

2007 TAX RETURN

GOVERNMENT COPY

Client: 051560

Prepared for: YOUTH ALTERNATIVES, INC.
50 LYDIA LANE
SOUTH PORTLAND, ME 04106
(207) 874-1175

Prepared by: PETER MONTANO
MACDONALD PAGE & CO LLC
30 LONG CREEK DR
SOUTH PORTLAND, ME 04106
207-774-5701

Date: MAY 1, 2009

Comments:

draft

Route to: _____

**MACDONALD PAGE & CO LLC
30 LONG CREEK DR
SOUTH PORTLAND, ME 04106
207-774-5701**

May 1, 2009

Youth Alternatives, Inc.
50 LYDIA LANE
SOUTH PORTLAND, ME 04106

Dear Ginny:

Your 2007 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8453-EO - Exempt Organization Declaration and Signature for Electronic Filing. No tax is payable with the filing of this return.

Enclosed is your 2007 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2009 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

Peter Montano

MACDONALD PAGE & CO LLC
30 LONG CREEK DR
SOUTH PORTLAND, ME 04106
207-774-5701

Client 051560
May 1, 2009

Youth Alternatives, Inc.
50 LYDIA LANE
SOUTH PORTLAND, ME 04106
(207) 874-1175

FEDERAL FORMS

Form 990	2007 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Form 990-T	2007 Exempt Organization Bus. Income Tax Return
Form 8453-EO	Declaration for Electronic Filing

FEE SUMMARY

Preparation Fee

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Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

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

C YOUTH ALTERNATIVES, INC. 50 LYDIA LANE SOUTH PORTLAND, ME 04106

D Employer Identification Number 01-0316041 E Telephone number (207) 874-1175 F Accounting method: Cash, Accrual

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

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: WWW.YOUTHALTERNATIVES.ORG

J Organization type (check only one) 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 19,743,856.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning and end of year.

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instructions*.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	476,313.	72,444.	403,869.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	10,433,572.	8,608,296.	1,643,364.	181,912.
27 Pension plan contributions not included on lines 25a, b, and c.....	27				
28 Employee benefits not included on lines 25a - 27.....	28	1,599,156.	1,399,326.	183,586.	16,244.
29 Payroll taxes.....	29	790,836.	629,113.	148,569.	13,154.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31				
32 Legal fees.....	32				
33 Supplies.....	33	215,139.	142,621.	57,692.	14,826.
34 Telephone.....	34	208,059.	136,154.	70,147.	1,758.
35 Postage and shipping.....	35				
36 Occupancy.....	36	366,409.	360,453.		5,956.
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38				
39 Travel.....	39	250,373.	244,352.	5,817.	204.
40 Conferences, conventions, and meetings.....	40				
41 Interest.....	41	360,908.	180,507.	173,179.	7,222.
42 Depreciation, depletion, etc (attach schedule).....	42	447,426.	237,276.	203,406.	6,744.
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 4	43a	4,058,452.	3,128,516.	765,141.	164,795.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	19,206,643.	15,139,058.	3,654,770.	412,815.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 5</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 6</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	15,139,058.
b ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	15,139,058.

BAA Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
ASSETS	45 Cash — non-interest-bearing	17,808.	45 27,653.
	46 Savings and temporary cash investments.....	623,606.	46 1,011,863.
	47a Accounts receivable.....	47a 3,749,018.	
	b Less: allowance for doubtful accounts	47b	47c 3,749,018.
	48a Pledges receivable.....	48a 264,798.	
	b Less: allowance for doubtful accounts	48b	48c 264,798.
	49 Grants receivable.....		49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	51a Other notes and loans receivable (attach schedule)	51a 804,184.	
	b Less: allowance for doubtful accounts	51b	51c 804,184.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54a Investments — publicly-traded securities... STMT 7... <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54a 175,514.
	b Investments — other securities (attach sch)... STMT 8... <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54b 12,760.
	55a Investments — land, buildings, & equipment: basis	55a	
	b Less: accumulated depreciation (attach schedule)	55b	55c
	56 Investments — other (attach schedule)		56
	57a Land, buildings, and equipment: basis.....	57a 15,033,697.	
b Less: accumulated depreciation (attach schedule)... STATEMENT 9... 57b 2,462,792.		57c 8,378,858.	
58 Other assets, including program-related investments (describe ► <u>SEE STATEMENT 10</u>)		58 654,657. 234,885.	
59 Total assets (must equal line 74). Add lines 45 through 58		59 11,365,781. 18,851,580.	
LIABILITIES	60 Accounts payable and accrued expenses	999,087.	60 1,582,577.
	61 Grants payable		61
	62 Deferred revenue	34,901.	62 118,804.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)... SEE STATEMENT 11	4,881,827.	64a 4,789,707.
	b Mortgages and other notes payable (attach schedule)... SEE STATEMENT 12	1,720,907.	64b 5,906,019.
	65 Other liabilities (describe ► <u>SEE STATEMENT 13</u>)	689,533.	65 1,790,017.
66 Total liabilities. Add lines 60 through 65	8,326,255.	66 14,187,124.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	2,552,963.	67 4,158,611.
	68 Temporarily restricted	486,563.	68 505,845.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,039,526.	73 4,664,456.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	11,365,781.	74 18,851,580.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	21,903,903.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	127,678.
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>SEE STM 14</u>	b4	2,344,334.
	Add lines b1 through b4	b	2,472,012.
c	Subtract line b from line a	c	19,431,891.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	19,431,891.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	21,621,565.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	127,678.
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>SEE STMT 15</u>	b4	2,287,244.
	Add lines b1 through b4	b	2,414,922.
c	Subtract line b from line a	c	19,206,643.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	19,206,643.

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Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 16		438,949.	37,364.	0.

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	X	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?.....		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
85a			
85b			
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members.....		N/A
85c			
d	Section 162(e) lobbying and political expenditures.....		N/A
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....		N/A
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		N/A
86a			
b	Gross receipts, included on line 12, for public use of club facilities.....		N/A
86b			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		N/A
87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		N/A
87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.....		X
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....		X
89g			
90a	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.).....		350
90b			
91a	The books are in care of ▶ <u>MICHELLE CARTER</u> Telephone number ▶ <u>(207) 874-1175</u> Located at ▶ <u>50 LYDIA LANE SOUTH PORTLAND ME</u> ZIP + 4 ▶ <u>04106</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....		X
91b			
	If 'Yes,' enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

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

If 'Yes,' enter the name of the foreign country ▶

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

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CLIENT RENT FOR RESID					122,548.
b CONTRACTS WITH PARTNE					32,769.
c DHS ROOM & BOARD					1,159,703.
d LINKAGE PROJECT					148,926.
e					
f Medicare/Medicaid payments					10,858,289.
g Fees & contracts from government agencies					5,950,356.
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	56,533.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	-20,216.			
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-3,964.	
101 Net income or (loss) from special events			1	74,321.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS			3		8,499.
c MISCELLANEOUS- ADMIN			3		3,702.
d REC.U. OF OK CONSULT			3		
e TRAINING FOR FAM. MED			3		6,950.
104 Subtotal (add columns (B), (D), and (E))		-20,216.		126,890.	18,291,742.
105 Total (add line 104, columns (B), (D), and (E))					18,398,416.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	REVENUE FROM DHS ROOM AND BOARD AND MEDICAID ALLOW THE ORGANIZATION TO PROVIDE PROGRAMS THAT TREAT AT-RISK YOUTH WHO HAVE VARIOUS SOCIAL AND PHYSICAL NEEDS.

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
50 MONUMENT SQUARE, LLC	100.000 %	REAL PROP. LESSOR	256,962.	4,036,735.
50 MONUMENT SQUARE	%			
PORTLAND, ME 04104	%			
56-2519539	%			

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

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

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

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

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

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please Sign Here

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

▶ _____ Date _____
Signature of officer

▶ MICHAEL TARPINIAN, PRESIDENT
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) P00321474
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>MACDONALD PAGE & CO LLC</u> <u>30 LONG CREEK DR</u> <u>SOUTH PORTLAND, ME 04106</u>		EIN ▶ <u>01-0242373</u> Phone no. ▶ <u>207-774-5701</u>	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization YOUTH ALTERNATIVES, INC.	Employer identification number 01-0316041
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 17		552,796.	34,142.	0.
Total number of other employees paid over \$50,000	▶ 23			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III Statements About Activities (See instructions.)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations.(See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through 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 .)			

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

YOUTH ALTERNATIVES, INC.

Employer identification number

01-0316041

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

YOUTH ALTERNATIVES, INC.

Employer identification number

01-0316041

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY OF GREATER PORTLAND 400 CONGRESS ST PORTLAND, ME 04112-5200	\$ 402,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	A KINDER WORLD FOUNDATION 225 FRANKLIN ST BOSTON, MA 02110	\$ 47,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TD BANKNORTH P.O. BOX 9540 PORTLAND, ME 04112-9540	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	COLDWELL BANKER RESDNTL BROKER 1601 TRAPELO RD SUITE 24 WALTHAM, MA 02451	\$ 22,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE KRESGE FOUNDATION 2701 TROY CENTER DR TROY, MI 48084	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SEAL BAY FUND - ME COMM. FDN 1 MONUMENT WAY, SUITE 200 PORTLAND, ME 04101	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

YOUTH ALTERNATIVES, INC.

01-0316041

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	LIBRA FOUNDATION ----- 3 CANAL PLAZA #5 ----- PORTLAND, ME 04101 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	EAST BROWN COW MGMT ----- 100 COMMERCIAL STREET ----- PORTLAND, ME 04101 -----	\$ 31,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	UNUM ----- 2211 CONGRESS ST. ----- PORTLAND, ME 04102 -----	\$ 25,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	AMERICAN HUMANE ASSOCIATION ----- 63 INVERNESS DRIVE EAST ----- ENGLEWOOD, CO 80112 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11	ANONYMOUS ----- 50 LYDIA LANE ----- SOUTH PORTLAND, ME 04106 -----	\$ 25,680.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12	ANONYMOUS ----- 50 LYDIA LANE ----- SOUTH PORTLAND, ME 04106 -----	\$ 26,015.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

draft

Name of organization

Employer identification number

YOUTH ALTERNATIVES, INC.

01-0316041

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	CASEY FAMILY SERVICES ----- 75 WASHINGTON AVE ----- PORTLAND, ME 04101 -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

draft

Name of organization

YOUTH ALTERNATIVES, INC.

Employer identification number

01-0316041

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	STOCKS ----- ----- -----	\$ 25,680.	12/07/07
12	STOCKS ----- ----- -----	\$ 25,895.	4/01/08
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

draft

Name of organization

YOUTH ALTERNATIVES, INC.

Employer identification number

01-0316041

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

draft

YOUTH ALTERNATIVES, INC.

01-0316041

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	COMPUTER EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		78,212.	
BASIS METHOD:	COST		
DEPRECIATION:		74,248.	
			GAIN (LOSS) -3,964.
			TOTAL GAIN (LOSS) OTHER ASSETS <u>\$ -3,964.</u>
			TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES <u>\$ -3,964.</u>

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
REUNION BENEFIT AUCTION	93,563.	0.	93,563.	15,988.	77,575.
SEA DOGS WELCOME BACK DINNER	11,581.	0.	11,581.	14,835.	-3,254.
TOTAL	<u>\$ 105,144.</u>	<u>\$ 0.</u>	<u>\$ 105,144.</u>	<u>\$ 30,823.</u>	<u>\$ 74,321.</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

BEGINNING NET ASSETS OF MERGER ENTITY.....	\$ 1,399,682.
TOTAL	<u>\$ 1,399,682.</u>

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	23,095.	13,531.	9,564.	
BUILDING MAINTENANCE	120,051.	103,977.	14,245.	1,829.
CLIENT EXPENSES	221,772.	221,772.		
CONSULTANTS	927,288.	594,370.	320,882.	12,036.
FOOD	188,695.	188,695.		

YOUTH ALTERNATIVES, INC.

01-0316041

STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
FOSTER PARENT STIPENDS	835,545.	835,545.		
INSURANCE	175,251.	137,217.	36,826.	1,208.
MINOR EQUIPMENT	188,123.	61,442.	125,656.	1,025.
MISCELLANEOUS	343,575.	150,741.	153,616.	39,218.
OTHER - PLUG	-28,423.		-28,423.	
PNMI TAX	447,397.	447,397.		
RESPIRE	34,274.	34,274.		
RESTRICTED FUNDRAISING	100,291.			100,291.
STAFF TRAINING	159,657.	84,723.	72,310.	2,624.
UTILITIES	321,861.	254,832.	60,465.	6,564.
TOTAL	<u>\$ 4,058,452.</u>	<u>\$ 3,128,516.</u>	<u>\$ 765,141.</u>	<u>\$ 164,795.</u>

STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PARTNERS WITH COMMUNITIES AND INDIVIDUALS TO DELIVER A FULL SPECTRUM OF SOCIAL SERVICES AND MENTAL HEALTH CARE THAT BEGINS PRENATALLY AND CONTINUES THROUGHOUT THE LIFESPAN WITH PROGRAMS THAT ADVANCE HEALTHIER LIVES, HAPPIER FAMILIES, AND STRONGER COMMUNITIES.

STATEMENT 6
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>BASS HOUSE BASS HOUSE, LOCATED IN SACO, IS A TRANSITIONAL RESIDENCE FOR AT-RISK YOUTH, AGES 10 TO 17, WHO HAVE A HISTORY OF BEING ABUSED OR NEGLECTED, HAVE BEEN INVOLVED WITH THE JUVENILE JUSTICE SYSTEM, HAVE HAD SERIOUS PROBLEMS IN SCHOOL, HAVE HAD PREVIOUSLY UNSUCCESSFUL PLACEMENTS, ARE IN FAMILY CONFLICT OR HAVE LIVED ON THE STREETS. WHILE AT BASS HOUSE, RESIDENTS RECEIVE ASSESSMENTS AND ARE LINKED TO NEEDED SOCIAL SERVICES IN PREPARATION FOR A PERMANENT PLACEMENT, SUCH AS FOSTER CARE OR ANOTHER GROUP HOME, OR REUNIFICATION WITH THEIR FAMILIES. BASS HOUSE OFFERS A SAFE, STABILIZING, AND HOME-LIKE ENVIRONMENT. STAFF DEVELOPS A SERVICE PLAN THAT ADDRESSES THE YOUTH'S INDIVIDUAL NEEDS INCLUDING APPROPRIATE INTERPERSONAL, COPING, AND POSITIVE DECISION-MAKING SKILLS. THIS RESIDENCE IS NAMED IN RECOGNITION OF CORPORATE SUPPORTER, G.H. BASS & CO. NUMBER OF CLIENTS SERVED: 11</p>	<p>INCLUDES FOREIGN GRANTS: NO</p>	543,126.
<p>HERITAGE HOUSE HERITAGE HOUSE, LOCATED IN SOUTH PORTLAND, IS A THERAPEUTIC</p>		

YOUTH ALTERNATIVES, INC.

01-0316041

STATEMENT 6 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>TRANSITIONAL RESIDENCE FOR ADOLESCENT FEMALES LEAVING OR BEING DIVERTED FROM THE MAINE YOUTH CENTER TO RETURN TO THEIR FAMILIES OR TO LIVE INDEPENDENTLY. THEY MAY BE IN STATE CUSTODY. THIS PROGRAM IS DESIGNED TO MEET THE NEEDS OF GIRLS AGES 14 TO 17. THIS GENDER-SPECIFIC MODEL FOCUSES ON THE DEVELOPMENT OF SKILLS REQUIRED TO LIVE AS PRODUCTIVE CITIZENS. EDUCATION, COUNSELING, JOB TRAINING, LIFE-SKILLS DEVELOPMENT, SELF-ESTEEM BUILDING, VOLUNTEERISM AND RECREATION ARE INCORPORATED INTO EACH GIRL'S INDIVIDUAL SERVICE PLAN. THIS RESIDENCE IS NAMED IN RECOGNITION OF CORPORATE SUPPORTER, PEOPLE'S HERITAGE BANK. NUMBER OF CLIENTS SERVED: 15</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		554,554.
<p>STEP GROUP HOME STEP GROUP HOME, LOCATED IN PORTLAND, AND THE AGENCY'S FLAGSHIP PROGRAM, IS A LONG-TERM RESIDENCE OFFERING SUPPORT FOR ADOLESCENT MALES AND FEMALES. STEP PROVIDES A SAFE, HEALTHY AND EDUCATIONAL ENVIRONMENT TO YOUTHS WHO HAVE BEEN NEGLECTED, EMOTIONALLY, PHYSICALLY OR SEXUALLY ABUSED, OR, WHOSE PREVIOUS PLACEMENTS HAVE NOT MET THEIR NEEDS. RESIDENTS ARE IN STATE CUSTODY AND/OR INVOLVED WITH THE STATE'S JUVENILE JUSTICE SYSTEM. THE RESIDENTIAL STAFF WORKS TO STRENGTHEN THE YOUTHS' CONNECTION TO WORK, SCHOOL, COMMUNITY AND FAMILY. NUMBER OF CLIENTS SERVED: 19</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		554,768.
<p>PERRY'S PLACE THIS BRIDGE HOME, LOCATED IN BOWDOINHAM, IS A TRANSITIONAL RESIDENCE FOR AT-RISK BOYS AND GIRLS, AGES 6 TO 12, FROM AUGUSTA, ROCKLAND AND THE BATH-BRUNSWICK AREA, WHO HAVE BEEN REMOVED FROM THEIR HOMES DUE TO ABUSE OR NEGLECT. THE AGENCY'S NEWEST GROUP-CARE FACILITY PROVIDES INTENSIVE THERAPEUTIC SUPPORT, PSYCHOSOCIAL ASSESSMENTS AND A SAFE ENVIRONMENT. THIS RESIDENCE PROVIDES THESE CHILDREN WITH A HOME-LIKE SETTING WHILE THEY AWAIT REFERRAL TO A HEALTHY, LONG-TERM PLACEMENT OR A SAFE RETURN TO THEIR FAMILIES. THIS BRIDGE MODEL ELIMINATES THE NEED FOR MULTIPLE AND OFTEN UNSUCCESSFUL EMERGENCY PLACEMENTS. NUMBER OF CLIENTS SERVED: 17</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		586,520.
<p>REARDON'S PLACE REARDON'S PLACE, LOCATED IN SOUTH PORTLAND, IS AN IMMEDIATE-CARE FACILITY FOR BOYS AND SERVES OUR STATE'S MOST VULNERABLE YOUTH. OFFERING A SUPPORTIVE AND NURTURING ENVIRONMENT, THIS 24-HOUR RESIDENCE IS A SAFE HAVEN FOR THOSE LIVING ON THE STREETS, RUNNING FROM AN ABUSIVE HOME, IN FAMILY CONFLICT, IN STATE CUSTODY OR INVOLVED IN THE JUVENILE JUSTICE SYSTEM. THESE YOUTH ARE AWAITING A GROUP HOME, FOSTER CARE, COURT-ORDERED PLACEMENT OR FAMILY REUNIFICATION. THIS PROGRAM PROVIDES CRISIS INTERVENTION, ASSESSMENT, COUNSELING, EMERGENCY CARE, EVALUATION AND REFERRAL TO LONG-TERM PLACEMENTS. IN ADDITION TO PROVIDING A SAFE ENVIRONMENT AND MEALS, REARDON'S PLACE PROVIDES</p>		

YOUTH ALTERNATIVES, INC.

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STATEMENT 6 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
RESIDENTS AN EDUCATIONAL PROGRAM THROUGH THE CITY OF SOUTH PORTLAND. NUMBER OF CLIENTS SERVED: 81 INCLUDES FOREIGN GRANTS: NO		608,600.
TREATMENT FOSTER CARE FOSTER CARE SERVICES PROVIDES SPECIALIZED FOSTER HOMES FOR HARD-TO-PLACE YOUTH WITH SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS. INDIVIDUALS WITH EDUCATION, TRAINING AND EXPERIENCE RELEVANT TO THE SPECIALIZED NEEDS OF THESE YOUTH ARE RECRUITED. THEY, TOO, PARTICIPATE IN THE FOSTER CARE SUPPORT AND TRAINING SPONSORED BY YOUTH ALTERNATIVES. NUMBER OF CLIENTS SERVED: 81 INCLUDES FOREIGN GRANTS: NO		1,395,056.
FAMILY MEDIATION SERVICES WHEN NO WORDS SEEM TO HELP, FAMILY MEDIATION OFFERS FAMILIES A WAY TO SOLVE ISSUES THAT CAUSE PAIN, SEPARATION AND CONFLICT. MORE THAN 90 ADULT AND TEEN VOLUNTEER MEDIATORS HELP FAMILIES LEARN HOW TO LISTEN TO EACH OTHER'S CONCERNS, FIND FAIR SOLUTIONS TO CURRENT ISSUES AND LEARN NEW WAYS TO RESOLVE FUTURE CONFLICTS. FROM THE FIRST PHONE CALL THROUGH THE ENTIRE PROCESS, A CASE COORDINATOR HELPS THE FAMILY BY PROVIDING INFORMATION, REFERRALS AND SUPPORT. NUMBER OF CLIENTS SERVED (FAMILIES 129, CHILDREN 316) INCLUDES FOREIGN GRANTS: NO		104,485.
FAMILY OUTREACH SERVICES WHEN FAMILIES NEED STRENGTHENING, FAMILY OUTREACH SERVICES OFFERS COUNSELING AND INFORMATION TO FAMILIES AT RISK OF HAVING ONE OR MORE CHILDREN PLACED OUTSIDE THE HOME. THIS PROGRAM ALSO AIDS FAMILIES THAT HAVE A CHILD RETURNING TO THE HOME. THIS SERVICE IS DESIGNED TO BOLSTER AND PRESERVE FAMILIES BY PROVIDING SUPPORT AND RESOURCES FOR PARENTING SKILLS, ANGER MANAGEMENT AND IMPROVED COMMUNICATION. THIS HOME-BASED PROGRAM SERVES AND ADDRESSES THE NEEDS OF THE ENTIRE FAMILY. NUMBER OF CLIENTS SERVED: 99 INCLUDES FOREIGN GRANTS: NO		106,434.
FAMILY SUPPORT SERVICES CUMBERLAND COUNTY: A COMMUNITY-BASED PROGRAM PROVIDING INTENSIVE CASE MANAGEMENT SERVICES TO FAMILIES IN WHICH REPORTS HAVE BEEN MADE TO THE DEPARTMENT OF HUMAN SERVICES FOR AN ABUSE OR NEGLECT INVESTIGATION THROUGHOUT THE COUNTY. CASE MANAGERS WORK TO DEVELOP A PLAN WITH THE FAMILY TO MEET THE NEEDS OF HEALTH, SHELTER, AND SUPERVISION AND TO INCREASE THE SAFETY AND WELL BEING OF THE FAMILY AND CHILDREN. NUMBER OF CLIENTS SERVED: 400 INCLUDES FOREIGN GRANTS: NO		513,211.
FAMILY SUPPORT SERVICES YORK COUNTY: A COMMUNITY-BASED PROGRAM PROVIDING INTENSIVE CASE MANAGEMENT SERVICES TO FAMILIES IN WHICH REPORTS HAVE BEEN MADE TO THE DEPARTMENT OF HUMAN SERVICES FOR AN ABUSE OR NEGLECT INVESTIGATION THROUGHOUT THE COUNTY. CASE MANAGERS WORK TO DEVELOP A PLAN		

YOUTH ALTERNATIVES, INC.

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STATEMENT 6 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
WITH THE FAMILY TO MEET THE NEEDS OF HEALTH, SHELTER, AND SUPERVISION AND TO INCREASE THE SAFETY AND WELL BEING OF THE FAMILY AND CHILDREN. NUMBER OF CLIENTS SERVED: 400 INCLUDES FOREIGN GRANTS: NO		530,643.
HOMELESS YOUTH SERVICES HOMELESS YOUTH SERVICES PROVIDES SAFETY ASSESSMENTS AND CASE MANAGEMENT TO HOMELESS YOUTH AND YOUTHS IN NEED OF SERVICE. CASE MANAGERS PERFORM INTENSIVE OUTREACH TO THIS POPULATION TO ENSURE THE SAFETY OF THOSE ON THE STREET AND HELPING TO MOVE THEM INTO SAFER ENVIRONMENTS. NUMBER OF CLIENTS SERVED: 51 INCLUDES FOREIGN GRANTS: NO		154,108.
JUVENILE DETENTION ALTERNATIVES PROGRAM A COMMUNITY BASED PROGRAM THAT PROVIDES SUPPORT, MONITORING AND INTENSIVE CASE MANAGEMENT SERVICES TO AT-RISK YOUTH INVOLVED IN THE JUVENILE JUSTICE SYSTEM THAT WOULD BE DETAINED AT LONG CREEK YOUTH CENTER OR SHORTING THEIR DETAINMENT. WHILE FOCUSING ON REHABILITATION, CASE MANAGERS WORK INTENSIVELY WITH THE YOUTH'S FAMILY, ADDRESS INDIVIDUAL BEHAVIORS, MENTAL HEALTH ISSUES AND SUBSTANCE ABUSE PROBLEMS. THEY HELP YOUTH RETURN TO SCHOOL, IMPROVE RELATIONSHIPS, BUILD SELF-ESTEEM AND PREPARE FOR EMPLOYMENT WHEN APPROPRIATE. NUMBER OF CLIENTS SERVED: 289 INCLUDES FOREIGN GRANTS: NO		385,822.
CHILD ABUSE & NEGLECT COUNCIL: THROUGH LEADERSHIP, ADVOCACY, COMMUNITY EDUCATION AND PROFESSIONAL TRAINING, THE COUNCIL MOBILIZED THE COMMUNITY TO TAKE RESPONSIBILITY FOR THE WELL-BEING OF CHILDREN AND FAMILIES AND TO PREVENT CHILD ABUSE AND NEGLECT. SERVICES INCLUDE: ADVOCACY AND NETWORKING INITIATIVES IN COLLABORATION WITH OTHER CHILD-SERVING AGENCIES; TRAINING TO MANDATED REPORTERS, COMMUNITY ORGANIZATIONS AND OTHERS; AND SERVING AS AN INFORMATION CLEARINGHOUSE ON CHILD ABUSE PREVENTION. PARENTING EDUCATION PROGRAMS PROVIDING INFORMATION, TRAINING AND RESOURCES TO COMMUNITY GROUPS, SCHOOLS AND INDIVIDUALS ON NURTURING AND CHILD REARING ARE ALSO OFFERED. NUMBER OF CLIENTS SERVED: 1,000 INCLUDES FOREIGN GRANTS: NO		143,438.
HEALTHY FAMILIES PARTNERSHIP HEALTHY FAMILIES FEATURES A VARIETY OF PROGRAMS DESIGNED TO SUPPORT PRESENT AND FUTURE PARENTS. ONE COMPONENT OF THE PROGRAM OFFERS A COMMUNITY-BASED, UNIVERSAL HOME VISITING PROGRAM DESIGNED TO SUPPORT NEW AND EXPECTANT PARENTS. FAMILIES ARE OFFERED SUPPORT FROM A PARENT PARTNER WHO MAKES REGULAR HOME VISITS. THIS PARTNERSHIP MAY CONTINUE FROM PREGNANCY OR BIRTH UNTIL THE CHILD REACHES KINDERGARTEN AGE. PARENT PARTNERS SHARE INFORMATION, EDUCATIONAL RESOURCES AND KNOWLEDGE ABOUT COMMUNITY SERVICES. THROUGH THE PARENTING EDUCATION PROGRAM, HEALTHY FAMILIES IS ABLE TO PROVIDE PREVENTION INITIATIVE, PARENT SUPPORT AND EDUCATION GROUPS		

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STATEMENT 6 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>AND TO DEVELOP AND MAINTAIN COMMUNITY-RESPONSIVE PROGRAMS TO RESIDENTS THROUGHOUT CUMBERLAND COUNTY. NUMBER OF CLIENTS SERVED: 114 GROUPS 126</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		639,631.
<p>GIRLS TRANSITIONAL PROGRAM: A PROGRAM DESIGNED SPECIFICALLY TO SERVE AT-RISK YOUTH WHO WOULD BENEFIT FROM A BRIEF, SOLUTION FOCUSED THERAPEUTIC MODEL. TYPICALLY, RESIDENTS ARE IN NEED OF STABILIZATION PRIOR TO MOVING TO A PERMANENT, OR LONG-TERM PLACEMENT. NUMEROUS PRECIPITATING FACTORS MAY NECESSITATE PLACEMENT AT THE FACILITY, ALL OF WHICH AFFECT THE RESIDENT'S ABILITY TO MAINTAIN HER PREVIOUS PLACEMENT. NUMBER OF CLIENTS SERVED: 55</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		496,462.
<p>MULTIDIMENSIONAL TREATMENT FOSTER CARE (MTFC) MULTIDIMENSIONAL TREATMENT FOSTER CARE (MTFC) IS AN ALTERNATIVE TO CORRECTIONS AND GROUP CARE FACILITIES. AS RESEARCHED AND DEVELOPED BY THE OREGON SOCIAL LEARNING CENTER, MTFC PLACES JUVENILE OFFENDERS WHO NEED RESIDENTIAL TREATMENT WITH FOSTER FAMILIES WHO ARE TRAINED TO PROVIDE CLOSE SUPERVISION, FAIR LIMITS, CONSISTENT CONSEQUENCES AND A SUPPORTIVE RELATIONSHIP. RESEARCH ON MTFC PROGRAMS IN THIS COUNTRY HAS PROVEN IT TO BE A COST-EFFECTIVE AND EFFICACIOUS APPROACH. WITHIN THE MTFC MODEL, A YOUTH'S PROGRAM CAN BE INDIVIDUALIZED TO FIT HIS OR HER NEEDS, CHALLENGES AND STRENGTHS. RATHER THAN PLACING THEM IN GROUPS SETTINGS, MTFC PLACES CAREFULLY SELECTED YOUTH IN A FAMILY SETTING AWAY FROM PEERS WHO HAVE SIMILAR PROBLEMS AND MAY PROVIDE A NEGATIVE INFLUENCE. THIS PROMOTES LEARNING AND ADJUSTMENT WITHIN A NORMALIZING FAMILY SETTING. NUMBER OF CLIENTS SERVED: 7</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		219,988.
<p>FAMILY REUNIFICATION PROGRAM MAINE'S FAMILY REUNIFICATION PROGRAM IS BASED ON THE EVIDENCE-BASED MODEL BASED ON THE MICHIGAN MODEL OF INTENSIVE FAMILY REUNIFICATION SERVICES. THE GOAL OF THE FAMILY REUNIFICATION PROGRAM IS TO RETURN CHILDREN HOME SOONER AND PREVENT FUTURE OUT-OF-PLACEMENTS BY PROVIDING THE FAMILY WITH AN INTENSIVE ARRAY OF SERVICES TO MEET THE FAMILY'S INDIVIDUALIZED NEEDS WHEN THE FAMILY IS MOVING TOWARDS REUNIFICATION. THE FRP TEAM CONSISTS 3-PERSON TEAM (ONE TEAM LEADER AND TWO SUPPORT WORKERS) PROVIDING INTENSIVE, HOME BASED SERVICES TO QUICKLY REUNIFY CHILDREN WITH THEIR FAMILIES WHEN OUT-OF HOME PLACEMENT HAS OCCURRED. BASED UPON THE FAMILY PLAN, PROVIDE DIRECT SERVICES TO HELP THE FAMILY ATTAIN THE GOALS OUTLINED THEREIN. THESE SERVICES WILL INCLUDE 16-18 HOURS OF FACE-TO-FACE CONTACT PER WEEK PER FAMILY DURING THE FIRST MONTH AFTER A CHILD RETURNS HOME. NUMBER OF CLIENTS: 14 FAMILIES</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		309,228.
<p>MENTAL HEALTH CASE MANAGEMENT PROGRAM</p>		

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STATEMENT 6 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>THE MENTAL HEALTH CASE MANAGEMENT PROGRAM IS INTENDED TO BE GROUNDED IN THE WRAP AROUND PROCESS AND TO EMBRACE THE CONCEPT OF CHILD AND FAMILY-CENTERED PLANNING. CASE MANAGERS ASSIST FAMILIES TO ENHANCE THEIR INDEPENDENCE AND SELF-DETERMINATION IN MEETING THE THERAPEUTIC NEEDS OF THEIR CHILD. THE CASE MANAGERS SERVE SMALL CATCHMENT AREAS IN BOTH YORK AND CUMBERLAND COUNTIES. NUMBER OF CLIENTS SERVED: 90 INCLUDES FOREIGN GRANTS: NO</p>		201,763.
<p>YOUNG PARENTING PROGRAM THE YOUNG PARENT PROGRAM PROVIDES EDUCATION AND SUPPORT GROUP PROGRAMMING TO YOUNG ADULTS, AGES TWENTY-FIVE AND UNDER, WHO ARE EXPECTING AND/OR PARENTING. THE PROGRAM OFFERS A DROP-IN COMMUNITY SETTING FOR YOUNG ADULTS TO DISCUSS ISSUES PERTINENT TO PREGNANCY AND PARENTING. FOUR EVENINGS EACH WEEK, A COMMUNITY MEAL IS PREPARED AND EATEN TOGETHER. THERE IS COLLABORATION WITH SEVERAL COMMUNITY ORGANIZATIONS TO OFFER HIGH QUALITY PROGRAMMING AT NO COST TO THE PARTICIPANT. IN ADDITION TO THE GROUP LEARNING EXPERIENCE, THE YOUNG PARENT PROGRAM OFFERS ONE-ON-ONE SUPPORT IN THE FORM OF A PARENT PARTNER. THE PARENT PARTNER WORKS IN THE HOME, OR ANOTHER AGREED UPON LOCATION TO PROVIDE PARENTING EDUCATION AND SUPPORT, CHILD DEVELOPMENT INFORMATION, REFERRALS TO COMMUNITY RESOURCES AS WELL AS DEVELOPMENTAL AND HOME SAFETY ASSESSMENTS. THE COMBINATION OF GROUP AND INDIVIDUAL PROGRAMMING ALLOWS PARTICIPANTS TO ENGAGE ON A VARIETY OF LEVELS TO GET THEIR PARENTING NEEDS MET. NUMBER OF CLIENTS SERVED: 27 INCLUDES FOREIGN GRANTS: NO</p>		274,091.
<p>OTHER PROGRAMS TO PROVIDE NEEDED SERVICES FOR YOUTH AND THEIR FAMILIES INCLUDES FOREIGN GRANTS: NO</p>		
<p>EDGEWOOD: A SIX-BED RESIDENTIAL TREATMENT PROGRAM FOR YOUTH AGES 16 TO 21 WHO ARE ATTEMPTING TO BECOME MORE INDEPENDENT WITHIN THE COMMUNITY AS ADULTS. NUMBER OF CLIENTS SERVED: 9 INCLUDES FOREIGN GRANTS: NO</p>		437,594.
<p>COMMUNITY SUPPORT SERVICES: ENGAGEMENT, ASSESSMENT, INDIVIDUAL SERVICE PLANNING, IMPLEMENTATION, CRISIS INTERVENTION AND PREVENTION, AND ADVOCACY. NUMBER OF CLIENTS SERVED: 125 INCLUDES FOREIGN GRANTS: NO</p>		443,597.
<p>THE BRIDGE: A 12-BED EMERGENCY RESIDENCE FOR HOMELESS ADULTS WITH A MAJOR MENTAL ILLNESS, PROVIDING A SAFE, SUPPORTIVE ENVIRONMENT, COMPREHENSIVE TREATMENT AND CONNECTION TO COMMUNITY RESOURCES. NUMBER OF CLIENTS SERVED: 50 INCLUDES FOREIGN GRANTS: NO</p>		452,587.
<p>RAY HOUSE:</p>		

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STATEMENT 6 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>A SEVEN-BED COMPREHENSIVE REHABILITATION RESIDENCE PROVIDING SUPPORT, COUNSELING AND ADVOCACY FOR ADULTS WITH A MAJOR MENTAL ILLNESS. NUMBER OF CLIENTS SERVED: 7 INCLUDES FOREIGN GRANTS: NO</p>		337,543.
<p>MORRISON PLACE: A 12-BED TREATMENT FACILITY OFFERING INTENSIVE INDIVIDUALIZED TREATMENT OF HOMELESS ADULTS WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES. NUMBER OF CLIENTS SERVED: 44 INCLUDES FOREIGN GRANTS: NO</p>		446,712.
<p>MAINESTAY: A COLLABORATIVE PROGRAM INCLUDING A 12-BED TRANSITIONAL RESIDENCE, OUTREACH, TREATMENT AND SUPPORT SERVICES FOR HOMELESS YOUTH, AGES 16 TO 21 WITH SERIOUS EMOTIONAL DISORDERS OR MENTAL ILLNESS INTENSIFIED BY SUBSTANCE ABUSE PROBLEMS. NUMBER OF CLIENTS SERVED: 50 INCLUDES FOREIGN GRANTS: NO</p>		617,190.
<p>GORDON GREEN: AN EIGHT-BED PERMANENT RESIDENCE PROVIDING INTENSIVE TREATMENT AND SUPPORT FOR ELDERLY ADULTS UNDER GUARDIANSHIP WITH A COMBINATION OF CHALLENGES INCLUDING MENTAL ILLNESS AND DISABILITIES RELATED TO AGE OR PHYSICAL IMPAIRMENTS. NUMBER OF CLIENTS SERVED: 10 INCLUDES FOREIGN GRANTS: NO</p>		449,920.
<p>CUMBERLAND COUNTY CRISIS RESPONSE: CUMBERLAND COUNTY CRISIS RESPONSE (CCCR) IS LOCATED AT 50 MONUMENT SQUARE IN PORTLAND, MAINE. SERVICES INCLUDE 774-HELP, A 24/7 CRISIS HOT LINE AND MOBILE OUTREACH (MO), A SERVICE THE PROVIDES FACE TO FACE CRISIS ASSESSMENTS AND DISPOSITION DETERMINATION. CCCR ALSO PROVIDES MENTAL HEALTH POLICE LIAISON SERVICES, WORKING WITH POLICE IN CRISIS SITUATIONS AND ACUTE CARE SERVICES (ACS) THAT MAY INCLUDE SOME OR ALL OF THE FOLLOWING: BRIEF THERAPY SERVICES, CRISIS RESOURCE COUNSELOR SERVICES AND/OR THE SERVICES OF AN OUTPATIENT PSYCHIATRIST. CHILDREN'S CRISIS SERVICES ARE ALSO PROVIDED VIA CCCR. NUMBER OF CLIENTS SERVED: 50,000 INCLUDES FOREIGN GRANTS: NO</p>		1,514,619.
<p>OUTPATIENT/MEDICATION MANAGEMENT: YOUTH ALTERNATIVES INGRAHAM PROVIDES OUTPATIENT CLINIC SERVICES AT OUR 50 MONUMENT SQUARE LOCATION WITH A STAFF OF FOUR PSYCHIATRISTS, FOUR PSYCHIATRIC NURSE PRACTITIONERS AND THREE MASTER'S LEVEL THERAPISTS. THIS CLINIC PROVIDES SERVICES FOR CLIENTS FROM AGE 4. SERVICES INCLUDE MEDICATION MANAGEMENT AND INDIVIDUAL COUNSELING FOR YOUTH AND ADULTS WITH MENTAL ILLNESS. IN ADDITION TO THE SERVICES DELIVERED AT 50 MONUMENT SQUARE SERVICES ARE PROVIDED AT THE PREBLE STREET RESOURCE CENTER, THE TEEN CENTER LOCATED IN PORTLAND AND AT YOUTH ALTERNATIVES INGRAHAM'S ADMINISTRATIVE OFFICES LOCATED AT 50 LYDIA LANE IN SOUTH PORTLAND. NUMBER OF</p>		

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STATEMENT 6 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CLIENTS SERVED: 1,500 INCLUDES FOREIGN GRANTS: NO		90,681.
MEDICATION MANAGEMENT: INCLUDES FOREIGN GRANTS: NO		347,859.
BROADWAY CROSSINGS: A SHORT-TERM CRISIS STABILIZATION UNIT PROVIDING THERAPEUTIC ALTERNATIVE TO HOSPITALIZATION FOR ADULTS EXPERIENCING A MENTAL HEALTH CRISIS. NUMBER OF CLIENTS SERVED: 435 INCLUDES FOREIGN GRANTS: NO		574,076.
2-1-1 MAINE: MAINE'S HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL SYSTEM; A STATEWIDE RESOURCE DIRECTORY OF OVER 8000 RESOURCES. INCLUDES FOREIGN GRANTS: NO		749,595.
JUVENILE BEHAVIOR HEALTH: COMPREHENSIVE CLINICAL SERVICES TO YOUTH AGES 11-20 RESIDING AT THE LONG CREEK YOUTH DEVELOPMENT CENTER AND TO THEIR FAMILY MEMBERS; TREATMENT AIMS TO REDUCE RECIDIVISM AND DECREASE JUVENILE'S ANTISOCIAL OR PRO-CRIMINAL ATTITUDES AND DISRUPTIVE BEHAVIOR, WHILE IMPROVING FAMILY RELATIONSHIPS. INCLUDES FOREIGN GRANTS: NO		138,998.
LINKAGE PROJECT: A STATEWIDE ADVOCACY AND EDUCATION CAMPAIGN DESIGNED TO INCREASE INDIVIDUAL AND COMMUNITY AWARENESS OF THE STRONG LINK BETWEEN HUMAN CRUELTY AND ANIMAL VIOLENCE. INCLUDES FOREIGN GRANTS: NO		94,735.
WRAPAROUND: THE WRAPAROUND PROCESS IS A WAY TO IMPROVE THE LIVES OF CHILDREN AND THEIR FAMILIES WHO HAVE COMPLEX NEEDS. IT IS NOT A PROGRAM OR TYPE OF SERVICE. THE PROCESS IS USED TO HELP COMMUNITIES DEVELOP INDIVIDUALIZED PLANS OF CARE. THIS PLAN IS FAMILY CENTERED RATHER THAN CHILD CENTERED. THE PLAN IS DEVELOPED BY A CHILD AND FAMILY TEAM, THE TEAM MUST BE NO MORE THAN HALF PROFESSIONALS. THROUGH THIS PLAN THE COMMUNITY WORKS TO IMPROVE THE LIVES AND SOLVE THE COMPLEX NEEDS OF THE FAMILY. INCLUDES FOREIGN GRANTS: NO		121,424.
	<u>\$ 0.</u>	<u>\$ 15139058.</u>

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STATEMENT 7
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
MUTUAL FUNDS	MARKET VALUE	\$ 127,675.
MONEY MARKET FUND	MARKET VALUE	47,839.
	TOTAL	\$ 175,514.
PUBLICLY TRADED SECURITIES		<u>\$ 175,514.</u>

STATEMENT 8
FORM 990, PART IV, LINE 54B
INVESTMENTS - OTHER SECURITIES

<u>OTHER SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
MAINE COMMUNITY FOUNDATION	MARKET VALUE	\$ 12,760.
	TOTAL	\$ 12,760.

STATEMENT 9
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 314,058.	\$ 0.	\$ 314,058.
FURNITURE AND FIXTURES	378,075.	0.	378,075.
MACHINERY AND EQUIPMENT	651,151.	0.	651,151.
BUILDINGS	12,770,328.	0.	12,770,328.
LAND	920,085.		920,085.
MISCELLANEOUS	0.	2,462,792.	-2,462,792.
TOTAL	<u>\$ 15,033,697.</u>	<u>\$ 2,462,792.</u>	<u>\$ 12,570,905.</u>

STATEMENT 10
FORM 990, PART IV, LINE 58
OTHER ASSETS

COSTS OF ISSUANCE.....	\$ 71,508.
DEFERRED FINANCING COSTS.....	86,108.
OTHER.....	77,266.
ROUNDING.....	3.
TOTAL	<u>\$ 234,885.</u>

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STATEMENT 11
FORM 990, PART IV, LINE 64A
TAX-EXEMPT BOND LIABILITIES

	<u>BALANCE DUE</u>
PURPOSE OF ISSUE: MEHHEFA / BUILDING	
ORIGINAL ISSUE AMOUNT: 4,903,607.	
BOND RETIREMENT DATE: 7/01/2035	
OUTSTANDING ISSUE AMOUNT:	
	\$ 4,789,707.
TOTAL	<u>\$ 4,789,707.</u>

STATEMENT 12
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

<u>MORTGAGES PAYABLE</u>	<u>BALANCE DUE</u>
MAINE STATE HOUSING AUTHORITY	\$ 154,622.
MAINE STATE HOUSING AUTHORITY	180,131.
MAINE STATE HOUSING AUTHORITY	122,249.
MAINE STATE HOUSING AUTHORITY	462,843.
MAINE STATE HOUSING AUTHORITY	135,000.
TD BANKNORTH	150,000.
CCM REAL ESTATE I, LLC	3,680,332.
MAINE STATE HOUSING AUTHORITY	80,635.
MAINE STATE HOUSING AUTHORITY	249,164.
MAINE STATE HOUSING AUTHORITY	245,443.
TOTAL MORTGAGES	<u>\$ 5,460,419.</u>

OTHER NOTES PAYABLE

LENDER'S NAME: CAPITAL LEASE	
DATE OF NOTE: 5/01/2008	
MATURITY DATE: 4/01/2012	
SECURITY PROVIDED: COMPUTER EQUIPMENT	
ORIGINAL AMOUNT: 37,809.	
BALANCE DUE:	\$ 36,443.

LENDER'S NAME: CAPITAL LEASE	
DATE OF NOTE: 6/30/2007	
MATURITY DATE: 2/01/2010	
SECURITY PROVIDED: COMPUTER EQUIPMENT	
ORIGINAL AMOUNT: 72,252.	
BALANCE DUE:	\$ 40,631.

LENDER'S NAME: TD BANKNORTH	
INTEREST RATE: 5.00%	
SECURITY PROVIDED: ALL BUSINESS ASSETS	
PURPOSE OF LOAN: LINE OF CREDIT	
BALANCE DUE:	\$ 290,000.

LENDER'S NAME: CAPITAL LEASE	
SECURITY PROVIDED: ELEVATOR	
BALANCE DUE:	\$ 78,526.

TOTAL OTHER NOTES PAYABLE \$ 445,600.

TOTAL \$ 5,906,019.

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STATEMENT 13
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ADVANCES-STATE OF MAINE.....	\$	735,772.
OTHER LIABILITIES.....		280,317.
THIRD PARTY SETTLEMENTS.....		773,928.
	TOTAL	<u>\$ 1,790,017.</u>

STATEMENT 14
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

GAAP VS TAX DIFF. DUE TO MERGER.....	\$	2,344,334.
	TOTAL	<u>\$ 2,344,334.</u>

STATEMENT 15
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

GAAP VS TAX DIFF DUE TO MERGER.....	\$	2,287,244.
	TOTAL	<u>\$ 2,287,244.</u>

STATEMENT 16
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MICHAEL TARPINIAN 50 LYDIA LANE SOUTH PORTLAND, ME 04106	PRESIDENT 40.00	\$ 162,673.	\$ 10,245.	\$ 0.
SHEILA DOBSON 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.
JEAN NICHOLS 50 LYDIA LANE SOUTH PORTLAND, ME 04106	CHAIR 0	0.	0.	0.
SUSAN SCHULTZ 50 LYDIA LANE SOUTH PORTLAND, ME 04106	SECRETARY 0	0.	0.	0.
KATIE FULLAM HARRIS 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.

YOUTH ALTERNATIVES, INC.

01-0316041

STATEMENT 16 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ANGUS KING III 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TREASURER 0	\$ 0. \$	0. \$	0.
JEAN GULLIVER 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.
CELINE KUHN 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.
FREDRICK PROCTOR 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.
GREG SHINBERG 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.
LUC NYA 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.
TIM SOLEY 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.
THOMAS SATURLEY 50 LYDIA LANE SOUTH PORTLAND, ME 04106	VICE CHAIR 0	0.	0.	0.
AMY WOODHOUSE 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.
CINDI STEVENSON 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.
ANNE DINSMORE 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.
BARBARA SCHNEIDER 50 LYDIA LANE SOUTH PORTLAND, ME 04106	TRUSTEE 0	0.	0.	0.

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STATEMENT 16 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
GLORIA MELNICK 50 LYDIA LANE SOUTH PORTLAND, ME 04106	EXEC VP 40.00	\$ 102,445.	\$ 11,922.	\$ 0.
VIRGINIA GENTILE 50 LYDIA LANE SOUTH PORTLAND, ME 04106	CFO 40.00	107,851.	8,733.	0.
JOE EVERETT 50 LYDIA LANE SOUTH PORTLAND, ME 04106	COO 40.00	65,980.	6,464.	0.
	TOTAL	<u>\$ 438,949.</u>	<u>\$ 37,364.</u>	<u>\$ 0.</u>

STATEMENT 17
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE & AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUT. EBP & DC</u>	<u>EXPENSE ACCOUNT</u>
WILLIAM BOGAN BROOKS 50 LYDIA LANE SOUTH PORTLAND, ME 04106	PSYCHIATRIST 40.00	101,800.	3,970.	0.
JENNIFER GRAHAM 50 LYDIA LANE SOUTH PORTLAND, ME 04106	PSYCHIATRIST 40.00	125,539.	4,485.	0.
ANDREA PAUL 50 LYDIA LANE PORTLAND, ME 04106	VP OF ADVOCACY 40.00	87,558.	2,937.	0.
CHARLES MITCHELL 50 LYDIA LANE PORTLAND, ME 04106	MED. DIRECTOR 40.00	141,220.	12,644.	0.
KANE LOUKAS 50 LYDIA LANE PORTLAND, ME 04106	VP OF CHILD SVS 40.00	96,679.	10,106.	0.
	TOTAL	<u>\$ 552,796.</u>	<u>\$ 34,142.</u>	<u>\$ 0.</u>

YOUTH ALTERNATIVES, INC.

01-0316041

STATEMENT 18
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2006	(B) 2005	(C) 2004	(D) 2003	(E) TOTAL
MISCELLANEOUS	\$ 48,928.	\$ 25,401.	\$ 48,958.	\$ 0.	\$ 123,287.
TOTAL	<u>\$ 48,928.</u>	<u>\$ 25,401.</u>	<u>\$ 48,958.</u>	<u>\$ 0.</u>	<u>\$ 123,287.</u>

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Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2007

For calendar year 2007 or other tax year beginning 7/01, 2007,
and ending 6/30, 2008

Department of the Treasury
Internal Revenue Service (77)

▶ See separate instructions.

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> <input type="checkbox"/> 529(a)	Print or Type	(<input type="checkbox"/> Check box if name changed and see instructions.) YOUTH ALTERNATIVES, INC. 50 LYDIA LANE SOUTH PORTLAND, ME 04106	D Employer identification number (Employees' trust, see instructions for Block D.) 01-0316041 E Unrelated business activity codes (See instructions for Block E.) 531120
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C Book value of all assets at end of year 18,851,580.	F Group exemption number (See instructions for Block F.) ▶	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust	<input type="checkbox"/> Other trust
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H Describe the organization's primary unrelated business activity.
 ▶ **RENTAL OF NONRESIDENTIAL DEBT-FIN. PROPERTY**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If 'Yes,' enter the name and identifying number of the parent corporation. . . . ▶

J The books are in care of ▶ **MICHELLE CARTER** Telephone number ▶ **(207) 874-1175**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶ 1 c			
2 Cost of goods sold (Schedule A, line 7) 2			
3 Gross profit. Subtract line 2 from line 1c 3			
4 a Capital gain net income (attach Schedule D) 4 a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4 b			
c Capital loss deduction for trusts 4 c			
5 Income (loss) from partnerships and S corporations (attach statement) 5			
6 Rent income (Schedule C) 6			
7 Unrelated debt-financed income (Schedule E) 7	256,962.	291,099.	-34,137.
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) 9			
10 Exploited exempt activity income (Schedule I) 10			
11 Advertising income (Schedule J) 11			
12 Other income (See instructions; attach schedule.) 12			
13 Total. Combine lines 3 through 12 13	256,962.	291,099.	-34,137.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K) 14			
15 Salaries and wages 15			
16 Repairs and maintenance 16			
17 Bad debts 17			
18 Interest (attach schedule) 18			
19 Taxes and licenses 19			
20 Charitable contributions (See instructions for limitation rules.) 20			
21 Depreciation (attach Form 4562) 21	78,179.		
22 Less depreciation claimed on Schedule A and elsewhere on return 22 a	78,179.		
23 Depletion 23			
24 Contributions to deferred compensation plans 24			
25 Employee benefit programs 25			
26 Excess exempt expenses (Schedule I) 26			
27 Excess readership costs (Schedule J) 27			
28 Other deductions (attach schedule) 28			
29 Total deductions. Add lines 14 through 28 29			
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30			-34,137.
31 Net operating loss deduction (limited to the amount on line 30) 31			
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32			-34,137.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33			
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34			-34,137.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 ▶ 35c 0.	
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ 36	
37 Proxy tax. See instructions ▶ 37	
38 Alternative minimum tax. ▶ 38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39 0.	

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	
b Other credits (see instructions) 40b	
c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____ 40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d	
e Total credits. Add lines 40a through 40d 40e 0.	
41 Subtract line 40e from line 39 41 0.	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611... <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 42	
43 Total tax. Add lines 41 and 42 43 0.	
44a Payments: A 2006 overpayment credited to 2007 44a	
b 2007 estimated tax payments 44b	
c Tax deposited with Form 8868 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d	
e Backup withholding (see instructions) 44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total. ▶ 44g	
45 Total payments. Add lines 44a through 44f 45 0.	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/> 46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48	
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax ▶ Refunded ▶ 49	

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here. ... ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... If YES, see the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year 1		6 Inventory at end of year 6	
2 Purchases 2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7	
3 Cost of labor 3			
4a Additional section 263A costs (attach schedule) 4a			
b Other costs (attach sch) 4b			
5 Total. Add lines 1 through 4b 5		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 8	Yes No
			X

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

Signature of officer: _____ Date: _____ Title: **PRESIDENT** May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN or PTIN: **P00321474**

Firm's name (or yours if self-employed), address, and ZIP code: **MACDONALD PAGE & CO LLC** EIN: **01-0242373**
30 LONG CREEK DR
SOUTH PORTLAND, ME 04106 Phone no.: **207-774-5701**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		2 Rent received or accrued	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total		Total	Total deductions. Enter here and on page 1, Part I, line 6, column (B)...

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property SEE ST 1		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1) 50 MONUMENT SQUARE - PORTLAND, ME	256,962.	78,179.	212,920.	
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		100.0000 %	256,962.	291,099.
(2)		%		
(3)		%		
(4)		%		
Totals ▶			256,962.	291,099.

Enter here and on page 1, Part I, line 7, column (A).
Enter here and on page 1, Part I, line 7, column (B).

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals ▶				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14.			

STATEMENT 1
FORM 990-T, SCHEDULE E, LINE 3B
OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY

50 MONUMENT SQUARE - PORTLAND, ME	
AMORTIZATION.....	\$ 8,836.
INSURANCE.....	3,523.
MISCELLANEOUS.....	1,304.
INTEREST.....	90,255.
REPAIRS.....	21,649.
SUPPLIES.....	41.
TAXES.....	37,945.
TELEPHONE.....	994.
UTILITIES.....	39,766.
PARKING.....	10,246.
.....	-1,639.
TOTAL	<u>\$ 212,920.</u>

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