

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUTH ENRICHMENT SERVICES, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 412 MASSACHUSETTS AVENUE City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02118-3505 F Name and address of principal officer: BRYAN VAN DORPE SAME AS C ABOVE	D Employer identification number 04-2509466 E Telephone number (617) 267-5877 G Gross receipts \$ 1,733,797. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.YESKIDS.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1968 M State of legal domicile: MA		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 26
	6 Total number of volunteers (estimate if necessary)	6 267
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,063,224. Current Year 1,513,116.
	9 Program service revenue (Part VIII, line 2g)	110,930. 99,273.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,212. 8,078.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,960. -71,407.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,249,326. 1,549,060.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		688,566. 794,974.
16a Professional fundraising fees (Part IX, column (A), line 11e)		47,783. 55,767.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 247,040.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		521,928. 542,000.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,275,378. 1,402,741.
19 Revenue less expenses. Subtract line 18 from line 12	-26,052. 146,319.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,087,496. End of Year 1,242,603.
	21 Total liabilities (Part X, line 26)	471,062. 479,850.
	22 Net assets or fund balances. Subtract line 21 from line 20	616,434. 762,753.

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.

Sign Here	Signature of officer BRYAN VAN DORPE, EXECUTIVE DIRECTOR Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name ALFONSO PERILLO	Preparer's signature	Date 02/16/17	Check if self-employed <input type="checkbox"/>	PTIN P00950491
	Firm's name ▶ EDELSTEIN AND COMPANY, LLP	Firm's EIN ▶ 04-2442519			
	Firm's address ▶ 160 FEDERAL STREET, 9TH FLOOR BOSTON, MA 02110	Phone no. 617-227-6161			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:
YOUTH ENRICHMENT SERVICES, INC. INSPIRES AND CHALLENGES YOUTH WITH PHYSICAL AND MENTAL ACTIVITIES THAT FOSTER LIFE-LONG RESPECT FOR SELF, OTHERS, AND THE ENVIRONMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 406,679. including grants of \$) (Revenue \$ 61,471.)
SNOWSPORTS - THE ORGANIZATION PARTNERS WITH A NUMBER OF SKI SLOPES THROUGHOUT NEW ENGLAND TO OFFER SKIING AND SNOWBOARDING TRIPS. THE SKI AREAS, VOLUNTEERS AND RETAILERS DONATE HUNDREDS OF THOUSANDS OF DOLLARS IN LIFT TICKETS, LESSONS, AND EQUIPMENT EACH YEAR. IN FISCAL YEAR ENDED JUNE 30, 2016, THERE WERE 785 PARTICIPANTS INVOLVED IN THESE SKI TRIPS.

4b (Code:) (Expenses \$ 305,343. including grants of \$ 10,000.) (Revenue \$ 7,774.)
YES ACADEMY - THE YES ACADEMY PROVIDES YEAR-ROUND OPPORTUNITIES FOR YOUTH TO LEARN THE CRITICAL AND LEADERSHIP SKILLS NEEDED TO BE SUCCESSFUL IN COLLEGE, WORK, AND LIFE. IN FISCAL YEAR ENDED JUNE 30, 2016, 266 PARTICIPANTS WERE INVOLVED WITH THE ACADEMY.

4c (Code:) (Expenses \$ 297,787. including grants of \$) (Revenue \$ 30,028.)
OUTDOOR ADVENTURE - WEEL LONG "SESSIONS" AND "INTENSIVE" PROGRAMS CHALLENGE YOUTH WITH NEW OUTDOOR RECREATIONAL PROGRAMS. ONE-DAY BIKING, HIKING, ROCK-CLIMBING, KAYAKING, AND PADDLE-BOARDING TRIPS TAKE URBAN YOUTH TO STATE PARKS, RIVERS, AND BAYS IN AND AROUND BOSTON. OVERNIGHT CAMPING TRIPS TAKE PLACE AT SWANN LODGE IN WESTERN MASSACHUSETTS, MADE AVAILABLE TO THE ORGANIZATION BY THE MASSACHUSETTS DEPARTMENT OF CONSERVATION AND RECREATION. IN FISCAL YEAR ENDED JUNE 30, 2016, 678 PARTICIPANTS WERE INVOLVED IN OUTDOOR ADVENTURE TRIPS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,009,809.

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 <i>Schedule B, Schedule of Contributors?</i>	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	X	
b 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>		X
c 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>		X
d 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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. 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 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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 governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: BRYAN VAN DORPE - 617-267-5877 412 MASSACHUSETTS AVENUE, BOSTON, MA 02118

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) RICHARD WARD DIRECTOR	0.50	X						0.	0.	0.
(2) PHILLIP GROSS V.P./DIRECTOR	1.00	X		X				0.	0.	0.
(3) BETSY STRICKLAND PRESIDENT/DIRECTOR	3.00	X		X				0.	0.	0.
(4) KEVIN HICKS DIRECTOR	0.50	X						0.	0.	0.
(5) ARNESSE BROWN DIRECTOR	0.50	X						0.	0.	0.
(6) CANDACE BURNS JOHNSON DIRECTOR	0.50	X						0.	0.	0.
(7) MARCUS EVANS CLERK/DIRECTOR	1.00	X		X				0.	0.	0.
(8) MICHAEL PREINER DIRECTOR	0.50	X						0.	0.	0.
(9) GEOFFREY SOPER V.P./DIRECTOR	2.00	X		X				0.	0.	0.
(10) YUJI KOGA DIRECTOR	0.50	X						0.	0.	0.
(11) MARK MCKENNA DIRECTOR	0.50	X						0.	0.	0.
(12) WENDI MCKENNA DIRECTOR	0.50	X						0.	0.	0.
(13) DEREK FOWLER DIRECTOR	0.50	X						0.	0.	0.
(14) HASSAN SMITH DIRECTOR	0.50	X						0.	0.	0.
(15) BRYAN VAN DORPE EXECUTIVE DIRECTOR	55.00			X				103,144.	0.	17,159.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b Sub-total							103,144.	0.	17,159.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							103,144.	0.	17,159.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	643,250.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	869,866.				
	g Noncash contributions included in lines 1a-1f: \$		58,904.				
	h Total. Add lines 1a-1f		1,513,116.				
	Program Service Revenue	2 a PARTICIPANT FEES	Business Code 900099	99,273.	99,273.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			99,273.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,280.			2,280.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	34,800.				
		(ii) Personal					
		b Less: rental expenses	3,313.				
		c Rental income or (loss)	31,487.				
	d Net rental income or (loss)		31,487.			31,487.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	15,798.				
		(ii) Other	5,525.				
		b Less: cost or other basis and sales expenses	15,525.	0.			
		c Gain or (loss)	273.	5,525.			
	d Net gain or (loss)		5,798.			5,798.	
	8 a Gross income from fundraising events (not including \$ 643,250. of contributions reported on line 1c). See Part IV, line 18	a	63,005.				
		b Less: direct expenses	165,899.				
c Net income or (loss) from fundraising events			-102,894.			-102,894.	
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						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			1,549,060.	99,273.	0.	-63,329.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,000.	10,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	119,634.	81,398.	11,342.	26,894.
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	551,556.	375,266.	52,306.	123,984.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,579.	15,188.	477.	914.
9 Other employee benefits	52,219.	47,508.	1,593.	3,118.
10 Payroll taxes	54,986.	47,655.	2,342.	4,989.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,900.		13,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	55,767.			55,767.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	58,612.	7,356.	41,362.	9,894.
12 Advertising and promotion	411.	349.	26.	36.
13 Office expenses	41,200.	35,057.	2,627.	3,516.
14 Information technology				
15 Royalties				
16 Occupancy	40,236.	34,239.	2,564.	3,433.
17 Travel	83,751.	83,221.	505.	25.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,253.	4,470.	335.	448.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,901.	59,416.	4,194.	6,291.
23 Insurance	30,852.	27,767.	1,543.	1,542.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LIFT TICKETS, LODGING, P	149,392.	140,857.	8,535.	
b VOLUNTEER SUPPORT	26,515.	26,515.		
c MATERIALS AND SUPPLIES	20,894.	12,464.	2,241.	6,189.
d RENTAL SHOP EXPENSES	1,083.	1,083.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,402,741.	1,009,809.	145,892.	247,040.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	127,841.	1	59,533.
	2 Savings and temporary cash investments	322,770.	2	708,542.
	3 Pledges and grants receivable, net	243,454.	3	74,702.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	30,704.	8	25,875.
	9 Prepaid expenses and deferred charges	4,492.	9	8,533.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,279,997.		
	b Less: accumulated depreciation	10b 915,013.	336,033.	10c 364,984.
	11 Investments - publicly traded securities	13,026.	11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	9,176.	14	434.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,087,496.	16	1,242,603.	
Liabilities	17 Accounts payable and accrued expenses	47,392.	17	36,543.
	18 Grants payable		18	
	19 Deferred revenue	15,070.	19	6,631.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	406,000.	23	406,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,600.	25	30,676.
	26 Total liabilities. Add lines 17 through 25	471,062.	26	479,850.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	443,273.	27	690,965.
	28 Temporarily restricted net assets	173,161.	28	71,788.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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 Total net assets or fund balances	616,434.	33	762,753.
34 Total liabilities and net assets/fund balances	1,087,496.	34	1,242,603.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,549,060.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,402,741.
3	Revenue less expenses. Subtract line 2 from line 1	3	146,319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	616,434.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	762,753.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	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
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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.		
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 (2015)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization YOUTH ENRICHMENT SERVICES, INC **Employer identification number** 04-2509466

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 education) Preservation of a 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, and not on a historic structure listed in the National Register	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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on 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 XIII.

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 the organization answered "Yes" on 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	198,161.	275,000.	580,908.	69,814.	98,555.
b Contributions	338,581.	349,383.	40,000.	932,020.	228,970.
c Net investment earnings, gains, and losses					7.
d Grants or scholarships					
e Other expenditures for facilities and programs	414,954.	426,222.	345,908.	420,926.	257,718.
f Administrative expenses					
g End of year balance	121,788.	198,161.	275,000.	580,908.	69,814.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 41.05 %
- b Permanent endowment .00 %
- c Temporarily restricted endowment 58.95 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,700.		12,700.
b Buildings		767,657.	585,637.	182,020.
c Leasehold improvements				
d Equipment		469,517.	326,866.	142,651.
e Other		30,123.	2,510.	27,613.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				364,984.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT	2,600.
(3) CAPITAL LEASE OBLIGATION	28,076.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	30,676.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,851,302.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	266,959.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	40,808.	
e	Add lines 2a through 2d	2e		307,767.
3	Subtract line 2e from line 1	3		1,543,535.
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 XIII.)	4b	5,525.	
c	Add lines 4a and 4b	4c		5,525.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,549,060.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,700,508.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	266,959.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	40,808.	
e	Add lines 2a through 2d	2e		307,767.
3	Subtract line 2e from line 1	3		1,392,741.
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 XIII.)	4b	10,000.	
c	Add lines 4a and 4b	4c		10,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,402,741.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

BOARD DESIGNATED NET ASSETS AT JUNE 30, 2016 OF \$50,000 WAS SET ASIDE BY THE BOARD OF DIRECTORS FOR UNEXPECTED EMERGENCIES.

TEMPORARILY RESTRICTED NET ASSETS AT JUNE 30, 2016 CONSISTED OF:

TIME RESTRICTIONS	\$ 33,333
SCHOLARSHIPS	\$ 5,000
INFORMATION TECHNOLOGY UPGRADE	\$ 4,822
INTERNSHIP-SUMMER	\$ 14,899
PROGRAM-TRACK AND FIELD	\$ 10,000
PROGRAM-WINTER	\$ 3,028
PURCHASE OF SKIING EQUIPMENT	\$ 706

Part XIII Supplemental Information (continued)

TOTAL TEMP RESTRICTED \$ 71,788

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	3,313.
SPECIAL EVENT DIRECT EXPENSES	37,495.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	40,808.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF VEHICLE REPORTED BELOW THE LINE ON FINANCIAL STATEMENTS	5,525.
--	--------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	3,313.
SPECIAL EVENT DIRECT EXPENSES	37,495.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	40,808.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISCRETIONARY SCHOLARSHIPS TAKEN BELOW THE LINE ON FINANCIAL STATEMENTS	10,000.
--	---------

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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))
		FUNDRAISING GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	706,255.			706,255.
	2 Less: Contributions	643,250.			643,250.
	3 Gross income (line 1 minus line 2)	63,005.			63,005.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	53,805.			53,805.
	6 Rent/facility costs				
	7 Food and beverages	74,599.			74,599.
	8 Entertainment				
	9 Other direct expenses	37,495.			37,495.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				165,899.
11 Net income summary. Subtract line 10 from line 3, column (d)				-102,894.	

Part III Gaming. Complete if the organization answered "Yes" on 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 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 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
- 13 Indicate the percentage of gaming activity conducted 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? Yes No
- 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? Yes No
- 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 ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: WENDY JACOBS

(I) ADDRESS OF FUNDRAISER: 220 COMMERCIAL ST #3, BOSTON, MA 02109

(I) NAME OF FUNDRAISER: JULIA BETHMANN

(I) ADDRESS OF FUNDRAISER: 18 HANSOM DRIVE, MERRIMAC, MA 01860

PART I, LINE 2B, COLUMN (V):

Part IV Supplemental Information (continued)

THE ORGANIZATION PAID THE PROFESSIONAL FUNDRAISERS TO WRITE GRANT PROPOSALS FOR NON-GOVERNMENT GRANTS, GENERAL FUNDRAISING CONSULTING ON EVENTS, AND TO IDENTIFY, CULTIVATE, AND MANAGE RELATIONSHIPS WITH HIGH NET-WORTH INDIVIDUAL DONORS AND PROSPECTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **YOUTH ENRICHMENT SERVICES, INC** Employer identification number **04-2509466**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2**

3 Enter total number of other organizations listed in the line 1 table **2**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP TOWARDS COLLEGE TUITION	6	10,000.	0.	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

SCHOLARSHIPS APPLICATIONS ARE RECEIVED, REVIEWED, AND AWARDED TO STUDENTS BY A COMMITTEE OF MEMBERS OF THE BOARD OF DIRECTORS. YES CONDUCTS ITS DUE DILIGENCE OF THE AWARD RECIPIENTS BY OBTAINING HIGH SCHOOL TRANSCRIPTS AND ENSURING THAT AN ACCEPTABLE GPA IS MAINTAINED THROUGHTOUT THE TERM OF THE SCHOLARSHIP.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **YOUTH ENRICHMENT SERVICES, INC** Employer identification number **04-2509466**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	2,499.	MARKET TRADING PRICE
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 ▶ (VARIOUS SMALL)	X	31	53,805.	VALUED BY DONOR
26	Other ▶ (VARIOUS SKI E)	X	8	2,600.	SHOP MARKET PRICE
27	Other ▶ ()				
28	Other ▶ ()				

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 Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

YOUTH ENRICHMENT SERVICES, INC

Employer identification number

04-2509466

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROVIDE CHALLENGING RECREATION, OUTDOOR EDUCATION, A COLLEGE &
CAREER DEVELOPMENT PROGRAM AND SERVICE OPPORTUNITIES TO URBAN YOUTH.

FORM 990, PART VI, SECTION A, LINE 2:

MARK MCKENNA & WENDI MCKENNA - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 8B:

MINUTES ARE DOCUMENTED FOR THE EXECUTIVE COMMITTEE MEETINGS. HOWEVER, THERE
IS NO COMMITTEE THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BODY.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR & CHAIRMAN OF THE FINANCE
COMITTEE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH EMPLOYEE OF THE ORGANIZATION IS REQUIRED TO DISCLOSE ANY OUTSIDE
BUSINESS INTEREST OR ACTIVITY THEY ARE INVOLVED IN TO THE EXECUTIVE
DIRECTOR; THE EXECUTIVE DIRECTOR IS REQUIRED TO PROVIDE THIS INFORMATION TO
THE CHAIRMAN OF THE BOARD. DISCLOSURES ARE MADE IN WRITING SO ANY POTENTIAL
CONFLICT OF INTEREST THAT MAY ARISE CAN BE INVESTIGATED.

FORM 990, PART VI, SECTION C, LINE 19:

ALL APPLICABLE DOCUMENTS ARE AVAILABLE FROM THE ORGANIZATION UPON REQUEST.

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/15 to 06/30/16

Attorney General's Account #: 009926

Federal ID #: 04-2509466

Electronic Payment Confirmation #: 033022

When did the organization first engage in charitable work in Massachusetts? 01/01/1968

Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application OR date of determination letter: 09/14/1973

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No

Check all items attached (if applicable)

- Filing Fee or Electronic Payment Confirmation #
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Probate Account

Organization Data

Name: YOUTH ENRICHMENT SERVICES, INC

Mailing Address: 412 MASSACHUSETTS AVENUE

City: BOSTON State: MA ZIP: 02118-3505

Phone Number: (617) 267-5877 Fax Number: (617) 266-6168

Email: INFO@YESKIDS.ORG Website: WWW.YESKIDS.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	41
Type of Organization (Table 2)	15	Organization Purpose Code 2	43

Please check box if final return prior to dissolution:

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 01/01/1968
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,513,116.
B.	Gross support and revenue	1,543,262.
C.	Program services and similar amounts paid out	1,009,809.
D.	Fundraising expenses	247,040.
E.	Management and general expenses	145,892.
F.	Payments to affiliates	0.
G.	Total expenses	1,402,741.
H.	Net assets or fund balances at the end of the year	762,753.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	BRYAN VAN DORPE EXECUTIVE DIRECTOR	55.00	103,144.	16,489.	0.
2.	JAMIE BURCH DEVELOPMENT DIRECTOR	45.00	82,915.	3,584.	0.
3.	BERNADETTE PEEPLES PROGRAM DIRECTOR	45.00	74,372.	2,975.	0.
4.	SHIONA DECARVALHO YES ACADEMY DIRECTOR	45.00	47,554.	14,284.	0.
5.	PETER HAFFENREFFER DIRECTOR OF FINANCE	28.00	43,983.	14,079.	0.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	WENDY JACOBS	43,802.	DEVELOPMENT CONSULTANT
2.	CORINTHIAN EVENTS, LLC	21,787.	EVENT PLANNERS - GALA
3.	BRADFORD HOAGLAND	15,995.	IT CONSULTANTS
4.	EDELSTEIN & CO.	15,400.	AUDIT/TAX PREPARATION
5.	JULIA BETHMANN	8,965.	GRANT WRITER

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
SEE STATEMENT 1		

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: N/A
City: N/A State: _____ ZIP Code: N/A

12. Contact Person Name: BRYAN VAN DORPE

Street Address: 412 MASSACHUSETTS AVE
City: BOSTON State: MA ZIP Code: 02118
Phone Number: 617-267-5877

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC	BANK IN WHICH FUNDS ARE DEPOSITED	STATEMENT	1
	NAME AND ADDRESS	PHONE NUMBER	
	SANTANDER BANK 279 MASSACHUSETTS AVE BOSTON, MA 02115	617-867-9760	
	CITIZENS BANK 689 MASSACHUSETTS AVE BOSTON, MA 02115	617-779-2700	
	BANK OF AMERICA 133 MASSACHUSETTS AVE BOSTON, MA 02115	800-432-1000	
	CHARLES SCHWABB & CO 127 CONGRESS ST BOSTON, MA 02110	617-210-7400	
	EAST BOSTON SAVINGS BANK 430 WEST BROADWAY SOUTH BOSTON, MA 02127	1-800-657-3272	

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	2
	NAME AND ADDRESS	TITLE	
	BRYAN VAN DORPE 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	EXECUTIVE DIRECTOR	
	RICHARD WARD 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	DIRECTOR	
	PHILLIP GROSS 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	V.P./DIRECTOR	
	BETSY STRICKLAND 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	PRESIDENT/DIRECTOR	
	KEVIN HICKS 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	DIRECTOR	

ARNESSE BROWN 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	DIRECTOR
CANDACE BURNS JOHNSON 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	DIRECTOR
MARCUS EVANS 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	CLERK/DIRECTOR
MICHAEL PREINER 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	DIRECTOR
GEOFFREY SOPER 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	V.P./DIRECTOR
YUJI KOGA 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	DIRECTOR
MARK MCKENNA 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	DIRECTOR
WENDI MCKENNA 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	DIRECTOR
DEREK FOWLER 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	DIRECTOR
HASSAN SMITH 412 MASSACHUSETTS AVENUE BOSTON, MA 02118-3505	DIRECTOR

NAME AND ADDRESS	AREA OF RESPONSIBILITY
BRYAN VAN DORPE 412 MASSACHUSETTS AVE BOSTON, MA 02118	RESPONSIBLE FOR CUSTODY OF FUNDS
PETER HAFFENREFFER 412 MASSACHUSETTS AVE BOSTON, MA 02118	RESPONSIBLE FOR CUSTODY OF FUNDS
BRYAN VAN DORPE 412 MASSACHUSETTS AVE BOSTON, MA 02118	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
PETER HAFFENREFFER 412 MASSACHUSETTS AVE BOSTON, MA 02118	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
BRYAN VAN DORPE 412 MASSACHUSETTS AVE BOSTON, MA 02118	RESPONSIBLE FOR FUNDRAISING
BRYAN VAN DORPE 412 MASSACHUSETTS AVE BOSTON, MA 02118	CUSTODY OF FINANCIAL RECORDS
PETER HAFFENREFFER 412 MASSACHUSETTS AVE BOSTON, MA 02118	CUSTODY OF FINANCIAL RECORDS
BRYAN VAN DORPE 412 MASSACHUSETTS AVE BOSTON, MA 02118	AUTHORIZED TO SIGN CHECKS
RICHARD WARD 412 MASSACHUSETTS AVE BOSTON, MA 02118	AUTHORIZED TO SIGN CHECKS
PETER HAFFENREFFER 412 MASSACHUSETTS AVE BOSTON, MA 02118	AUTHORIZED TO SIGN CHECKS

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

STATEMENT 4

FORM PC

PAGE 6, LINE 24

STATEMENT 4

NAME AND ADDRESS

BRYAN VAN DORPE
412 MASSACHUSETTS AVE.
BOSTON, MA 02118

NATURE OF TRANSACTION

SALARY & BENEFITS

AMOUNT INVOLVED

119,633.

PROCEDURE FOLLOWED

BOARD REVIEW AND APPROVAL

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: BRYAN VAN DORPE

Title: EXECUTIVE DIRECTOR

Name of Preparer: EDELSTEIN AND COMPANY, LLP

Address 160 FEDERAL STREET, 9TH FLOOR

City BOSTON State MA ZIP Code 02110

Phone Number 617-227-6161

**Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

YES KIDS, INC

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input checked="" type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: STATEMENT 5

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

FORM PC SCHEDULE A-1 PROFESSIONAL FUNDRAISING COUNSEL NAME STATEMENT 5

NAME AND ADDRESS

WENDY JACOBS
220 COMMERCIAL ST #3
BOSTON, MA 02109

KATHLEEN SIEMIONKO
41 AZALEA DRIVE
NORWOOD, MA 02062

JULIA BETHMANN
18 HANSOM DRIVE
MERRIMAC, MA 01860

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

BRYAN VAN DORPE

Name and Title: EXECUTIVE DIRECTOR

Address 412 MASSACHUSETTS AVE

City BOSTON

State MA

ZIP Code 02118

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

BRYAN VAN DORPE

Name and Title: EXECUTIVE DIRECTOR

Address 412 MASSACHUSETTS AVE

City BOSTON

State MA

ZIP Code 02118

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

YES KIDS, INC.

Types of solicitation activities in which you expect to engage (check all that apply):

Table with 2 columns: Activity and checkbox. Rows include Mass Mailing, Door-to-door, Entertainment event, Telemarketing without sale of goods or ads, Telemarketing with sale of goods, Telemarketing with sale of ads, Via the Internet, Raffle, beano, bingo or gaming event, Sale of goods other than by telephone, Individual Mailings, Corporate solicitations, Grant Proposals, and Other (specify).

Identify the method or methods you expect to use for the fundraising (check all that apply):

Table with 2 columns: Method and checkbox. Rows include Professional solicitor*, Professional fundraising counsel*, Commercial co-venturer*, Own employees, and Volunteers.

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: STATEMENT 6

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

FORM PC SCHEDULE A-2 PROFESSIONAL FUNDRAISING COUNSEL STATEMENT 6

NAME AND ADDRESS

WENDY JACOBS
220 COMMERCIAL ST #3
BOSTON, MA 02109

KATHLEEN SIEMIONKO
41 AZALEA DRIVE
NORWOOD, MA 02062

JULIA BETHMANN
18 HANSOM DRIVE
MERRIMAC, MA 01860

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

BRYAN VAN DORPE

Name and Title: EXECUTIVE DIRECTOR

Address 412 MASSACHUSETTS AVE

City BOSTON

State MA

ZIP Code 02118

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

BRYAN VAN DORPE

Name and Title: EXECUTIVE DIRECTOR

Address 412 MASSACHUSETTS AVE

City BOSTON

State MA

ZIP Code 02118

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: BRYAN VAN DORPE

Title: EXECUTIVE DIRECTOR

Signature: _____ Date: _____

Printed Name: _____

Title: _____