	ese excess amounts	•	26b	
С	Total support for section 509(a)(1) test: Er	nter line 24, column (e)			•	26c	
d	Add. Amounts from column (e) for lines:	18	19				
		22	26b		•	26d	
е	Public support (line 26c minus line 26d tot				•	26e	
f	Public support percentage (line 26e (nu	umerator) divided by I	ine 26c (denominator	7))	<u> </u>	26f	%
27	Organizations described on line 12:			17 that were received	•		
	person," prepare a list for your records to			d in each year from, each	ch "disqualified p	erson "	
	Do not file this list with your return. Ent		•	_	•	_	•
	·	004)	0 (2003	•	0 (2002	•	0
b	For any amount included in line 17 that wa	•	•		•		
	show the name of, and amount received for	•	=	· ·	•		
	(Include in the list organizations described	-		•	-		• •
	the difference between the amount receive	ed and the larger amou	nt described in (1) of (z), enter the sum of the	se dinerences (t	ie exce	:55
	amounts) for each year (2005) 5,446 (2	004)	O (2003	`	0 (2002	4	0
_			0 (2003 5,000 16	,	(2002	,	•
С	Add Amounts from column (e) for lines: 17 35,8		21		•	27c	40,835
A	Add: Line 27a total	and line 27b		5,446		27d	5,446
d	Public support (line 27c total minus line 27			0,130		27u	35,389
e f	Total support for section 509(a)(2) test: Er	•	3 column (e)	▶ 27f	40,835		35,503
	Public support percentage (line 27e (nu			`	•	27g	86.663 4 %
g h	Investment income percentage (line 18	· · · · · · · · · · · · · · · · · · ·		· •	•	27h	%
'' 28	Unusual Grants: For an organization des				002 through 200	·	
	prepare a list for your records to show, for		•		-		
	description of the nature of the grant. Do r	•					

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A	Т.	т
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No.
	other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	- 29	-	
0	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	İ	
11	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during		+	†
•	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31	Ī	İ
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)			
12	Does the organization maintain the following.			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		1	
	with student admissions, programs, and scholarships?	320	1	ļ
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320	<u> </u>	ļ
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
3	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		-
b	Admissions policies?	33b	<u> </u>	
С	Employment of faculty or administrative staff?	330	<u> </u>	
d	Scholarships or other financial assistance?	330	-	
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	339		
h	Other extracurricular activities?	33h	 	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
4a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
L	Hee the exceptration's right to such aid ever been revolved as suppended?	34b		
Ь	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	340		
5	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05	35		
	of Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		1

	 nedule A (Form 990 or 990-EZ) 2006 Y							-456			Page 6
F	Part VI-A Lobbying Expend										
	(To be completed	ONLY by an eligi			<u>ed F</u>	orm (5768)	N/A	<u> </u>		
<u>Ch</u>	eck 🕨 a 📗 if the organization belor	ngs to an affiliated grou	ıp Check	b	ıf	you che			ed conf	trol" provisions app	ly
		Lobbying Exper					Affiliate	a) d group als		(b) To be completed for all electing organizations	3
36	Total lobbying expenditures to influence					36					
	Total lobbying expenditures to influence					37			-		
	Total lobbying expenditures (add lines 3)	•	,oc 1000 jg,			38				 	
	Other exempt purpose expenditures	<i>3</i> a <i>3</i> 0. ,				39					
	Total exempt purpose expenditures (add	l lines 38 and 39)				40					
	Lobbying nontaxable amount. Enter the	•	ving table-								
•	If the amount on line 40 is-		ontaxable amount is-								
	Not over \$500,000	20% of the amount			٦						
	Over \$500,000 but not over \$1,000,000		of the excess over \$500,	000							
	Over \$1,000,000 but not over \$1,500,000	•	of the excess over \$1,00			41					
	Over \$1,500,000 but not over \$17,000,000	•	of the excess over \$1,500					************			
	Over \$17,000,000	\$1,000,000									
42	Grassroots nontaxable amount (enter 25	5% of line 41)			_	42				•	
43	Subtract line 42 from line 36. Enter -0- if	line 42 is more than lir	ne 36			43					
44	Subtract line 41 from line 38. Enter -0- if	line 41 is more than lir	ne 38			44					
	Caution: If there is an amount on either	line 43 or line 44, you	must file Form 4720.			L					
	•	4-Year Aver	aging Period Und	der Se	ctio	า 501	(h)				
	(Some organizatio	ns that made a section	n 501(h) election do no	t have t	o com	plete a	II of the five o	olumns	below	/ .	
		See the instructions for	r lines 45 through 50 c	n page	13 of	the ins	tructions.)				
			Lobbying Exp	enditur	es Du	ring 4	Year Averag	ing Pe	riod		
	Calendar year (or	(a)	(b)		(c))		(d)		(e)	
	fiscal year beginning in)	2006	2005		200	14		2003		Total	_
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of										
	line 45(e))							<u>.</u>			<u> </u>
4-	Tatal label dan assaultions									-	
4/	Total lobbying expenditures			+							
40	Consequent contemple amount			1			-				
	Grassroots nontaxable amount Grassroots ceiling amount (150% of	· · · · · · · · · · · · · · · · · · ·		-							
+3	line 48(e))										
_	ine 40(e))			 			<u> </u>				
50	Grassroots lobbying expenditures										
	Part VI-B Lobbying Activity	by Nonelecting	Public Charities								
•	(For reporting only			plete	Part	VI-A	(See pag	e 13 (of the	instructions.)	N/A
Diii	ring the year, did the organization attempt							1			
	empt to influence public opinion on a legis					•,		Yes	No	Amount	
а			,,	***							
b		npensation in expense	s reported on lines c t	hrough I	h.)						
c		,	-p		,						
d		e public								,	
e		•									-
f											
g	51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ils, or a legislative body	٧							_
h											
i	Total lobbying expenditures (Add lines										

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Sched	dule A	(Form	990 or 990-EZ	2) 2006	YOUTH	SPECIALIST	CENTERS,	INC.	36-4564105	Page
Pa	rt VII		Information	n Rega	rding Tra	ansfers To and Tr	ansactions an	d Relati	onships With Noncharitable	
			Exempt Or	ga'niza	tions (Se	ee page 13 of the	instructions.)			
1	Did th	е герс	orting organizati	ion direct	ty or indired	ctly engage in any of the	following with any	other orga	inization described in section	

51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section
	501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- Transfers from the reporting organization to a noncharitable exempt organization of:
 - Cash (i)
 - (ii) Other assets
- Other transactions:
 - Sales or exchanges of assets with a noncharitable exempt organization (i)
 - Purchases of assets from a noncharitable exempt organization (ii)
 - Rental of facilities, equipment, or other assets (iii)
 - Reimbursement arrangements
 - Loans or loan guarantees
 - Performance of services or membership or fundraising solicitations
- Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any

transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (d) Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements Line no Amount involved N/A

2a	Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations
	described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

b If "Yes," complete the following schedule:			
(a) Name of organization	(b) Type of organization	(c) Description of relationship	
N/A			
<u> </u>			

Yes

51a(i)

a(ii)

b(ii)

b(iii)

b(iv)

b(v)

b(vi)

▶ ☐ Yes 🗓 No

No

Forms			
990	1	990	-PF

Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons

For calendar year 2006, or tax year beginning

, and ending

2006

Name ' •		Employer Identification Number			
YOUTH SPECIALIST	CENTERS. IN	IC.		36-4564105	
				1.00.00000	
FORM 990, PART I	V, LINE 63 -	ADDITION	AL INFORMATION		
Nam	e of lender			Title	
(1) JOANNE M. NERM		.	CEO		
(2) COANNE M. NEIGH	<u> </u>		- 620	· · · · · · · · · · · · · · · · · · ·	
(3)					
(4)					
(5)					
(6)					
(7)				······································	
(8)					
(9)					
(10)					
Original amount		Maturity		Interest	
borrowed	Date of loan	date	Repayment terms	rate	
(1) 500	12/31/04		AS AVAILABLE	0.000	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Security pro	ovided by borrower		Purpose	e of loan	
(1) NONE			OPERATING CAPITAL		
(2)					
(3)					
(4)					
(5)	, ,				
(6) (7)					
(8)					
(9)					
(10)					
Consideration for	urnished by lender		Balance due at beginning of year	Balance due at end of year	
(1) CASH OF \$88,5	00		88,500	95,325	
(2)					
(3)		_			
(4)					
(5)					
(6)					
(7)					
(8) (9)					
(10)		-			
Totals			88,500	95,325	

Forms 990-PF	Mortgages and Other Notes Payable							
	For calendar year 2006, or tax year beginning	, and ending						
Name	•		Employer Identification Number					
YOUTH SPECIA	LIST CENTERS, INC.		36-4564105					
FORM 990, PA	RT IV, LINE 64B - ADDITIONAL IN	NFORMATION						
	Name of lender	Relationship to o	lisqualified person					
(1) STEVE SHIM	Name of lender IABUKU	Relationship to o	lisqualified person					
\/TTTT \/\\	ABUKU	Relationship to o	lisqualified person					
(2) MIKE MACKE	ABUKU	Relationship to o	lisqualified person					
(2) MIKE MACKE	ABUKU	Relationship to o	lisqualified person					
<u> </u>	ABUKU	Relationship to o	lisqualified person					

(8) (9) (10)

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	57,333	7/01/05		AS AVAILABLE	4.000
(2)	1,600	7/01/05		AS AVAILABLE	4.000 0.000
(3)					
(4)					
(5)					
(6)					
(7)			- "		
(8)					
(9)					
(10)					

Security provided by borrower	Purpose of loan
(1) NONE	PROGRAM ASSISTANCE
(2) NONE	PROGRAM ASSISTANCE
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) CASH OF \$57,333	57,333	56,457
2) CASH OF \$1600	1,600	
3)		
4)		
5)		
3)		
")		
3)		
9)		
10) Totals	58,933	56,457

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 **2006**

Attachment Sequence No 67

Name(s) shown on return

YOUTH SPECIALIST CENTERS, INC.

Identifying number 36-4564105

	ess or activity to which this form relates NDIRECT DEPRECIAT	ION			_		-			
Pa	ert I Election To Expen									
	Note: If you have a	any listed proper	<u>ty, complete Pa</u>	art V b	<u>efore you</u>	com	<u>plete Pa</u>	<u>rt I.</u>		
1	Maximum amount. See the instruc	tions for a higher limit	for certain business	ses					1	108,000
2	Total cost of section 179 property	placed in service (see	instructions)						2	
3	Threshold cost of section 179 prop	erty before reduction	ın lımitation						3	430,000
4	Reduction in limitation. Subtract lin	e 3 from line 2 If zero	o or less, enter -0-						4_	
_5	Dollar limitation for tax year Subtract lir	ne 4 from line 1 If zero o	r less, enter -0- If marr	ried filing s	separately, se	e instri	uctions		5	
	(a) Description	on of property		(b) Cos	t (business us	e only)	(c)	Elected cost	t	
6										
						_				
7	Listed property. Enter the amount					7_	<u> </u>			
8	Total elected cost of section 179 p	• •		6 and 7					8	
9	Tentative deduction. Enter the small								9	
10	Carryover of disallowed deduction	•							10	
11	Business income limitation. Enter t					ee ins	tructions)		11	<u> </u>
12	Section 179 expense deduction. A			than line	11		,,,,,,,,,,,		12	
<u>13</u>	Carryover of disallowed deduction		•			13	<u> </u>			<u> </u>
	: Do not use Part II or Part III below			! !	- /D	inal	uda liata	d 5,555	-	(Can instructions)
	rt II Special Depreciati						uue iiste	d prope	гцу.) Г	(See instructions.)
14	Special allowance for qualified Nev	· ·		огорепу (otner than ii	stea			ا	
45	property) placed in service during to	• •	ucuons)						14	
15	Property subject to section 168(f)(•							15 16	5,362
16	Other depreciation (including ACR		ida liatad propa	nets () / (Soo inotn	otion	٠, ١		16	3,302
Pa	rt III MACRS Depreciat	ion (Do not incit			<u> </u>	ictioi	15.)			
17	MACRS deductions for assets place	and in convex in tax w	Sections before						17	0
	If you are electing to group any assets place				aral accet acc	ouete e	book boro	▶□	- '' -	<u> </u>
<u>18</u>		ssets Placed in Ser						للسلتا	 om	
	(a) Classification of property	(b) Month and year placed in	(c) Basis for depre	eciation	(d) Recovery		Convention	(f) Met		(g) Depreciation deduction
	(a) Classification of property	service	only-see instructi		period	(-,		(.,		(9) 201-10-10-10-10-10-10-10-10-10-10-10-10-1
<u>19a</u>	3-year property	4								
b_	5-year property	4								
<u> </u>	7-year property	4								
<u>d</u>	10-year property	4								
<u>e</u>	15-year property	1								
f_	20-year property	4				<u> </u>				
	25-year property	ļ	_		25 yrs	ļ. —		S/L		
h	Residential rental	ļ	<u>.</u>		27.5 yrs.		MM	S/L		
	property	 			27 5 yrs.		MM	S/L		<u> </u>
i	Nonresidential real				39 yrs		MM	S/L		
	property					L	MM	S/L		
		sets Placed in Service	ce During 2006 Tax	Year U	sing the Alt	<u>ernati</u>	ve Deprec		tem	
	Class life	4				<u> </u>		S/L		
	12-year		1		12 yrs.	<u> </u>		S/L		
	40-year	<u> </u>			40 yrs	L	ММ	S/L		<u> </u>
	rt IV Summary (see ins		-						<u>.</u> .	
21	Listed property. Enter amount from								21	-
22	Total. Add amounts from line 12, li	=								E 200
	Enter here and on the appropriate	•		corporation	ons-see instr		T		22	5,362
23	For assets shown above and place	-	· ·							
	enter the portion of the basis attrib	utable to section 263/	A COSIS			23				<u> </u>

Federal Statements

FYE: 12/31/2006

36-4564105

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
LICENSE FEES	12,736	12,736		
YOUTH CENTER EXPENSE	2,814	2,814		
EQUESTRIAN EXPENSE	8,481	8,481		
ACADEMY OF KNOWLEDGE EXP	646	646		
ROOM & BOARD EXPENSE	14,457	14,457		
STUDENT TRANSPORT & MISC EXP	4,138	4,138		
ADVERTISING & PROMOTION	3,921	3,921		
BANK CHARGES	114		114	
LICENSES & FEES	132		132	
PROFESSIONAL SERVICES	5,200	3,300	1,330	570
INSURANCE	6,679	4,675	1,403	601
INTERNET COMMUNICATIONS	1,214	850	255	109
MAINTENANCE	7,505	5,254	1,576	675
UTILITIES	17,132	11,992	3,598	1,542
CC MERCHANT/PHONE CK EXP	1,330	1,330		
TOTAL	\$ 86,499	\$ 74,594	\$ 8,408	\$ 3,497

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YOUTHSPEC YOUTH SPECIALIST CENTERS, INC.

FYE: 12/31/2006

36-4564105

Federal Statements

Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

TO INCREASE THE SKILLS OF PROFESSIONAL EDUCATORS, PARENTS AND STUDENTS IN DEALING WITH NEGATIVE FAMILY ISSUES USING TECHNOLOGIES DEVELOPED BY L. RON HUBBARD.

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

Description

DURING 2006 19 PARENTS WERE SERVICED ON PARENTING PROGRAMS; 21 CHILDREN WERE SERVICED ON EDUCATIONAL COURSES AND ACADEMICS; 29 TEENAGERS AND CHILDREN RECEIVED ONE-ON-ONE EDUCATIONAL ENHANCEMENT; 36 PARENTS RECEIVED ONE-ON-ONE EDUCATIONAL ENHANCEMENT; 46 CHILDREN, TEENS AND PARENTS EXPERIENCED ENJOYMENT OF ANIMALS AND RECREATIONAL FACILITY; 5 PROFESSIONAL EDUCATORS WERE SERVICED ON TRAINING PROGRAMS.

11/13/2007 10:51 AM

YOUTHSPEC YOUTH SPECIALIST CENTERS, INC.

36-4564105

Federal Statements

FYE: 12/31/2006

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description					
	_	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
EQUIPMENT	\$	4,322	\$ 432	\$ 4,948	\$ 1,360
FURNITURE & FIXTURES		19,539	1,396	21,868	4,353
LEASEHOLD IMPROVEMENTS		2,429	40	2,429	283
REFERENCE LIBRARY	_	6,172	618	6,172	1,852
TOTAL	\$_	32,462	\$ 2,486	\$ 35,417	\$ 7,848

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	 Beginning of Year	 End of Year
GOODWILL	\$ 154,529	\$ 154,529
TOTAL	\$ 154,529	\$ 154,529

Statement 6 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	E	Beginning of Year	 End of Year
DEFERRED REVENUE	\$	34,536	\$ 21,472
TOTAL	\$	34,536	\$ 21,472

11/13/2007 10:51 AM Relationship Statement 7 - Form 990, Part V-A, Line 75b - Related Party Information YOUTHSPEC YOUTH SPECIALIST CENTERS, INC.

Federal Statements Related Party Two DANIEL IRWIN, THE ORGANIZATION'S ATION'S CEO AND A DIRECTOR, ARE JOANNE M. NERMON, THE ORGANAIZ-Related Party One CFO AND TREASURER, AND HUSBAND AND WIFE. FYE: 12/31/2006

YOUTHSPEC YOUTH SPECIALIST CENTERS, INC. 11/13/2007 10:51 AM 36-4564105

FYE: 12/31/2006 ,

Federal Statements

Statement 8 - Schedule A, Part III, Line 2b - Lending of Money or Extension of Credit

Description

SEE NOTES PAYABLE SCHEDULES ATTACHED TO FORM 990.

YOUTHSPEC YOUTH SPECIALIST CENTERS, INC.
36-4564105 Federal Asset Report Form 990, Page 1

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FYE: 12/31/2006

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179	B <u>onu</u> s	Basis for Depr	PerConv Meth	Prior	Current
1 2 3 5 6 7	Depreciation: Furniture & fixtures Equipment Reference Library Tape set Leasehold Improvements Furniture Equipment	7/01/05 7/01/05 7/01/05 7/01/05 11/15/05 7/01/06 7/01/06	19,539 4,322 4,286 1,886 2,429 2,329 626			19,539 4,322 4,286 1,886 2,429 2,329 626	7 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 10 MO S/L 7 MO S/L 5 MO S/L	1,396 432 429 189 40 0	2,791 865 857 377 243 166 63
	Total Other Depreciation	_	35,417		-	35,417		2,486	5,362
	Total ACRS and Other Depre	eciation =	35,417		=	35,417		2,486	5,362
	Grand Totals Less: Dispositions Net Grand Totals	_	35,417 0 35,417		-	35,417 0 35,417		2,486 0 2,486	5,362 0 5,362

YOUTHSPEC YOUTH SPECIALIST CENTERS, INC. 36-4564105 FYE: 12/31/2006		epreci	iation	and Depreciation - Form 990	066		11/12/2007	7:05 PM Page 1	
Date In Asset Service Property Description *	Tax Cost	Tax-Meth Conv	Tax Period	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value		· ·
Equipment									
2 7/01/05 Equipment 8 7/01/06 Equipment	4.322 626	S/L-MO S/L-MO	50	432	865	1,297	3,025	,	
Equipment	4,948		. "	432	928	1,360	3,588	1	
Group: Fruniture & Fixtures									
1 7/01/05 Furniture & fixtures 7 7/01/06 Furniture Fruniture & Fixtures	19,539 2,329 21,868	S/L-MO S/L-MO	7 0 7 0	1,396	2,791 166 2,957	4,187 166 4,353	15,352 2,163 17,515		
Group: Leasehold Improvements									
6 11/15/05 Leasehold Improvements Leasehold Improvements	2,429	S/L-MO	100	40	243	283	2,146		
Group: Reference Library									
3 7/01/05 Reference Library 5 7/01/05 Tape set Reference Library	4,286 1,886 6,172	S/L-MO S/L-MO	50	429	857 377 1,234	1,286 566 1,852	3,000 1,320 4,320		
Grand Total	35,417		. "	2,486	5,362	7,848	27,569		
									_
									_