

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Form **990-EZ**

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

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning and ending

| | | | |
|---|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization YOUTH QUEST, INC Number and street (or P.O. box, if mail is not delivered to street address) 1515 WEST NC HIGHWAY 54 City or town, state or country, and ZIP + 4 DURHAM, NC 27707-5576 | D Employer identification number 56-2051437 E Telephone number 919-942-1625 F Group Exemption Number ▶ |
|---|---|--|---|

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A **H Check** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **331,019.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | | |
|-------------------|---|--|----|----------|----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 25,500. |
| | 2 | Program service revenue including government fees and contracts | | 2 | 305,512. |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income | | 4 | 7. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | | |
| | a | Gross revenue (not including \$ of contributions reported on line 1) | 6a | | |
| b | Less: direct expenses other than fundraising expenses | 6b | | | |
| c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | | |
| b | Less: cost of goods sold | 7b | | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | | |
| 8 | Other revenue (describe ▶) | | 8 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | 9 | 331,019. | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) STMT 4 | | 10 | 24,774. |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 216,173. |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 3,963. |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 75,804. |
| | 15 | Printing, publications, postage, and shipping | | 15 | 414. |
| | 16 | Other expenses (describe ▶ SEE STATEMENT 1) | | 16 | 61,466. |
| | 17 | Total expenses. Add lines 10 through 16 | | 17 | 382,594. |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | -51,575. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | -35,231. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 | -86,806. |

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | | | (A) Beginning of year | | (B) End of year |
|----|--|--|-----------------------|----|-----------------|
| 22 | Cash, savings, and investments | | 5,956. | 22 | 22,680. |
| 23 | Land and buildings | | | 23 | |
| 24 | Other assets (describe ▶ SEE STATEMENT 2) | | 54,793. | 24 | 29,677. |
| 25 | Total assets | | 60,749. | 25 | 52,357. |
| 26 | Total liabilities (describe ▶ SEE STATEMENT 3) | | 95,980. | 26 | 139,163. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | | -35,231. | 27 | -86,806. |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

| | | Yes | No |
|-----|--|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0. | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | X | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 13,049. | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0. | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0. | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 | List the states with which a copy of this return is filed. ▶ NONE | | |
| 42a | The organization's books are in care of ▶ EMILY SCHOFIELD Telephone no. ▶ 919-942-1625 Located at ▶ 1515 WEST NC HIGHWAY 54, DURHAM, NC ZIP + 4 ▶ 27707 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| | 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 and Financial Accounts. | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | X |
| | If "Yes," enter the name of the foreign country: ▶ | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. All entries are NONE.

- f Total number of other employees paid over \$100,000
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All entries are NONE.

- d Total number of other independent contractors each receiving over \$100,000

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Signature of officer: [Signature] Date: 8-23-2009
Type or print name and title: Emily K. Schofield Executive Director

Paid Preparer's Use Only: Preparer's signature: M. Neely McLaughlin Date: 8/19/10 Check if self-employed: [] Preparer's identifying number (See instr.):
Firm's name (or yours if self-employed), address, and ZIP + 4: BLACKMAN & SLOOP, CPAS, P.A. 1414 RALEIGH RD, SUITE 300 CHAPEL HILL, NC 27517
EIN: Phone no. (919) 942-8700

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Public Charity Status and Public Support

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization: YOUTH QUEST, INC; Employer identification number: 56-2051437

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches... 2 A school... 3 A hospital... 4 A medical research organization... 5 An organization operated for the benefit of a college... 6 A federal, state, or local government... 7 An organization that normally receives a substantial part of its support... 8 A community trust... 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions... 10 An organization organized and operated exclusively to test for public safety... 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations... a Type I, b Type II, c Type III - Functionally integrated, d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons... f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box... g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row at the bottom.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 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. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------------------------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | 9,947. | 5,000. | 706. | 25,500. | 41,153. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 780,917. | 789,313. | 434,376. | 361,552. | 305,512. | 2671670. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization'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 | | | | | | |
| 6 Total. Add lines 1 through 5 | 780,917. | 799,260. | 439,376. | 362,258. | 331,012. | 2712823. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 2712823. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 780,917. | 799,260. | 439,376. | 362,258. | 331,012. | 2712823. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 22. | 30. | 17. | 2. | 7. | 78. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 22. | 30. | 17. | 2. | 7. | 78. |
| 11 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.) | | 690. | 7,892. | 4,825. | | 13,407. |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | 780,939. | 799,980. | 447,285. | 367,085. | 331,019. | 2726308. |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.51 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 99.56 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|-------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | .00 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

YOUTH QUEST, INC

56-2051437

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

YOUTH QUEST, INC

56-2051437

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|---|
| 1 | <p>STROWD ROSES FOUNDATION</p> <hr/> <p>PO BOX 3558</p> <hr/> <p>CHAPEL HILL, NC 27515</p> | <p>\$ 5,000.</p> | <p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p> |
| 2 | <p>CARLSON FAMILY FOUNDATION</p> <hr/> <p>206 BROOKGREEN DRIVE</p> <hr/> <p>CHAPEL HILL, NC 27516</p> | <p>\$ 20,000.</p> | <p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p> |
| | <hr/> <hr/> <hr/> <hr/> | <p>\$ _____</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p> |
| | <hr/> <hr/> <hr/> <hr/> | <p>\$ _____</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p> |
| | <hr/> <hr/> <hr/> <hr/> | <p>\$ _____</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p> |
| | <hr/> <hr/> <hr/> <hr/> | <p>\$ _____</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p> |

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open To Public
Inspection

Name of the organization **YOUTH QUEST, INC** Employer identification number **56-2051437**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| KELLY & EMILY SCH | X | | 0. | 13,049. | | X | X | | | X |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | ▶ \$ | 13,049. | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SEE GENERAL EXPLANATION FOR SCHEDULE L CONTINUATIONS

| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|-------------------------------|----------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| PAYROLL TAXES | | 15,214. | |
| ADVERTISING | | 449. | |
| TRAVEL | | 4,013. | |
| TRAINING AND CONFERENCES | | 2,353. | |
| INTEREST EXPENSE | | 3,553. | |
| INSURANCE | | 7,453. | |
| LICENSE & PERMITS | | 2,881. | |
| FINES & PENALTIES | | 2,857. | |
| TAXES | | 611. | |
| MISCELLENEOUS EXPENSES | | 3,245. | |
| SUPPLIES | | 7,570. | |
| RECRUITING AND RETAINING | | 500. | |
| FOOD | | 8,392. | |
| DEPRECIATION | | 2,375. | |
| TOTAL TO FORM 990-EZ, LINE 16 | | 61,466. | |

| FORM 990-EZ | OTHER ASSETS | STATEMENT | 2 |
|-------------------------------|--------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| ACCOUNTS RECEIVABLE | 45,803. | 23,063. | |
| REFUNDABLE DEPOSIT | 300. | 300. | |
| OTHER DEPRECIABLE ASSETS | 8,690. | 6,314. | |
| TOTAL TO FORM 990-EZ, LINE 24 | 54,793. | 29,677. | |

| FORM 990-EZ | OTHER LIABILITIES | STATEMENT | 3 |
|-------------------------------------|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| ACCOUNTS PAYABLE & ACCRUED EXPENSES | 82,887. | 118,264. | |
| LOANS FROM OFFICERS & DIRECTORS | 13,093. | 20,899. | |
| TOTAL TO FORM 990-EZ, LINE 26 | 95,980. | 139,163. | |

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

| CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS | GRANTEE'S RELATIONSHIP | AMOUNT |
|--|------------------------|---------|
| THERAPEUTIC CARE | NONE | 24,774. |

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

24,774.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

YOUTH QUEST IS A SUPPORTIVE MEMBER OF THE TEACHING FAMILY ASSOCIATION. YOUTH QUEST CONTINUES TO EFFECTIVELY TEACH YOUTH AND FAMILIES SOCIAL, ACADEMIC, AND INDEPENDENT LIVING SKILLS WHICH HAVE BEEN SHOWN TO ENHANCE AT-RISK YOUTH & FAMILIES ABILITIES TO PROVIDE MORE HEALTHY AND FUNCTIONAL HOMES FOR THE COMMUNITY. IN 2009, YOUTH QUEST SERVED 8 AT-RISK YOUTH IN THEIR RESIDENTIAL TREATMENT HOMES.

THE THERAPEUTIC FAMILY SERVICE PROGRAM (TFS) OF YOUTH QUEST PROVIDES PLACEMENTS FOR AT-RISK YOUTH INTO LICENSED FAMILY AND THERAPEUTIC FOSTER CARE HOMES. THE PROFESSIONAL PARENTS IN THESE HOMES PROVIDE AN INNOVATIVE AND EVIDENCE-BASED MODEL OF CARE AND TREATMENT WHICH HELP YOUTH OBTAIN SOCIAL, ACADEMIC, OR FAMILY LIVING SKILLS WHICH WILL HELP THEM TREMENDOUSLY ONCE SUCCESSFULLY DISCHARGED IN THEIR NATURAL AND/OR ADOPTIVE FAMILIES. DURING 2009, TFS SERVED 6 AT-RISK YOUTH IN THERAPEUTIC FOSTER CARE HOMES.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

| | | |
|---|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization YOUTH QUEST, INC | Employer identification number 56-2051437 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1162 BELFAIR WAY | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHAPEL HILL, NC 27517 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

EMILY SCHOFIELD

- The books are in the care of ▶ **1162 BELFAIR WAY - CHAPEL HILL, NC 27517**
Telephone No. ▶ **919-942-1625** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2009** or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | | |
|----|---|----|----|-----|
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | |
| b | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | |
| c | Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | N/A |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|--|---|
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization YOUTH QUEST, INC | Employer identification number 56-2051437 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1515 WEST NC HIGHWAY 54, NO. 220 | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. DURHAM, NC 27707-5576 | |

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

EMILY SCHOFIELD

• The books are in the care of -
 Telephone No. FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
THE REVIEW OF THE FINANCIAL STATEMENTS HAS NOT YET BEEN COMPLETED.

| | | | |
|--|-----------|----|-----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | N/A |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Andrew W. Eason* Title *CPA Agent* Date *8/13/10*
 Form 8868 (Rev. 4-2009)