Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or OMB No -1545-1150

private foundation)

Sponsoring organizations, and controlling organization as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A			lending JUN	30,	2007			
В		icable Please U Name of organization	D Er	nployer	identification number			
	Address use IRS label or							
	Na	and print or YOUTH CHARITIES OF SOUTHERN NEVADA		88-0424171				
	Ini	ntial type See Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite E T	elephone	number			
	Fir	Specific P.O. BOX 46232		702-	651-5769			
[——Jret	mended lions City or town, state or country, and ZIP + 4	F G	roup Exe	mption			
_[Ap	LAS VEGAS, NV 89114-6232	N	umber 🕨	-			
	• S	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete	d G Accounting	method	X Cash Accrual			
_	_	Schedule A (Form 990 or 990-EZ)	Other (spec	fy) 🖊				
-1	Web	bsite: ► N/A	H Check ►	X if t	the organization is not			
J	Orga	anization type (check only one)— \mathbf{X} 501(c) (3) \blacktriangleleft (insert no.) \mathbf{A} 4947(a)(1) or	527 required to atta	ch Sched	Jule B (Form 990, 990-EZ, or 990-PF)			
K	Chec	ck In the organization is not a section 509(a)(3) supporting organization and its gross receipts	s are normally not mor	e than \$2	25,000. A return is not			
_	_requi	ured, 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 \$100,000 or more, file Form 990 instead o		▶ \$				
	<u>art</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balance	es (See page 47 of the	e instruct	tions.)			
	1	Contributions, gifts, grants, and similar amounts received	,	1	<u>34,249.</u>			
	2	Program service revenue including government fees and contracts Membership dues and assessments		2				
5	3	Membership dues and assessments		3				
	4	Investment income RECEIVED		4				
20	5	5a Gross amount from sale of assets other than inventory OCT 2 0 2010 5b Less cost or other basis and sales expenses		╛				
1 0		b Less cost or other basis and sales expenses OC1 2 0 2010 5b						
	- -	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		5c				
۽ ر	6	Special events and activities (attach schedule). If any amounts from daming, check here						
o e	- ;	a Gross revenue (not including \$ of contributions						
Revenue		reported on line 1) 6a]				
ᄫ		b Less: direct expenses other than fundraising expenses 6b	2,991	.]				
CANNING Sev		c Net income or (loss) from special events and activities (line 6a less line 6b)		6c	<2,991.>			
Ĺ	7:	'a Gross sales of inventory, less returns and allowances 7a						
ก	, ,	b Less cost of goods sold 7b						
		c Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c				
	8)	8	10.			
_	9			9	31,268.			
	10		2	10	<u> 27,400.</u>			
	11	Benefits paid to or for members Salaries, other compensation, and employee henefits AUG 1 2 2010		11				
e S	12			12				
penses	13	Professional fees and other payments to independent contractors den, Utah Occupancy, rent, utilities, and maintenance		13				
Exp		Occupancy, rent, utilities, and maintenance		14				
ш	15	Printing, publications, postage, and shipping		15	 			
	16	Other expenses (describe SEE STA	ATEMENT 1)	16	<u> </u>			
_	17			17	27,529.			
\o	18	Excess or (deficit) for the year (line 9 less line 17)		18	<u>3,739.</u>			
set	19			1 1				
-Net-Assets	İ	(must agree with end-of-year figure reported on prior year's return)		19	11,108.			
Š	20	, , ,		20				
	21		<u> </u>	21	14,847.			
<u> U</u> F	art							
-		(See page 51 of the instructions.)	(A) Beginning of year		(B) End of year			
- 1		Cash, savings, and investments	11,108		<u>14,847.</u>			
/ 2	3 La	and and buildings		23				
2	4 01	Other assets (describe)		24				
2		Total assets	11,108		14,847.			
		「otal liabilities (describe ►)		26	0.			
		Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,108	3 . 27	14,847.			
62 01	3421 -19-07	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2006)			

_	n 990-EZ (2006) YOUTH CHARITIES OF SOUTHER			88-	042	<u>4171</u>		Page 2
_	art III Statement of Program Service Accomplishment		uctions.)			Expen		
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	(Required for 501(c)(3) and (4) organizations and						
	cribe what was achieved in carrying out the organization's exempt purposes. In a c rided, the number of persons benefited, or other relevant information for each pro		á)(1) tru					
28	FUNDS AND FOOD WERE DONATED IN ORDER	TO FEED YOU	THS AND				-	_
THEIR FAMILIES.								
	(Grants \$) If this amount includes foreign gra				28a			
29 THE ORGANIZATION GAVE CHECKS TO FIFTEEN CHARITIES								
	TO ASSIST UNDERPRIVILEGED YOUTHS							
	(Create ©				29a			
30	(Grants \$) If this amount includes foreign gra	ants, check here			29a			
00								
	(Grants \$) If this amount includes foreign gra	ints, check here	>		30a			
31	Other program services (attach schedule)							
	(Grants \$) If this amount includes foreign gra	nts, check here			31a		_	
	Total program service expenses (add lines 28a through 31a)				32			<u>0.</u>
Pa	art IV List of Officers, Directors, Trustees, and Key En	iployees (List each one ev	ven if not compensated			$\overline{}$	tions)	
		B) Title and average hours	(C) Compensation		ntribution mployee		E) Exp	ense
	(A) Name and address	per week devoted to	(If not paid, enter	bene	efit plans & account an			
		position	-0-)	I	eferred pensatio		er allo	wances
						_		
_	SEE STATEMENT 4			1				
			<u>. </u>					
					_			
				,				
P	art V Other Information (Note the statement requirement in Ge	eneral Instruction V)					Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? if		on of each activity			33		X
34	Were any changes made to the organizing or governing documents but not repoil			the chan	ges	34		X
35	If the organization had income from business activities, such as those re	ported on lines 2, 6, and	7 (among others),					
	reported on Form 990-T, attach a statement explaining your reason for r	not reporting the income	on Form 990-T					
a	Did the organization have unrelated business gross income of \$1,000 or more or	6033(e) notice, reporting, a	nd proxy tax require	ments'	7	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?					35b	N/	$\overline{}$
36	Was there a liquidation, dissolution, termination, or substantial contraction during	. 1	1		^	36	_	<u> X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instr	uctions.	37a		0 .	7		47
	Did the organization file Form 1120-POL for this year?	too or how amplement account	a any augh lagge	nda in -	Driez	37b	-	X
ob a	Did the organization borrow from, or make any loans to, any officer, director, trus	stee, or key employee or wer	e any such loans ma	aue III a	prior	38a		x
h	year and still unpaid at the start of the period covered by this return? If "Yes," attach the schedule specified in the line 38 instructions and enter the ami	ount involved	38b N	/A_		30a		
ս 39	501(c)(7) organizations Enter:	Junt IIIvoivou		,		7	}	
	Initiation fees and capital contributions included on line 9		39a N	/A				
_	Greec receipts uncluded on line 0, for public uses of club facilities			/ A		1		

Form **990-EZ** (2006)

Form 9		0424171	Page 3
, 🗀	(vota in o otalonia in control in otalonia in otalonia)		
	01(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
	ection 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .		\
	01(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it		Yes No
	ecome aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b	X
	nter amount of tax imposed on organization managers or disqualified persons during the year under		1 1
	ections 4912, 4955, and 4958	0.	
	nter amount of tax on line 40c reimbursed by the organization	0.	
	Il organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	X
	st the states with which a copy of this return is filed. > NV		
	ne books are in care of ▶ <u>J. CHARLES THOMPSON</u> Telephone no. ▶ <u>70</u> 2		
		► <u>8911</u>	.3
	any time during the calendar year, did the organization have an interest in or a		
	ver a financial account in a foreign country (such as a bank account, securities a		
	ecount)?		
	"Yes," enter the name of the foreign country:		
	ee the instructions for exceptions and filing requirements for Form TD F 90-22		
	any time during the calendar year, did the organization maintain an office outsi		
	"Yes," enter the name of the foreign country"		
	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu		
	nd enter the amount of tax-exempt interest received or accrued during the tax y		
Please	Under penalties of penalty. I declare that I have examined this return, including accompanies, Declaration of preparer (other than officer) is based on all inform		
Sign Here	Signature of officer		
	M 1 M M X X X X X X X X X X X X X X X X		
	Type or print name and title		
Paid Prepare	Preparer's signature D		
Use On	Firm's name (or yours FAMILTI & RING		
	if self-employed), 2600 PASEO VERDE PKWY ST		1040

no.

702-433-1040

Form 990-EZ (2006)

address, and ZIP + 4

HENDERSON,

NV

89074-7164

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the org	ganization				Employer identifi	cation number
	YOUTH CHARITIES OF SOU	THE	RN NEVADA_		88 04241	.71
Part I	Compensation of the Five Highest Paid (See page 2 of the instructions. List each one. If there are no			Officers, Direc	ctors, and Ti	rustees
	(a) Name and address of each employee paid more than \$50,000		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
NONE						
						-
						
Total number of over \$50,000	f other employees paid	•	0			
Part II-A	Compensation of the Five Highest Paid (See page 2 of the instructions. List each one (whether indiv	-	pendent Contractor		onal Service	es
	(a) Name and address of each independent contractor paid m			(b) Type of s	ervice (c) Compensation
NONE						
- 						
	others receiving over fessional services	•	0			
Part II-B	Compensation of the Five Highest Paid (List each contractor who performed services other than pro	ofession	nal services, whether individu		ervices	
	firms. If there are none, enter "None." See page 2 of the instr (a) Name and address of each independent contractor paid me			(b) Type of s	ervice (c) Compensation
NONE						
						
		- -				
	other contractors receiving over					
\$50,000 for other	EL PELNICEP		0			

Schedule A (Form 990 or 990-EZ) 2006

N/A

N/A

d Enter the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

Pa	rt IV	Reason for Non-Private Foundation S	Status (See pages 4	through 7 of the instruction	ons.)				
5 6 7 8 9	fy that the	hat the organization is not a private foundation because it is; (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
10 11a		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.							
11b 12	X	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)							
13		An organization that is not controlled by any disqualified 509(a)(3). Check the box that describes the type of superscript Type II	pporting organization: Type III-Fu	inctionally Integrated		Type III-C			
		Provide the following information al		nizations (See page 7 of					
		(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	the sup organiz	ipported on listed in porting	(e) Amount of support		
					Yes	No			
	<u> </u>			<u>. </u>	<u> </u>		.		
<u>Total</u>						•			

Schedule A (Form 990 or 990-EZ) 2006

0. 0. 27d Add; Line 27a total and line 27b total 307,623. Public support (line 27c total minus line 27d total) 27e 308,230 Total support for section 509(a)(2) test; Enter amount on line 23, column (e) 27g 99.8031% Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .1969% 27h

8 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Schedule A (Form 990 or 990-EZ) 200

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc 75-50,

Schedule A (Form 990 or 990-EZ) 2006

	itures by Electing Public Charities (an eligible organization that filed Form 5768)	(See page	e 10 of	the instructions.)	N/A
heck a if the organization belon-	gs to an affiliated group. Check b	if yo	ou chec	ked "a" and "limited contri	ol" provisions apply.
	Lobbying Expenditures tures" means amounts paid or incurred.)			(a) Affiliated group totals	(b) To be completed for a electing organizations
6 Total lobbying expenditures to influence 7 Total lobbying expenditures to influence 8 Total lobbying expenditures (add lines 3) 9 Other exempt purpose expenditures 10 Total exempt purpose expenditures 11 Lobbying nontaxable amount. Enter the self the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$17,000,000 Over \$1,000,000 but not over \$17,000,000 Over \$17,000,000 Subtract line 42 from line 36. Enter -0- if 9 Subtract line 41 from line 38. Enter -0- if	public opinion (grassroots lobbying) a legislative body (direct lobbying) 6 and 37) lines 38 and 39) amount from the following table - The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 % of line 41) line 42 is more than line 36		36 37 38 39 40 41 41 42 43 44	N/A	

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

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

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

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- ${f b}$ Paid staff or management (Include compensation in expenses reported on lines ${f c}$ through ${f h}$)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
-		
L		0.

623151

Schedule A (Form 990 or 990-EZ) 2006

01-18-0

FORM 990-EZ	OTHER EXPENSE	S 	STATEMENT	1
DESCRIPTION			AMOUNT	
LICENSE & PERMITS BANK CHARGES COMPUTER PROGRAM			:	25. 18. 86.
TOTAL TO FORM 990-EZ, LINE	1 6		1:	29.
FORM 990-EZ (CASH GRANTS AND ALLOCA	ATIONS	STATEMENT	2
CLASS OF ACTIVITY/DONEE'S	NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUN	r
YOUTH ASSISTANCE VARIETY EARLY LEARNING CEN	TER	NONE	15	50.
YOUTH ASSISTANCE ST JAMES CATHOLIC CHURCH A	AFTER SCHOOL PROGRAM	NONE	25	50.
YOUTH ASSISTANCE CHILDREN'S ADVOCACY ALLIAN	ICE	NONE	4,00	00.
YOUTH ASSISTANCE POLICE ATHLETIC LEAGUE		NONE	2,00	00.
YOUTH ASSISTANCE MANUEL J CORTEZ ELEMENTARY	SCHOOLS	NONE	2,00	00.
YOUTH ASSISTANCE INTERFAITH NETWORK		NONE	2,00	00.

YOUTH CHARITIES OF SOUTHERN NEVADA		88-0424171
YOUTH ASSISTANCE ST DISMAS & FRIENDS	NONE	2,000.
YOUTH ASSISTANCE LAS VEGAS RANGE SOFTBALL	NONE	2,000.
YOUTH ASSISTANCE NV PARTNERSHIP FOR HOMELESS YOUTH	NONE	2,000.
YOUTH ASSISTANCE BOYS & GIRLS CLUB OF NEVADA	NONE	2,000.
YOUTH ASSISTANCE BOYS & GIRLS CLUB OF HENDERSON	NONE	2,000.
YOUTH ASSISTANCE LINCOLN SCHOOL	NONE	2,000.
YOUTH ASSISTANCE O.K. ADCOCK SCHOOL	NONE	1,500.
YOUTH ASSISTANCE DORIS HANCOCK SCHOOL	NONE	1,500.
YOUTH ASSISTANCE LAS VEGAS ACADEMY INTERNATION STUDIES & ARTS	NONE	2,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		27,400.

					==
FORM 990-EZ	PART III -	STATEMENT	OF ORGANIZATION'	S STATEMENT	3
	PRI	MARY EXEMPT	r purpose		

EXPLANATION

TO ENHANCE THE LIVES OF CHILDREN AND THEIR FAMILIES IN SOUTHERN NEVADA THROUGH SUPPORT IN THE AREAS OF EDUCATION, HEALTH, LIFE SAFETY, ETC.

FORM 990-EZ PART IV - LIST C TRUSTEES AN	F OFFICERS, DIF	STATEMENT 4			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
MIKE MEYER 9304 PROVENCE GARDEN LANE - LAS	PRESIDENT		-		
VEGAS, NV 89145	0.00	0.	0.	0.	
MIKE MEYER 9304 PROVENCE GARDEN LANE - LAS	DIRECTOR				
VEGAS, NV 89145	0.00	0.00 0.		0.	
J. CHARLES THOMPSON	TREASURER				
8435 DEL VISTA CT - LAS VEGAS, NV 89113	0.00	0.	0.	0.	
JARED SHAFER	SECRETARY				
P.O. BOX 50790 - HENDERSON, NV 89016	0.00	0.	0.	0.	
GLORIA BANK WEDDLE	BOARD OF DIREC	TORS			
5200 CORAL GLOW COURT - LAS VEGAS, NV 89149	0.00	0.	0.	0.	
FATHER DAVE CASALEGGIO	BOARD OF DIREC	TORS			
3050 ALTA DRIVE - LAS VEGAS, NV 89117	0.00	0.	0.	0.	
JIM CHAISSON SR.	BOARD OF DIREC	TORS			
2333 SOUTH DECATUR BLVD - LAS VEGAS, NV 89102	0.00	0.	0.	0.	
	BOARD OF DIREC	TORS			
2333 SOUTH DECATUR BLVD - LAS VEGAS, NV 89102	0.00	0.	0.	0.	

YOUTH CHARITIES OF SOUTHERN NEVAD	A			88-04	24171
DAVID CHAPMAN C/O P.O. BOX 46232 - LAS VEGAS, NV		DIRECTORS			
89114	0.00		0.	0.	0.
MANNY CORTEZ C/O P.O. BOX 46232 - LAS VEGAS, NV	BOARD OF	DIRECTORS			
89114	0.00		0.	0.	0.
JIM DONOFRIO 5410 CAMERON #101 - LAS VEGAS, NV	BOARD OF	DIRECTORS			
89118	0.00		0.	0.	0.
MIKE FAUCI 4320 W DESERT INN RD, SUITE C - LAS		DIRECTORS			
VEGAS, NV 89102	0.00		0.	0.	0.
MARK FINE 3960 HOWARD HUGHES PKY #750-A - LAS		DIRECTORS			
VEGAS, NV 89109	0.00		0.	0.	0.
FREDDIE GLUSMAN 355 CONVENTION CENTER DRIVE - LAS VEGAS, NV 89109	BOARD OF	DIRECTORS			
	0.00		0.	0.	0.
DARA GOLDSMITH, ESQ 2055 VILLAGE CENTER CIRCLE - LAS	BOARD OF	DIRECTORS			
VEGAS, NV 89134	0.00		0.	0.	0.
BOBBY GORDON C/O P.O. BOX 46232 - LAS VEGAS, NV	BOARD OF	DIRECTORS			
89114	0.00		0.	0.	0.
GEORGE GRAZIADEI, ESQ 302 E CARSON, SUITE 400 - LAS	BOARD OF	DIRECTORS			
	0.00		0.	0.	0.
CHRISTINA HIXSON 3907 W CHARLESTON BLVD - LAS VEGAS,		DIRECTORS			
NV 89102	0.00		0.	0.	0.
RITCHIE ISOLA 12271 AGATE ROAD - EAGLE POINT, OR	BOARD OF	DIRECTORS			
97524	0.00		0.	0.	0.
SHAWN KING, CPA 2600 PASEO VERDE PKWY, SUITE 250 - HENDERSON, NV 89074	BOARD OF	DIRECTORS			
	0.00		0.	0.	0.
· · ·	BOARD OF	DIRECTORS			
302 E CARSON, SUITE 400 - LAS VEGAS, NV 89101	0.00		0.	0.	0.

YOUTH CHARITIES OF SOUTHERN NEVADA					88-0424171		
RON LURIE 740 S DECATUR BLVD - LAS VEGAS, NV		DIRECTORS					
89107	0.00		0.	0.	0.		
MIKE MCDONALD C/O P.O. BOX 46232 ~ LAS VEGAS, NV		DIRECTORS					
89114	0.00		0.	0.	0.		
BOB MCMONIGLE 5450 W SERENE AVE - LAS VEGAS, NV	BOARD OF	DIRECTORS					
89139	0.00		0.	0.	0.		
DR. LOUIS MORTILLARO 501 S RANCHO DR. , SUITE F-37 - LAS		DIRECTORS					
VEGAS, NV 89106	0.00		0.	0.	0.		
JOHN MORAN JR. 630 s 4TH ST, SUITE 400 - LAS	BOARD OF	DIRECTORS					
VEGAS, NV 89101	0.00		0.	0.	0.		
RICK RIZZOLO 3632 CANYON VIEW DRIVE - LAS VEGAS,		DIRECTORS					
NV 89107	0.00		0.	0.	0.		
CHARLES SKINNER 208 STARLIGHT DR - LAS VEGAS, NV	BOARD OF	DIRECTORS					
39107	0.00		0.	0.	0.		
TONY TEGANO 208 TESORO DR - LAS VEGAS, NV 89144	BOARD OF 0.00	DIRECTORS	0.	0.	0.		
TERRY WRIGHT 2500 N BUFFALO #250 - LAS VEGAS, NV		DIRECTORS					
89128	0.00		0.	0.	0.		
GERRY ZOBRIST C/O P.O. BOX 46232 - LAS VEGAS, NV 39114	BOARD OF	DIRECTORS					
	0.00		0.	0.	0.		
TOTALS INCLUDED ON FORM 990-EZ, PAR	T IV		0.	0.	0.		

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT				5
DIRECTLY OR II	IZATION, DURING THE YEAR, RECEIVE ANY FUNDS, NDIRECTLY, TO PAY PREMIUMS ON A PERSONAL ACT?]]	YES	[X]	NO
	IZATION, DURING THE YEAR, PAY PREMIUMS, NDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO