

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

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.

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

<b>B</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.	<b>C</b> Name of organization <b>YOUTH SCIENCE INSTITUTE</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>296 GARDEN HILL DRIVE</b> City or town, state or country, and ZIP + 4 <b>LOS GATOS, CA 95032</b>  <b>F</b> Name and address of principal officer: <b>SUSANNE MULCAHY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-1265213</b>  <b>E</b> Telephone number <b>(408) 356-4945</b>  <b>G</b> Gross receipts \$ <b>1,731,324.</b>  <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>WWW.YSI-CA.ORG</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1953</b> <b>M</b> State of legal domicile: <b>CA</b>	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO INSPIRE ENTHUSIASM FOR SCIENCE AND A LOVE OF LEARNING</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>86</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>250</b>
<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,495.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>495.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>683,172.</b>	<b>977,947.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>566,389.</b>	<b>542,630.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,311.</b>	<b>1,945.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,867.</b>	<b>4,361.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,256,739.</b>	<b>1,526,883.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>769,164.</b>	<b>830,770.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>234,435.</b>	<b>33,503.</b>	<b>32,400.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>390,616.</b>	<b>465,707.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,193,283.</b>	<b>1,328,877.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>63,456.</b>	<b>198,006.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>2,554,113.</b>	<b>2,712,519.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>753,577.</b>	<b>713,632.</b>
<b>22</b>		<b>1,800,536.</b>	<b>1,998,887.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>SUSANNE MULCAHY, EXECUTIVE DIRECTOR</b> Type or print name and title	Date _____
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<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <b>LAWRENCE S. KUECHLER</b> Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>BERGER/LEWIS ACCOUNTANCY CORP. 55 ALMADEN BLVD., STE 600 SAN JOSE, CA 95113</b>	Date <b>07/20/11</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>EIN ▶</b> Phone no. ▶ <b>(408) 494-1200</b>
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO INSPIRE ENTHUSIASM FOR SCIENCE AND A LOVE OF LEARNING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

X Yes [ ] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

X Yes [ ] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 633,948. including grants of \$ ) (Revenue \$ 196,095.)

DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, THE INSTITUTE TAUGHT 30,765 CHILDREN IN ITS SCHOOL PROGRAMS, AFTER-SCHOOL PROGRAMS, SUMMER CAMPS, AND PUBLIC EVENTS.

SCHOOL AND GROUP PROGRAMS

YOUTH SCIENCE INSTITUTE REACHES THE GREATEST NUMBER OF CHILDREN THROUGH ITS SCHOOL PROGRAMS. CURRENTLY, FEES CHARGED FOR THESE PROGRAMS COVER ONLY 45% OF YOUTH SCIENCE INSTITUTE'S COST OF DELIVERY ON AVERAGE. NOT A SINGLE CLASSROOM REQUESTING A PROGRAM WAS TURNED AWAY FOR LACK OF FUNDS. IN 2009-10, 27,271 STUDENTS CAME TO THE INSTITUTE WITH THEIR CLASSROOM TEACHER OR COMMUNITY, COMPARED TO 27,254 THE PREVIOUS YEAR.

4b (Code: ) (Expenses \$ 211,316. including grants of \$ ) (Revenue \$ 328,731.)

SUMMER SCIENCE CAMPS

IN 2010, 980 UNIQUE PRE-K THROUGH 6TH GRADE STUDENTS ATTENDED HALF-DAY SUMMER SCIENCE CAMP AT YOUTH SCIENCE INSTITUTE'S SCIENCE AND NATURE CENTERS. THESE STUDENTS FILLED 1,304 "SEATS" IN CAMP. MORE THAN 120 HANDS-ON, SMALL-GROUP OUTDOOR CAMPS WERE OFFERED, SUCH AS FEATHERS, FUR AND SCALES, PHUNKY PHYSICS AND DEEP EARTH/DEEP SPACE. 34 CAMPER SCHOLARSHIPS WERE PROVIDED AND NO ONE REQUESTING A SCHOLARSHIP FOR AT LEAST ONE WEEK OF CAMP WAS TURNED AWAY. YOUTH SCIENCE INSTITUTE'S INSTRUCTOR TO CAMPER RATIOS MEET OR EXCEED THOSE RECOMMENDED BY THE AMERICAN CAMP ASSOCIATION'S ACCREDITATION PROGRAM. IN 2010, THE POPULARITY AND SUCCESS OF "EXTENDED CAMP" FROM 1:00 PM TO 5:00 PM

4c (Code: ) (Expenses \$ 13,595. including grants of \$ ) (Revenue \$ 15,994.)

AFTER-SCHOOL SCIENCE CLASSES

OFFERED TWO DAYS PER WEEK DURING THE SCHOOL YEAR AT YOUTH SCIENCE INSTITUTE VASONA, THESE ENRICHING CLASSES INCORPORATE MATH, SCIENCE, ART, MUSIC AND LANGUAGE INTO SMALL-GROUP, HANDS-ON ACTIVITIES. 94 UNIQUE STUDENTS, AVERAGING SEVEN SESSIONS PER STUDENT, WERE ENROLLED BY THEIR FAMILIES THIS YEAR.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 5,853. including grants of \$ ) (Revenue \$ 1,810.)

4e Total program service expenses \$ 864,712.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i></li> <li>• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i></li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
14b			X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a		5
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		86
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	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.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		N/A
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
	9a		N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		N/A
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
	11a		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.)		
	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DAWN GERDT - 408-356-4945**  
**296 GARDEN HILL DRIVE, LOS GATOS, CA 95032**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY VALBY PRESIDENT	2.00	X		X				0.	0.	0.
RONALD W BARRETT, PH.D. VICE PRESIDENT	2.00	X		X				0.	0.	0.
TOM ANTHONY SECRETARY	2.00	X		X				0.	0.	0.
VALERIE BALL TREASURER	2.00	X		X				0.	0.	0.
MARK LOHBECK PAST PRESIDENT	2.00	X						0.	0.	0.
GIL DECKER DIRECTOR	2.00	X						0.	0.	0.
PAUL KEHOE DIRECTOR	2.00	X						0.	0.	0.
KAY MORLAN DIRECTOR	2.00	X						0.	0.	0.
LAURIE ORLANDO DIRECTOR	2.00	X						0.	0.	0.
JO SCHWEIZER DIRECTOR	2.00	X						0.	0.	0.
DIANE M. CASEY RICCIO, PH.D. MEMBER AT LARGE	2.00	X						0.	0.	0.
PATTI ALONGI-PALMER MEMBER AT LARGE	2.00	X						0.	0.	0.
SUSANNE MULCAHY EXECUTIVE DIRECTOR	40.00			X				90,366.	0.	5,772.
DAWN GERDT CO-FINANCE DIRECTOR	25.00			X				41,133.	0.	0.
PATRICE WILLIAMS CO-FINANCE DIRECTOR	25.00			X				41,133.	0.	0.



Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	12,615.			
	c Fundraising events	1c	32,985.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	115,684.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	816,663.			
	g Noncash contributions included in lines 1a-1f: \$		200,383.			
	h Total. Add lines 1a-1f		977,947.			
	Program Service Revenue	2 a PROGRAM FEES	Business Code 611600	542,630.	542,630.	
		b				
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			542,630.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,945.		1,945.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	10,500.			
		(ii) Personal				
		b Less: rental expenses	8,459.			
		c Rental income or (loss)	2,041.			
	d Net rental income or (loss)		2,041.	1,495.	546.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 32,985. of contributions reported on line 1c). See Part IV, line 18	a	24,675.			
		b Less: direct expenses	24,675.			
c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	171,307.				
	b Less: cost of goods sold	171,307.				
	c Net income or (loss) from sales of inventory		0.			
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	453220	2,320.		2,320.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		2,320.				
12 Total revenue. See instructions.		1,526,883.	542,630.	1,495.	4,811.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	176,182.	44,302.	112,894.	18,986.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	547,884.	491,758.	39,626.	16,500.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	46,890.	39,092.	6,695.	1,103.
10 Payroll taxes .....	59,814.	44,154.	12,754.	2,906.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	17,850.		17,850.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	32,400.			32,400.
f Investment management fees .....				
g Other .....	72,746.	58,251.	13,243.	1,252.
12 Advertising and promotion .....	9,650.	9,650.		
13 Office expenses .....	50,281.	40,143.	4,432.	5,706.
14 Information technology .....	11,899.	9,267.	2,523.	109.
15 Royalties .....				
16 Occupancy .....	23,912.	22,104.	1,710.	98.
17 Travel .....	10,618.	8,757.	1,559.	302.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	7,505.	3,472.	2,868.	1,165.
20 Interest .....	1,629.	1,629.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	82,650.	81,569.		1,081.
23 Insurance .....	12,804.		12,804.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>THRIFT SHOP OPERATIONS</b> .....	152,819.			152,819.
b <b>ANIMAL CARE</b> .....	5,335.	5,335.		
c <b>MISCELLANEOUS</b> .....	3,309.	2,646.	663.	
d <b>RESALE ITEMS</b> .....	1,390.	1,390.		
e <b>EVENT FOODS</b> .....	1,310.	1,193.	109.	8.
f All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>1,328,877.</b>	<b>864,712.</b>	<b>229,730.</b>	<b>234,435.</b>
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	513.	1	537.
	2	Savings and temporary cash investments .....	142,502.	2	301,481.
	3	Pledges and grants receivable, net .....	21,377.	3	69,513.
	4	Accounts receivable, net .....	17,347.	4	21,722.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....	42,662.	8	46,126.
	9	Prepaid expenses and deferred charges .....	12,169.	9	2,212.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 2,837,775.		
	b	Less: accumulated depreciation .....	10b 662,114.		
			2,274,001.	10c	2,175,661.
	11	Investments - publicly traded securities .....	43,542.	11	95,267.
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,554,113.	16	2,712,519.	
Liabilities	17	Accounts payable and accrued expenses .....	60,731.	17	72,248.
	18	Grants payable .....		18	
	19	Deferred revenue .....	25,558.	19	24,932.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....	667,288.	23	616,452.
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	753,577.	26	713,632.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	1,685,029.	27	1,781,887.
	28	Temporarily restricted net assets .....	102,467.	28	203,960.
	29	Permanently restricted net assets .....	13,040.	29	13,040.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	1,800,536.	33	1,998,887.	
34	<b>Total liabilities and net assets/fund balances</b> .....	2,554,113.	34	2,712,519.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b	Were the organization's financial statements audited by an independent accountant? .....	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

Form 990 (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ 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 SCIENCE INSTITUTE** Employer identification number **94-1265213**

**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, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  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 exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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 described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - 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 other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- 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?
 

	Yes	No
(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? <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(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
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.")	461,408.	600,456.	600,622.	683,172.	977,947.	3323605.
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	250,375.	403,750.	334,200.	334,200.	334,200.	1656725.
4 <b>Total.</b> Add lines 1 through 3	711,783.	1004206.	934,822.	1017372.	1312147.	4980330.
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 <b>Public support.</b> Subtract line 5 from line 4.						4980330.

**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	711,783.	1004206.	934,822.	1017372.	1312147.	4980330.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,502.	20,377.	7,851.	2,667.	1,945.	34,342.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			2,467.	2,856.	2,041.	7,364.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,647.	4,372.	1,656.	2,111.	2,320.	13,106.
11 <b>Total support.</b> Add lines 7 through 10						5035142.
12 Gross receipts from related activities, etc. (see instructions)					12	3,748,410.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and 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	98.91 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.66 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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 <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

**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 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 .....						
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 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
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 .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.)						

**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 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
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.) .....						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

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

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

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
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

**YOUTH SCIENCE INSTITUTE**

Employer identification number

**94-1265213**

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 SCIENCE INSTITUTE**

**94-1265213**

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 39,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**YOUTH SCIENCE INSTITUTE**

**94-1265213**

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
7		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>YOUTH SCIENCE INSTITUTE</b>	Employer identification number <b>94-1265213</b>
--	---

**Part II Noncash Property** (see instructions)

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

Name of organization

Employer identification number

**YOUTH SCIENCE INSTITUTE**

**94-1265213**

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**YOUTH SCIENCE INSTITUTE**

Employer identification number

**94-1265213**

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area
- Protection of natural habitat       Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) ..... | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06 .....            | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....  Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,040.	13,040.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	13,040.	13,040.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  100.00 %
- c Term endowment  %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		500,000.		500,000.
b Buildings		414,661.	86,388.	328,273.
c Leasehold improvements		1,608,749.	375,194.	1,233,555.
d Equipment		79,738.	55,762.	23,976.
e Other		234,627.	144,770.	89,857.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>2,175,661.</b>



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,526,883.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,328,877.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	198,006.
4	Net unrealized gains (losses) on investments	4	345.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	345.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	198,351.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,729,618.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	345.
	b Donated services and use of facilities	2b	354,564.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV.)	2d	
	e Add lines 2a through 2d	2e	354,909.
3	Subtract line 2e from line 1	3	1,374,709.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	152,174.
	c Add lines 4a and 4b	4c	152,174.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,526,883.

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

1	Total expenses and losses per audited financial statements	1	1,531,267.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	354,564.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV.)	2d	645.
	e Add lines 2a through 2d	2e	355,209.
3	Subtract line 2e from line 1	3	1,176,058.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	152,819.
	c Add lines 4a and 4b	4c	152,819.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,328,877.

**Part XIV Supplemental Information**

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

**PART III, LINE 1A: COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE OR**

**DONATION ARE NOT CAPITALIZED. PURCHASES OF COLLECTION ITEMS ARE RECORDED**

**AS DECREASES IN UNRESTRICTED NET ASSETS IF PURCHASED WITH UNRESTRICTED**

**ASSETS AND AS DECREASES IN TEMPORARILY RESTRICTED OR PERMANENTLY**

**RESTRICTED NET ASSETS IF PURCHASED WITH DONOR-RESTRICTED ASSETS.**

**CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE STATEMENTS OF**

**ACTIVITIES. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE**

**REFLECTED ON THE STATEMENTS OF ACTIVITIES BASED ON THE ABSENCE OR**

**Part XIV** Supplemental Information (continued)

EXISTENCE AND NATURE OF DONOR-IMPOSED RESTRICTIONS.

THE ORGANIZATION CHANGED ACCOUNTING POLICIES RELATED TO COLLECTIONS BY ADOPTING ASC 958 (FORMERLY SFAS NO. 116, ACCOUNTING FOR CONTRIBUTIONS RECEIVED AND CONTRIBUTIONS MADE) OPTION OF RECOGNIZING NO COLLECTION ITEMS ON ITS STATEMENT OF FINANCIAL POSITION IN THE YEAR ENDED SEPTEMBER 30, 2008. ACCORDINGLY, THE ACCOUNTING CHANGE HAS BEEN RETROSPECTIVELY APPLIED TO PRIOR PERIODS PRESENTED AS IF THE POLICY HAD ALWAYS BEEN USED.

PART III, LINE 4: YOUTH SCIENCE INSTITUTE HAS A COLLECTION OF ANIMAL SKINS AND MOUNTS, BIRD MOUNTS, ROCKS AND OTHER GEOLOGICAL ARTIFACTS, NATIVE AMERICAN ARTIFACTS, AND OTHER NATURE-BASED TEACHING MATERIALS OF VALUE, THAT HAVE BEEN DONATED TO OR PURCHASED BY THE INSTITUTE SINCE 1953.

A PORTION OF THE OVERALL COLLECTION IS ON DISPLAY AT THE INSTITUTE'S THREE SCIENCE AND NATURE CENTERS. A SIGNIFICANT PORTION IS IN STORAGE DUE TO LACK OF DISPLAY SPACE. THE INSTITUTE DOES NOT CURRENTLY HAVE A STAFF CURATOR; CARE AND INVENTORY OF THE COLLECTION IS TAKEN CARE OF BY STAFF ON AN AS-NEEDED BASIS. CONTRIBUTIONS OR PURCHASES OF ITEMS FOR THE COLLECTION ARE NOT REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS SINCE THE INSTITUTE DOES NOT CAPITALIZE COLLECTIONS.

PART V, LINE 4: TO PROVIDE SCHOLARSHIPS TO DESERVING CHILDREN FOR PROGRAMS PROVIDED BY THE YOUTH SCIENCE INSTITUTE.

PART X: UNCERTAINTY IN INCOME TAXES - EFFECTIVE OCTOBER 1, 2009 THE INSTITUTE IMPLEMENTED THE NEW ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES. ACCORDINGLY, AN ENTITY SHALL INITIALLY

**Part XIV** Supplemental Information (continued)

RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE INSTITUTE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES: -645.

THRIFT SHOP OPERATIONS: 152819.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES: 645.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

THRIFT SHOP OPERATIONS: 152819.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SCIENCE OF WINE 10 (event type)	SCIENCE OF GOLF TOURNAM (event type)	NONE (total number)	
Revenue	1	Gross receipts	13,200.	44,460.	57,660.
	2	Less: Charitable contributions	8,300.	24,685.	32,985.
	3	Gross income (line 1 minus line 2)	4,900.	19,775.	24,675.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		288.	288.
	6	Rent/facility costs		12,505.	12,505.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,900.	6,982.	11,882.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 24,675 )
	11	Net income summary. Combine line 3, column (d), and line 10			0.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

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

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

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

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

**a** The organization's facility ..... **13a** %

**b** An outside facility ..... **13b** %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**

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

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **YOUTH SCIENCE INSTITUTE** Employer identification number **94-1265213**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....	X		187,472.	RESALE VALUE
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....				
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( AUCTION ITEMS ) .....	X	31	11,525.	FMV
26	Other ▶ ( SMALL EQUIPME ) .....	X	1	700.	FMV
27	Other ▶ ( SUPPLIES ) .....	X	2	443.	FMV
28	Other ▶ ( POSTAGE ) .....	X	1	243.	FMV

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

YOUTH SCIENCE INSTITUTE

Employer identification number

94-1265213

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

NEW STRATEGIC PARTNERSHIP INITIATIVE: THE MOUNTAIN VIEW WHISMAN SCHOOL  
DISTRICT SCIENCE EDUCATION CONSORTIUM.

YOUTH SCIENCE INSTITUTE IS A FOUNDING PARTNER IN THIS CONSORTIUM OF  
ORGANIZATIONS, EDUCATORS AND FUNDERS THAT HAVE DEVELOPED A CUTTING-EDGE  
APPROACH TO DELIVER MULTIPLE, COORDINATED PROGRAMS OF SCIENCE AND  
ENVIRONMENTAL EDUCATION TO ALL STUDENTS IN GRADES K-8 WITHIN THE  
MOUNTAIN VIEW WHISMAN SCHOOL DISTRICT; 46% OF THESE STUDENTS ARE ON  
FREE/REDUCED LUNCH, AND 44% ARE ENGLISH LANGUAGE LEARNERS.

AT A TIME WHEN SCHOOL BUDGETS ARE BEING ADVERSELY IMPACTED BY SEVERE  
CUTS FROM THE STATE, EDUCATING CALIFORNIA'S YOUTH IN SCIENCE AND THE  
ENVIRONMENT REQUIRES A STRATEGIC APPROACH BY A COMMUNITY OF  
STAKEHOLDERS. THIS UNIQUE CONSORTIUM BRINGS SCHOOL DISTRICT LEADERSHIP,  
SCIENCE AND ENVIRONMENTAL EDUCATION ORGANIZATIONS AND LOCAL FUNDERS  
TOGETHER TO OFFER A COMPREHENSIVE ACHIEVABLE SOLUTION TO FILL THE GAP  
IN SCIENCE EDUCATION IN A STRATEGIC, COLLABORATIVE MANNER THAT WILL  
HAVE LASTING IMPACT ON SCHOOL PERFORMANCE AND STUDENT ACHIEVEMENT.

STUDENTS WHO PROGRESS THROUGH THESE COORDINATED REINFORCING PROGRAMS  
THROUGHOUT THEIR ELEMENTARY SCHOOL YEARS WILL DEVELOP CRITICAL THINKING  
SKILLS, DEMONSTRATE INCREASED SELF-ESTEEM AND MOTIVATION, DEMONSTRATE  
POSITIVE LEARNING ATTITUDES AND BEHAVIORS, AND MAKE CONNECTIONS BETWEEN  
THE HEALTH OF THE ENVIRONMENT AND THEIR PERSONAL HEALTH. TEACHERS WILL  
BE SUPPORTED BOTH WITHIN AND OUTSIDE THE CLASSROOM THROUGH INTERACTION

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WITH SCIENCE AND ENVIRONMENTAL CONTENT EXPERTS, AND WILL BENEFIT FROM  
IMPROVED CLASSROOM TEAMWORK, COLLABORATION AND ENGAGEMENT. THE  
CONSORTIUM BELIEVES THAT WITHIN FIVE YEARS THIS UNIQUE APPROACH WILL  
PROVIDE A MODEL FOR SCHOOL DISTRICTS ACROSS CALIFORNIA BASED ON ITS  
PROVEN SUCCESS, AND THAT THIS MODEL IS APPLICABLE ACROSS DISCIPLINES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IN ANALYZING BOTH DEMAND FOR YSI PROGRAMS, AS WELL AS YSI'S "SWEET  
SPOT" IN EXPERTISE, YSI ASSESSED IT'S HIGH SCHOOL PROGRAM DELIVERY AND  
DETERMINED THAT IT WOULD NO LONGER PROMOTE SPECIFIC PROGRAMS FOR GRADES  
9-12, AS THERE WAS LITTLE OR NO DEMAND FROM YEAR TO YEAR. YSI HAS  
CHANGED IT'S STATED PROGRAM SCOPE FROM PRE-K THROUGH 12TH GRADE TO  
PRE-K THROUGH 8TH GRADE. YSI NOW TAKES REQUESTS FOR HIGH SCHOOL AND  
ADULT PROGRAMS ON A CASE-BY-CASE BASIS AND TAILORS EXISTING PROGRAMS  
ACCORDINGLY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HOWEVER, THE INSTITUTE DELIVERED 1,123 PROGRAMS THIS YEAR, COMPARED TO  
1,225 LAST YEAR. THE NUMBER OF STUDENTS REMAINED FLAT, WHILE THE NUMBER  
OF PROGRAMS DELIVERED DECREASED 9%, REFLECTING AN INCREASE IN AVERAGE  
CLASS SIZES FROM 22 TO 24. 33% OF THESE STUDENTS CAME FROM TITLE 1  
SCHOOLS AND ARE ON FREE LUNCH PROGRAMS. 28% OF THE STUDENTS WERE  
ENGLISH LANGUAGE LEARNERS (ELL).

YOUTH SCIENCE INSTITUTE PROGRAMS FILL THE GAP THAT IS PRESENT IN  
SCIENCE EDUCATION TODAY BY ACTIVELY ADDRESSING THE GROWING SCIENCE

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EDUCATION CRISIS IN OUR SCHOOLS. CLASSROOM TEACHERS CHOOSE YOUTH  
SCIENCE INSTITUTE PROGRAMS BECAUSE THEY PROVIDE SCIENCE EDUCATION  
ACTIVITIES THAT THEY THEMSELVES CANNOT PROVIDE. IN MANY CLASSROOMS, A  
YOUTH SCIENCE INSTITUTE PROGRAM IS THE ONLY HANDS-ON SCIENCE THE  
CHILDREN WILL EXPERIENCE.

YOUTH SCIENCE INSTITUTE SURVEYS EACH TEACHER THAT RECEIVES A PROGRAM.  
RESULTS CONSISTENTLY SHOW OVERWHELMING SUPPORT FOR ALL OF YOUTH SCIENCE  
INSTITUTE'S OFFERINGS WITH EXCEPTIONAL RATINGS FOR PROGRAM CONTENT AND  
DELIVERY, AVERAGING 4.9 OUT OF 5 OVERALL. A MAJORITY OF TEACHERS RETURN  
YEAR AFTER YEAR. MULTIPLE FACTORS INFLUENCED TEACHERS' CHOICE OF YOUTH  
SCIENCE INSTITUTE PROGRAMS; PRACTICALLY ALL TEACHERS RESPONDING TO THE  
SURVEY SELECT MORE THAN ONE REASON THEY CHOOSE YOUTH SCIENCE INSTITUTE,  
HIGHLIGHTING THE INSTITUTE'S MULTI-LEVEL IMPACT.

STRATEGIC PARTNERSHIP PROGRAM: XILINX ECOSYSTEM

THIS YEAR MARKED YOUTH SCIENCE INSTITUTE'S FOURTH YEAR AS A FOUNDING  
PARTNER IN XILINX CORPORATION'S MULTI-SCHOOL, MULTI-AGENCY, LONG-TERM  
COLLABORATION SERVING OSTER ELEMENTARY, UNION MIDDLE, AND LEIGH HIGH  
SCHOOLS IN SAN JOSE. THIS XILINX-FUNDED COLLABORATION FEATURES  
NONPROFITS FROM THE AREAS OF SCIENCE, TECHNOLOGY, THE ARTS, ATHLETICS  
AND COACHING, STUDENT HEALTH AND WELLNESS, AND TEACHER DEVELOPMENT.  
THIS EFFECTIVE AND UNIQUE PARTNERSHIP AMONG INDUSTRY, NONPROFITS, AND  
EDUCATION HAS GAINED INTERNATIONAL ATTENTION AND SEVERAL PRESTIGIOUS  
AWARDS; WORK IS CURRENTLY BEING DONE TO SCALE AND REPLICATE THE MODEL,

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WHICH IS ALREADY IN SEVERAL XILINX CORPORATE LOCATIONS IN THE U.S. AND  
ABROAD. SEVERAL SILICON VALLEY CORPORATIONS HAVE EXPRESSED INTEREST IN  
LAUNCHING THEIR OWN "ECOSYSTEM" PARTNERSHIPS FOR EDUCATION.

STRATEGIC PARTNERSHIP PROGRAM: DIGGING DEEPER COLLABORATIVE

YOUTH SCIENCE INSTITUTE IS ACTIVE IN THE "DIGGING DEEPER"  
COLLABORATIVE, WHICH ENHANCES SCIENCE EDUCATION OPPORTUNITIES FOR TITLE  
1 SCHOOLS TO OFFER CONCENTRATED AND COORDINATED NATURAL SCIENCE  
EDUCATION. THE PROGRAM LINKS THESE ORGANIZATIONS IN A LOGICAL FASHION  
SO THAT EACH PROVIDES A FOUNDATION FOR THE OTHER, ACHIEVING GREATER  
EDUCATIONAL DEPTH WITH MINIMAL ADDITIONAL RESOURCES. THE INSTITUTE IS  
ONE OF SIX ORGANIZATIONS THAT PROVIDE THE ENTIRE SCIENCE PROGRAM FOR  
GEORGE MAYNE SCHOOL IN ALVISO, WHERE 66% OF STUDENTS ARE ON THE  
FREE/REDUCED LUNCH PROGRAM AND 54% ARE ENGLISH LANGUAGE LEARNERS. IN  
THE FOUR YEARS THE PARTNERS HAVE PROVIDED SCIENCE PROGRAMMING, 5TH  
GRADE CALIFORNIA STANDARDS TEST RESULTS IN SCIENCE HAVE IMPROVED 16  
POINTS, FROM 40% AT OR ABOVE PROFICIENT TO 56%.

INSTRUCTOR TRAINING

YOUTH SCIENCE INSTITUTE PROVIDES ON-GOING, IN-DEPTH TRAINING FOR ITS  
PROFESSIONAL TEAM OF INSTRUCTORS IN EFFECTIVELY TEACHING SCIENCE,  
CURRICULUM DEVELOPMENT AND CLASSROOM MANAGEMENT. A SIGNIFICANT NUMBER  
OF THE INSTITUTE'S PART-TIME, ADJUNCT AND SUMMER CAMP INSTRUCTORS GO ON  
TO BECOME PUBLIC AND PRIVATE SCHOOL TEACHERS, CREATING A TREMENDOUS

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RIPPLE EFFECT IN IMPROVING THE QUALITY OF SCIENCE EDUCATION IN SCHOOLS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTINUED, GENERATING ADDITIONAL NET PROGRAM REVENUE AND PROVIDING  
GREATER ACCESS TO CAMP FOR WORKING FAMILIES.

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

PUBLIC EVENTS

EACH YEAR YOUTH SCIENCE INSTITUTE HOLDS AN INSECT FAIR IN MAY AT  
SANBORN PARK AND A WILDLIFE FESTIVAL IN OCTOBER AT ALUM ROCK PARK. EACH  
EVENT IS FREE, OPEN TO THE PUBLIC, AND GEARED FOR FAMILIES. THE EVENTS  
FEATURE LIVE ANIMALS, HANDS-ON LEARNING, AND CRAFTS. 2,760 CHILDREN AND  
ADULTS ATTENDED THESE EVENTS LAST YEAR. ATTENDANCE AT THESE EVENTS  
CONTINUES TO GROW, AND THE INSTITUTE ATTRIBUTES THIS TO GREATER  
COMMUNITY AWARENESS OF YOUTH SCIENCE INSTITUTE, AND FAMILIES FINDING  
THE VALUE IN YOUTH SCIENCE INSTITUTE EVENING AND WEEKEND PROGRAMMING AS  
FAMILIES LOOK FOR EXPERIENTIAL PROGRAMMING FOR THEIR CHILDREN CLOSER TO  
HOME.

THIS YEAR, YOUTH SCIENCE INSTITUTE OPENED EIGHT WEEKEND DAYS FOR  
DROP-INS, STAFFED BY A SENIOR INSTRUCTOR. 230 PEOPLE ENJOYED BOTH  
DROP-IN TIME AND PRESENTATIONS.

EXPENSES \$ 5057. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FAMILY SCIENCE SAFARIS

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YOUTH SCIENCE INSTITUTE'S EVENING AND WEEKEND PROGRAMS FOR FAMILIES  
CONTINUE TO GROW IN POPULARITY. MOST OF THIS YEAR'S EVENTS SOLD OUT, OR  
WERE DOUBLED INTO TWO SESSIONS. THIS IS THE INSTITUTE'S FASTEST  
GROWING PROGRAM. THIS YEAR, 15 SAFARIS WERE OFFERED THROUGH THE YEAR,  
ATTENDED BY 467 CHILDREN AND ADULTS. GIVEN DEMAND, THE INSTITUTE WILL  
CONTINUE TO INCREASE THIS PROGRAMMING IN THE COMING YEAR.  
EXPENSES \$ 796. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1810.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE REVIEWED THE  
FORM 990 PRIOR TO FILING WITH THE IRS. THE FINANCE COMMITTEE INCLUDED THE  
PRESIDENT, TREASURER, AND SEVERAL MEMBERS OF THE BOARD. EACH COMMITTEE  
MEMBER REVIEWED THE FORM 990 IN DETAIL, FOLLOWED BY A COMMITTEE MEETING TO  
DISCUSS THE FORM 990. THE FINANCE COMMITTEE THEN PRESENTED THE FORM 990 TO  
THE ENTIRE BOARD FOR APPROVAL. A PAPER OR ELECTRONIC COPY OF THE FINAL AND  
APPROVED FORM 990 WAS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING WITH  
THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: PURSUANT TO THE CONFLICTS OF  
INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT  
DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER  
TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL  
COVERED PERSONS (I.E., BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP OR  
KEY EMPLOYEES). COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL  
CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE. WHEN SOMEONE BECOMES A  
COVERED PERSON AND ANNUALLY THEREAFTER, EACH COVERED PERSON IS REQUIRED TO

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SIGN A STATEMENT AFFIRMING THAT HE/SHE: (1) HAS RECEIVED A COPY OF THE  
CONFLICT OF INTEREST POLICY; (2) HAS READ THE POLICY AND UNDERSTANDS SAID  
POLICY; AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY,  
INCLUDING COMPLETING THE CONFLICTS OF INTEREST QUESTIONNAIRE. THE  
PROCEDURES FOR ADDRESSING ANY CONFLICT OF INTEREST INCLUDES, BUT IS NOT  
LIMITED TO, THE FOLLOWING: (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED  
TO THE BOARD; (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS  
RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEING  
CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING; (3) THE PERSON WITH  
THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF  
SUCH TRANSACTION; (4) ALTERNATIVES TO THE PROPOSED TRANSACTION ARE  
INVESTIGATED, COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED; AND  
(5) THE TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF  
DISINTERESTED PERSONS.

THE EXECUTIVE DIRECTOR MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT  
OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: DURING THE FISCAL YEAR, THE BOARD  
APPOINTED A COMPENSATION COMMITTEE, COMPRISED SOLELY OF INDEPENDENT  
DIRECTORS, NONE OF WHICH HAD A CONFLICT OF INTEREST WITH RESPECT TO THE  
COMPENSATION ARRANGEMENT, TO BE ACCOUNTABLE FOR REVIEWING THE COMPENSATION  
PACKAGES FOR THE EXECUTIVE DIRECTOR (AS THE TOP MANAGEMENT OFFICIAL) AND  
THE CO-FINANCE DIRECTORS WHO SHARE THE RESPONSIBILITIES OF THE TOP FINANCE  
OFFICIAL. APPROPRIATE COMPARABILITY DATA WAS OBTAINED FROM INDEPENDENT  
SOURCES, I.E., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED

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ORGANIZATIONS FOR SIMILAR JOB RESPONSIBILITIES. THE COMPARABLE DATA WAS  
BASED ON SEVERAL PARAMETERS: GEOGRAPHIC LOCATION, THE NUMBER OF EMPLOYEES,  
FIELD OF SERVICE, AND ANNUAL BUDGET. THE COMMITTEE'S WRITTEN RECORDS  
INCLUDE A LIST OF MEMBERS PRESENT DURING THE DISCUSSION AND DECISION MAKING  
PROCESS AND INCLUDED A DESCRIPTION OF THE COMPARABLE DATA RELIED ON BY THE  
COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: WHILE FEDERAL TAX LAWS DO NOT  
MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION,  
THE ORGANIZATION MAKES IT FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
53	BUILDINGS THRIFT SHOP BUILDING * 990 PAGE 10 TOTAL	062504	SL	30.00	16	414,661.			414,661.	72,566.		13,822.
	BUILDINGS FURNITURE & FIXTURES					414,661.		0.	414,661.	72,566.	0.	13,822.
34	VERTEBRATE CABINET	113082	SL	10.00	16	705.			705.	705.		0.
39	BIRD CASES	070187	SL	10.00	16	2,104.			2,104.	2,104.		0.
47	ALUM ROCK FIREPLACE INSERT	100999	SL	10.00	16	2,545.			2,545.	2,545.		0.
48	VASONA EXHIBITS (LESS GYROSCOPE)	063004	SL	10.00	16	201,144.			201,144.	116,357.		20,114.
49	EXCEED GRANT MODULE	102605	SL	5.00	16	861.			861.	861.		0.
62	DONOR WALL	092908	SL	30.00	16	15,663.			15,663.	268.		776.
66	DONOR WALL - DESIGN	100808	SL	30.00	16	8,734.			8,734.	291.		291.
67	FURNACE * 990 PAGE 10 TOTAL	011409	SL	10.00	16	2,291.			2,291.	229.		229.
	FURNITURE & FIXTUR MACHINERY & EQUIPMENT					234,047.		0.	234,047.	123,360.	0.	21,410.
8	HOOVER CONQUEST/DUST CUP	030593	SL	5.00	16	391.			391.	391.		0.
11	HP LASERJET 4P AT&T TELEPHONE	081894	SL	5.00	16	1,274.			1,274.	1,274.		0.
13	SYSTEM	032295	SL	10.00	16	3,442.			3,442.	3,442.		0.
15	VASONA HVAC	090196	SL	10.00	16	2,177.			2,177.	2,177.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
16	THRIFT SHOP HVAC	010197	SL	10.00	16	17,177.			17,177.	17,177.		0.
28	2 TELESCOPES SEACOAST	063004	SL	10.00	16	5,331.			5,331.	3,331.		533.
29	SCOPE ON A ROPE	072101	SL	5.00	16	2,155.			2,155.	2,155.		0.
30	TELEPHONE SYSTEM	063004	SL	5.00	16	1,280.			1,280.	1,280.		0.
31	DELL SERVER	063005	SL	5.00	16	1,122.			1,122.	1,122.		0.
33	LAPTOP - SUSANNE	121405	SL	3.00	16	1,073.			1,073.	1,073.		0.
55	2 CASH REGISTER MACHINES	082407	SL	5.00	16	1,435.			1,435.	956.		478.
56	ALARM SYSTEM	113006	SL	5.00	16	8,960.			8,960.	5,376.		1,792.
65	DVR OR THRIFT STORE SECURITY	093009	SL	3.00	16	1,518.			1,518.	506.		506.
69	WESITE DEVELOPMENT	052809	SL	5.00	16	22,000.			22,000.	4,400.		4,400.
70	WESITE DEVELOPMENT	121708	SL	5.00	16	7,330.			7,330.	1,466.		1,466.
71	AR SECURITY CAMERAS	010110	SL	5.00	16	3,073.			3,073.			461.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					79,738.		0.	79,738.	46,126.	0.	9,636.
	LAND											
54	LAND - THRIFT SHOP	062504	SL	.000	16	500,000.			500,000.			0.
	* 990 PAGE 10 TOTAL LAND					500,000.		0.	500,000.	0.	0.	0.
	OTHER INSECT											
41	SPECIMENS/CASES	120186		.000	16	580.			580.			0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
50	ALUM ROCK RENOVATION	040196	SL	10.00	16	103,982.			103,982.	103,982.		0.
51	ALUM ROCK AVIARIES	123102	SL	10.00	16	104,773.			104,773.	71,594.		10,477.
52	VASONA ADDITION DOOR FOR VASONA	063006	SL	30.00	16	1235161.			1235161.	130,378.		41,172.
57	BLDG	093006	SL	10.00	16	7,836.			7,836.	1,621.		784.
58	VASONA ADDITION - BLACH CONSTRUCTION	100107	SL	30.00	16	39,824.			39,824.	1,327.		1,327.
59	VASONA LEARNING CENTER LOFT	043008	SL	30.00	16	11,640.			11,640.	388.		388.
60	THRIFT STORE FACADE	090808	SL	30.00	16	36,415.			36,415.	1,315.		1,214.
61	BEAUTY SHOP FACADE	093008	SL	30.00	16	22,682.			22,682.	756.		756.
63	DONOR BRICKS	092808	SL	30.00	16	8,027.			8,027.	522.		14.
64	ROOF & UPPER DOOR	093009	SL	10.00	16	33,828.			33,828.	3,383.		3,383.
68	WINDOW SECURITY UPGRADE	101508	SL	30.00	16	1,240.			1,240.	42.		42.
72	FIXTURES THRIFT STORE	030110	SL	5.00	16	1,500.			1,500.			175.
73	DRESSING ROOM	050110	SL	5.00	16	1,841.			1,841.			154.
	* 990 PAGE 10 TOTAL OTHER					1609329.		0.	1609329.	315,308.	0.	59,886.
	* GRAND TOTAL 990 PAGE 10 DEPR					2837775.		0.	2837775.	557,360.	0.	104,754.