

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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2006 calendar year, or tax year beginning 2006, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: YOUTH SERVICE BUREAU, INC. Number and street (or P O box if mail is not delivered to street address): 101 WEST PINE STREET City or town, state or country, and ZIP + 4: STILLWATER, MN 55082

D Employer identification number: 41-1333578 E Telephone number: (651) 439-8800 F Accounting method: Cash [X] Accrual [ ] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? Yes [ ] No [X] H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? Yes [ ] No [ ] H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

G Website: WWW.YSB.NET

J Organization type (check only one) [X] 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

I Group Exemption Number M Check [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 927,096.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 911,830. Expenses total: 966,712. Net Assets total: 732,156.

SCANNED OCT 17 2007

RECEIVED OCT 19 2007 OGDEN UT

9.17 14

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	107,344.	69,774.	26,836.	STMT 7 10,734.
<b>25b</b>	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	444,039.	400,425.	15,759.	27,855.
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c				
<b>28</b>	Employee benefits not included on lines 25a - 27	64,614.	61,101.	525.	2,988.
<b>29</b>	Payroll taxes	43,835.	37,754.	3,068.	3,013.
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees				
<b>33</b>	Supplies	23,639.	20,566.	1,654.	1,419.
<b>34</b>	Telephone	12,245.	10,653.	857.	735.
<b>35</b>	Postage and shipping	7,996.	6,956.	560.	480.
<b>36</b>	Occupancy	78,327.	68,143.	5,483.	4,701.
<b>37</b>	Equipment rental and maintenance	9,991.	8,279.	922.	790.
<b>38</b>	Printing and publications	7,029.	6,118.	492.	419.
<b>39</b>	Travel	10,170.	8,848.	712.	610.
<b>40</b>	Conferences, conventions, and meetings				
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc (attach schedule)	35,865.	31,203.	2,511.	2,151.
<b>43</b>	Other expenses not covered above (itemize)				
<b>43a</b>	STMT 8	121,618.	105,809.	8,512.	7,297.
<b>43b</b>					
<b>43c</b>					
<b>43d</b>					
<b>43e</b>					
<b>43f</b>					
<b>43g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	966,712.	835,629.	67,891.	63,192.

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 4,875. (ii) the amount allocated to Program services \$ 4,631.  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ 244.

**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 the 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.

What is the organization's primary exempt purpose? <b>SEE STATEMENT 9</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<b>a</b> <u>MENTAL HEALTH SERVICES: INDIVIDUAL, FAMILY AND GROUP COUNSELING SERVICES PROVIDED AT FOUR SERVICE SITES INTENDED TO PROVIDE YOUTH, AGES 7-18, AND THEIR FAMILIES WITH AFFORDABLE, ACCESSIBLE AND EFFECTIVE CARE.</u>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	473,465.
<b>b</b> <u>SEE STATEMENT 10</u>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	362,164.
<b>c</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	835,629.

**Part IV. Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing . . . . .	6,969.	45	73,892.
	46 Savings and temporary cash investments . . . . .	292,637.	46	209,576.
	47a Accounts receivable . . . . .	47a 68,979.		
	b Less allowance for doubtful accounts . . . . .	47b 48,286.	10,763.	47c 20,693.
	48a Pledges receivable . . . . .	48a		48c
	b Less allowance for doubtful accounts . . . . .	48b		
	49 Grants receivable . . . . .	121,200.	49	58,300.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		50b	
	51a Other notes and loans receivable (attach schedule) . . . . .	51a		51c
	b Less allowance for doubtful accounts . . . . .	51b		
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .	6,232.	53	10,503.
	54a Investments - publicly-traded securities . STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	166,157.	54a	188,963.
	b Investments - other securities (attach schedule) . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments - land, buildings, and equipment basis . . . . .	55a			
b Less accumulated depreciation (attach schedule) . . . . .	55b		55c	
56 Investments - other (attach schedule) . . . . . STMT 12 .	20,644.	56	22,857.	
57a Land, buildings, and equipment basis . . . . .	57a 607,475.			
b Less accumulated depreciation (attach schedule) . . . . .	57b 394,540.	247,068.	57c 212,935.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 13 )	1,253.	58	19,498.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	872,923.	59	817,217.	
Liabilities	60 Accounts payable and accrued expenses . . . . .	63,861.	60	49,000.
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .	25,000.	62	28,300.
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 14 )	7,136.	65	7,761.
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	95,997.	66	85,061.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted . . . . .	631,426.	67	642,156.
	68 Temporarily restricted . . . . .	130,500.	68	75,000.
	69 Permanently restricted . . . . .	15,000.	69	15,000.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	776,926.	73	732,156.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	872,923.	74	817,217.





**Part VI Other Information (continued)**

		Yes	No
82 a	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	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 (See instructions in Part III) . . . . .	82b	3,175.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? . . . . .	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	N/A
85	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members? . . . . .	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members . . . . .	85c	N/A
d	Section 162(e) lobbying and political expenditures . . . . .	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	N/A
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 following tax year? . . . . .	85h	N/A
86	<b>501(c)(7) orgs</b> Enter a Initiation fees and capital contributions included on line 12 . . . . .	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87	<b>501(c)(12) orgs</b> Enter a Gross income from members or shareholders . . . . .	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or 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 meaning of section 512(b)(13)? If "Yes," complete Part XI . . . . .	88b	X
89 a	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u> . . . . .		
b	<b>501(c)(3) and 501(c)(4) orgs</b> Did the organization engage in any section 4958 excess benefit transaction 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 persons during the year under sections 4912, 4955, and 4958 . . . . .		N/A
d	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . .		N/A
e	<b>All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	89e	X
f	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .	89f	X
g	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	89g	N/A
90 a	List the states with which a copy of this return is filed ▶ <u>MN</u> , . . . . .		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions) . . . . .	90b	13
91 a	The books are in care of ▶ <u>ORGANIZATION</u> Telephone no ▶ <u>651-439-8800</u>		
	Located at ▶ <u>101 WEST PINE STREET STILLWATER, MN</u> ZIP + 4 ▶ <u>55082</u>		

		Yes	No
91 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)? . . . . .	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 and Financial Accounts		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . **91c**  Yes  No

If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . .

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ **92** | N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a STMT 16					128,381.
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .			14	25,346.	
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .			16	8,190.	
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory			18	18.	
101 Net income or (loss) from special events . . . . .			01	-7,874.	
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a					
b OTHER REVENUE			01	4,144.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				29,824.	128,381.
105 Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					158,205.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FEES RECEIVED FOR INDIVIDUAL AND FAMILY COUNSELING SESSIONS.
93B	FEES RECEIVED AS A PART OF RUNNING THE COMMUNITY SCHOOL COUNSELING PROGRAM.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	N/A

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.

**Please Sign Here**

Signature of officer: *John W. Hall* Date: *9/20/07*  
 Type or print name and title: *President*

**Paid Preparer's Use Only**

Preparer's signature: *Sandra A. J...* Date: *8/30/07* Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: *CBIZ ACCOUNTING, TAX & ADVISORY*  
*222 S 9TH ST, #1700*  
*MINNEAPOLIS, MN 55402*  
 Preparer's SSN or PTIN (See Gen Inst X): *34-1863018*  
 Phone no: *612-339-7811*

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **YOUTH SERVICE BUREAU, INC.**  
Employer identification number: **41-1333578**

**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 there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(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
SEE STATEMENT 17				
Total number of other employees paid over \$50,000 . . . ▶		NONE		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		NONE

**Part III** **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> 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 ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .		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		
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		X
<b>b</b> Lending of money or other extension of credit? . . . . .		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . STMT . 18	X	
<b>e</b> Transfer of any part of its income or assets? . . . . .		X
<b>3a</b> 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) . . . . .		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .	X	
<b>c</b> 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 . . . . .		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g . . . . .		X
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .	N/A	
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	N/A	
<b>d</b> Enter the total number or donor advised funds owned at the end of the tax year . . . . . ► _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ► _____		
<b>f</b> 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 rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ► _____		NONE
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ► _____		NONE

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions )

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 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)(v) (Also complete the **Support 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 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 Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A** **Support Schedule (Complete only if you checked a box on line 10, 11, or 12)** Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar 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)	841,627.	676,792.	653,602.	611,049.	2,783,070.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	119,324.	177,610.	149,018.	107,654.	553,606.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	34,347.	34,210.	44,606.	43,632.	156,795.
19 Net income from unrelated business activities not included in line 18	25,031.				25,031.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	STMT 19 339.	100.	198.	9,645.	10,282.
23 Total of lines 15 through 22	1,020,668.	888,712.	847,424.	771,980.	3,528,784.
24 Line 23 minus line 17.	901,344.	711,102.	698,406.	664,326.	2,975,178.
25 Enter 1% of line 23.	10,207.	8,887.	8,474.	7,720.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 59,504.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 164,569.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 2,975,178.
d Add Amounts from column (e) for lines 18 156,795. 19 25,031. 22 10,282. 26b 164,569.					26d 356,677.
e Public support (line 26c minus line 26d total)					26e 2,618,501.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 88.0116 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year NOT APPLICABLE					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 9 of the instructions )

NOT APPLICABLE

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b> 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? . . . . . If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b> 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	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group      Check **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is -      The lobbying nontaxable amount is -			
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	} <b>41</b>		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 . . \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 . . . . . \$1,000,000 . . . . .			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .			

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



FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

=====

DESCRIPTION

-----

AMOUNT

-----

INTEREST AND DIVIDENDS

23,133.

ENDOWMENT FUND REVENUE

2,213.

TOTAL

-----  
25,346.  
=====

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE  
=====

OTHER INCOME

OFFICE SPACE RENTAL

8,190.

-----

8,190.

=====

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
RENTAL INCOME	8,190.			8,190.
TOTALS	8,190.			8,190.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUNDRAISERS			
GARDEN TOUR		976.	-976.
GOLF CLASSIC	7,392.	2,598.	-2,598.
FISHING CONTEST		11,692.	-4,300.
JORDAN GOLF CLASSIC			
TOTALS	7,392.	15,266.	-7,874.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION  
-----

AMOUNT  
-----

UNREALIZED GAINS

10,112.

TOTAL

-----  
10,112.  
=====

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PAUL P. WEILER COMPENSATION:	69,774.	26,836.	10,734.
TOTALS	69,774.	26,836.	10,734.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CAFETERIA PLAN ADMINISTRATION	1,643.	1,429.	115.	99.
DUES AND SUBSCRIPTIONS	4,486.	3,903.	314.	269.
BANK CHARGES	990.	861.	69.	60.
BOARD EXPENSES	1,083.	943.	76.	64.
ADVERTISING	10,153.	8,833.	711.	609.
PROFESSIONAL FEES	18,374.	15,985.	1,286.	1,103.
CONSULTING FEES	4,875.	4,242.	341.	292.
CONTRACT SERVICES	20,319.	17,677.	1,422.	1,220.
MINNESOTA CARE TAX	1,741.	1,515.	122.	104.
INSURANCE	14,777.	12,856.	1,034.	887.
STAFF DEVELOPMENT	6,033.	5,249.	422.	362.
EDUCATIONAL PROGRAMS	19,720.	17,157.	1,380.	1,183.
REAL ESTATE TAXES	12,031.	10,467.	842.	722.
MISCELLANEOUS	5,393.	4,692.	378.	323.
TOTALS	121,618.	105,809.	8,512.	7,297.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

THE ORGANIZATION IS A COMMUNITY SUPPORTED, NONPROFIT AGENCY OFFERING PROFESSIONAL COUNSELING SERVICES AND DIVERSION SERVICES TO YOUNG PEOPLE AND THEIR FAMILIES. THE MISSION IS TO IMPROVE THE LIVES OF YOUNG PEOPLE THROUGH EDUCATION, PREVENTION AND EARLY INTERVENTION.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT B

-----  
COMMUNITY JUSTICE PROGRAM: A NUMBER OF PROGRAMS DESIGNED TO PROVIDE AN EARLY INTERVENTION AND PREVENTION ALTERNATIVE TO JUVENILE COURT FOR YOUTH INVOLVED IN DELINQUENT BEHAVIOR. PROGRAMS INCLUDE SCHOOL SUSPENSION ALTERNATIVE, VICTIM OFFENDER MEDIATION SERVICES, COMMUNITY WORK SERVICE AND BEHAVIOR SPECIFIC EDUCATION INTERVENTIONS THAT ADDRESS THEFT, ASSAULT AND CHEMICAL USE.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS	188,963.	FMV
TOTALS	188,963.	

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
BOARD DESIGNATED FUNDS (EDDOW)	22,857.
TOTALS	22,857.

FORM 990, PART IV - OTHER ASSETS  
=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
OTHER RECEIVABLES	19,498.
TOTALS	----- 19,498. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
AGENCY FUNDS PAYABLE	7,261.
SECURITY DEPOSITS	500.
TOTALS	----- 7,761. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
------------------	------------------------------------	--------------	---	-----------------------------------

PAUL P. WEILER  
 101 WEST PINE STREET  
 STILLWATER, MN 55082

EXECUTIVE DIRECTOR  
 40.00

85,133.

22,211.

SEE ATTACHED BOARD LIST

GRAND TOTALS

85,133.

22,211.

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
CLIENT FEES					126,731.
CHARGES FOR EDUCATIONAL SERVICES					1,650.
TOTALS					128,381.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
MICHAEL K. HUNTLEY 101 WEST PINE ST STILLWATER, MN 55082	CLINICAL SUPERVISOR 40.00	59,858.	7,449.
	TOTAL COMPENSATION	59,858.	7,449.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990 PART V

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2005	2004	2003	2002	TOTAL
OTHER REVENUE	339.	100.	198.	9,645.	10,282.
TOTALS	339.	100.	198.	9,645.	10,282.



YOUTH SERVICE BUREAU, INC.  
DEPRECIATION SCHEDULE  
FORM 990, PART II, LINE 42  
12/31/2006

EIN # 41-1333578

	BEGINNING ACCUMULATED DEPRECIATION 1/1/2006	EXPENSE	DISPOSALS	ENDING ACCUMULATED DEPRECIATION 12/31/2006
FURNITURE AND FIXTURES	\$ 29,991	\$ 7,648	\$ 19,845	\$ 17,794
BUILDINGS	361,979	28,217	13,450	376,746
	<b>\$ 391,970</b>	<b>\$ 35,865</b>	<b>\$ 33,295</b>	<b>\$ 394,540</b>

**YOUTH SERVICE BUREAU, INC.**  
**DEPRECIATION SCHEDULE**  
**Form 990, Part IV, Line 57**  
**12/31/2006**

**EIN # 41-1333578**

	<u>Basis</u>	<u>Deprec.</u>	<u>Value</u>
FURNITURE AND FIXTURES	16,786	\$ (17,794)	(1,008)
BUILDINGS	590,689	(376,746)	213,943
Total	<u>\$ 607,475</u>	<u>\$ (394,540)</u>	<u>\$ 212,935</u>

**Youth Service Bureau**  
**Officers, Directors, Trustees, and Key Employees**  
**December 31, 2006**

**Board of Directors**

All members of the board of directors can be reached at:

101 West Pine Street  
Stillwater, MN 55082  
(651) 439-8800

<u>Board Members</u>	<u>Average Hours/Month</u>
Larry Dauffenbach	2.5
John Hall	2.5
William Hutton	2.5
Fred Johnson	2.5
Paula Laidig	2.5
Laurie Ott	2.5
Roger Peterson	2.5
Randal M. Rosburg	2.5

All members are voluntary and receive no compensation, benefits or allowances except as noted on Part V of the Form 990.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box.  **X**
- 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. You must file original and one copy.**

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>YOUTH SERVICE BUREAU, INC.</b>	Employer identification number <b>41-1333578</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>101 WEST PINE STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>STILLWATER, MN 55082</b>	

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

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

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

- The books are in the care of  **ORGANIZATION**  
Telephone No  **651 439-8800** 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 11/15, 2007

**5** For calendar year 2006, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.

**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 ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> 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	<b>8a</b>	\$	<b>NONE</b>
<b>b</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	<b>8b</b>	\$	<b>NONE</b>
<b>c Balance Due.</b> 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	<b>8c</b>	\$	<b>NONE</b>

**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 Bruce Thiel Title CPA Date 8/13/07

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application Please attach this form to the organization's return.
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
Director

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>CBIZ ACCOUNTING, TAX &amp; ADVISORY</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>222 S 9TH ST, #1700</b>
	City or town, province or state, and country (including postal or ZIP code) <b>MINNEAPOLIS, MN 55402</b>

# Application of Extension of Time To File an Exempt Organization Return

(Rev April 2007)

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ 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  **X**
  - 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).

Section 501(c) corporations 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 section 501(c) corporations 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return See instructions	Name of Exempt Organization <b>YOUTH SERVICE BUREAU, INC.</b>	Employer Identification number <b>41-1333578</b>
	Number, street, and room or suite no If a P.O box, see instructions <b>101 WEST PINE STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>STILLWATER, MN 55082</b>	

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

<input checked="" 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 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

- The books are in the care of ▶ THE ORGANIZATION

Telephone No ▶ 651 439-8800 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 section 501(c) corporation required to file Form 990-T) extension of time until 08/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2006 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

<b>3a</b> 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	<b>3a</b>	\$	NONE
<b>b</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	<b>3b</b>	\$	NONE
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	NONE

**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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2007)