

**Short Form  
Return of Organization Exempt From Income Tax**

**2009**

**Open to Public  
Inspection**

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

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

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

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

**C** Name of organization  
**LAKES AREA YOUTH SERVICE BUREAU, INC.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**244 NORTH LAKE STREET**

City or town, state or country, and ZIP + 4  
**FOREST LAKE MN 55025**

**D** Employer identification number  
**41-1322058**

**E** Telephone number  
**651-464-3685**

**F** Group Exemption Number ▶

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

**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**I** Website: ▶ **WWW.YSBLAKESAREA.ORG**

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

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **458,653**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9
Revenue	1	Contributions, gifts, grants, and similar amounts received														142,717
	2	Program service revenue including government fees and contracts														268,508
	3	Membership dues and assessments														
	4	Investment income														12,658
	5a	Gross amount from sale of assets other than inventory														
	b	Less: cost or other basis and sales expenses														
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>														SEE STMT 1
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)														22,634
b	Less: direct expenses other than fundraising expenses														5,283	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)														17,351	
7a	Gross sales of inventory, less returns and allowances															
b	Less: cost of goods sold															
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															
8	Other revenue (describe ▶ <b>SEE STATEMENT 2</b> )														12,136	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														453,370	
Expenses	10	Grants and similar amounts paid (attach schedule)														
	11	Benefits paid to or for members														
	12	Salaries, other compensation, and employee benefits														331,812
	13	Professional fees and other payments to independent contractors														29,362
	14	Occupancy, rent, utilities, and maintenance														8,719
	15	Printing, publications, postage, and shipping														14,710
	16	Other expenses (describe ▶ <b>SEE STATEMENT 3</b> )														46,035
17	<b>Total expenses.</b> Add lines 10 through 16														430,638	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														22,732
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														428,695
	20	Other changes in net assets or fund balances (attach explanation)														
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														451,427

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

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	400,163	391,434
23	Land and buildings		
24	Other assets (describe ▶ <b>SEE STATEMENT 4</b> )	74,480	91,933
25	<b>Total assets</b>	474,643	483,367
26	<b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 5</b> )	45,948	31,940
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	428,695	451,427

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

What is the organization's primary exempt purpose?

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

**YOUTH PROGRAMS**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**28 PROMOTE THE WELL-BEING OF YOUTH AND THEIR FAMILIES, AND PREVENT JUVENILE DELINQUENCY.**

(Grants \$ ) If this amount includes foreign grants, check here

**28a**

**360,974**

**29**

(Grants \$ ) If this amount includes foreign grants, check here

**29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here

**30a**

**31 Other program services** (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

**31a**

**32 Total program service expenses** (add lines 28a through 31a)

**32**

**360,974**

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEANNE WALZ 244 NORTH LAKE STREET FOREST LAKE MN 55025	EXECUTIVE DIRECTOR 40.00	64,263	16,501	0
MIKE ASCHENBRENER 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
MIKE HASELTINE 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
KATHY LILLIS 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
MEL METTLER 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
RICH OTTOMEYER 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
CLARK QUIRING 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
LYNN STEENBLOCK 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
JIM TRUDEAU 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
BEA ZAUBA 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
BRIAN ALM 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
ROB COLLINS 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
JOE GRAFFT 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
JOE KRYSCHYSHEN 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
KENT STREGE 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
ERIN TURNER 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0
RENEE WAGNER 244 NORTH LAKE STREET FOREST LAKE MN 55025	BOARD MEMBER 1.00	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. <span style="float:right">▶ 37a</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ 38b</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">▶ 39a</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ 39b</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ MN</span>		
42a	The organization's books are in care of <span style="float:right">▶ LAKES AREA YOUTH SERVICE</span> Telephone no. <span style="float:right">▶ 651-464-3685</span> 244 NORTH LAKE STREET Located at <span style="float:right">▶ FOREST LAKE, MN</span> ZIP + 4 <span style="float:right">▶ 55025</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
<b>b</b> If "Yes," was the related organization a section 527 organization?		
<b>49b</b>		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**Sign Here**

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

Signature of officer: *Jessie Walsh* Date: *12-9-2010*  
 Type or print name and title: *Executive Director*

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**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **HARRINGTON LANGER & ASSOCIATES**  
**563 PHALEN BLVD**  
**SAINT PAUL, MN 55130**

Preparer's Identifying Number (See instr.): **P00967515**  
 EIN: **41-1532347**  
 Phone no.: **651-481-1128**

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	197,438	141,492	133,866	152,258	180,531	805,585
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	197,438	141,492	133,866	152,258	180,531	805,585
<b>5</b> 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)						1
<b>6 Public support.</b> Subtract line 5 from line 4						805,584

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	197,438	141,492	133,866	152,258	180,531	805,585
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,588	14,552	14,942	14,791	12,658	64,531
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,762	25,685	21,964	47,958	29,487	129,856
<b>11 Total support.</b> Add lines 7 through 10						999,972
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,419,127
<b>13 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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	80.56%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	83.39%
<b>16a 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"/>		
<b>17a 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"/>		
<b>18 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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**

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

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER RELATED INCOME \$ 10,472

SPECIAL EVENTS \$ 69,767

YOUTH PAGE \$ 49,617

Name of the organization  
**LAKE AREA YOUTH SERVICE  
BUREAU, INC.**

Employer identification number  
**41-1322058**

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 in the heading 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).

Name of organization

**LAKES AREA YOUTH SERVICE**

Employer identification number

**41-1322058**

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<b>UNITED WAY</b> <b>166 EAST FOURTH STREET</b>  <b>ST. PAUL MN 55101</b>	\$ <b>34,961</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<b>ANDERSEN CORPORATE FOUNDATION</b> <b>342 FIFTH AVE NORTH</b>  <b>BAYPORT MN 55003</b>	\$ <b>6,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<b>FRED &amp; KATHERINE B ANDERSEN FOUNDATI</b> <b>PO BOX 80</b>  <b>BAYPORT MN 55003</b>	\$ <b>7,000</b>	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.)

**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
		<b>BTBJ BALL</b> (event type)	<b>TASTE EVENT</b> (event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	13,814	8,820	22,634
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	13,814	8,820	22,634
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,242	1,041	5,283
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				17,351

**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				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" 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				

	Yes	No
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?	9a	X
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	X
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?	12	X



			Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:				
<b>a</b> The organization's facility	13a	%		
<b>b</b> An outside facility	13b	%		
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶ LAKES AREA YOUTH SERVICE BUREAU, 244 NORTH LAKE STREET				
Address ▶ FOREST LAKE MN 55025				
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?			15a	X
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$				
<b>c</b> If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
<b>16</b> Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ \$				
Description of services provided ▶				
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor				
<b>17</b> Mandatory distributions:				
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			17a	X
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$				

# Federal Statements

## Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description	How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
MACRO - COPIER PURCHASE			10/25/00	1/01/09	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL					\$ 0	\$ 0	\$ 0	\$ 0

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**Federal Statements**

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**Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
YOUTH PAGE ADVERTISING	\$ 9,797
MISCELLANEOUS	2,339
TOTAL	<u>\$ 12,136</u>

**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
YOUTH PAGE ADVERTISING	\$
READERSHIP COSTS	2,591
EXPENSES	
SUPPLIES	6,579
TRAVEL	3,459
CONFERENCES/MEETINGS	2,217
INSURANCE	5,669
TRAINING	4,004
DUES AND MEMBERSHIPS	2,068
REPAIRS AND MAINTENANCE	624
UTILITIES	8,676
MISCELLANEOUS	1,768
EQUIPMENT MAINTANENCE	8,380
TOTAL	<u>\$ 46,035</u>

**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS RECEIVABLE	\$ 25,410	\$ 18,232
PREPAID EXPENSES AND DEFERRED CHARGES	2,286	2,282
LEASEHOLD IMPROVEMENTS	154,806	154,806
LESS ACCUMULATED DEPRECIATION	149,359	150,146
FURNITURE AND EQUIPMENT	85,957	76,373
LESS ACCUMULATED DEPRECIATION	73,916	67,689
MUTUAL FUNDS	29,296	58,075
	<u>74,480</u>	<u>91,933</u>

**Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 39,778	\$ 24,830
DEFERRED COMPENSATION	6,170	7,110
	<u>45,948</u>	<u>31,940</u>

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**Federal Statements**

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**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
INITIATIVE FOUNDATION	\$ 10,000	\$
ANDERSEN CORPORATE	16,000	
HUGH J. ANDERSEN FOUNDATION	13,500	
FRED & KATHERINE B ANDERSEN FOUNDAT	20,000	1
ST. CROIX VALLEY COMMUNITY FOUNDATI	11,374	
REZOOM, LLC	5,000	
TOTAL	\$ <u>75,874</u>	\$ <u>1</u>