

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 private foundation)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning APR 1, 2012 and ending MAR 31, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ADVOCATES FOR YOUTH		D Employer identification number 52-1173590
	Doing Business As		E Telephone number (202) 419-3420
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,321,886.
	2000 M STREET, NW	750	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City, town, or post office, state, and ZIP code WASHINGTON, DC 20036		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: DEBRA HAUSER SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.ADVOCATESFORYOUTH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1980 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	49
	6 Total number of volunteers (estimate if necessary)	6	150
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,870,251.
9 Program service revenue (Part VIII, line 2g)		109,450.	43,743.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,262.	4,300.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<1,341.>	15,659.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,980,622.	4,321,886.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	624,181.	671,222.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,999,304.	3,172,176.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 518,873.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,197,607.	2,079,973.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,821,092.	5,923,371.	
19 Revenue less expenses. Subtract line 18 from line 12	<840,470.>	<1,601,485.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,371,876.	End of Year 4,673,237.
	21 Total liabilities (Part X, line 26)	735,210.	638,056.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,636,666.	4,035,181.

Part II Signature Block

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

Sign Here	Signature of officer	Date 11/12/13			
	DEBRA HAUSER, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/type preparer's name Amy Boland	Preparer's signature 	Date 11/10/13	Check if self-employed <input type="checkbox"/>	PTIN P01329488
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008			
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930		Phone no. (301) 951-9090		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
ADVOCATES FOR YOUTH CHAMPIONS EFFORTS THAT HELP YOUNG PEOPLE MAKE INFORMED AND RESPONSIBLE DECISIONS ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH. ONE OF THE FEW ORGANIZATIONS WITH A SOLE FOCUS ON YOUNG PEOPLE'S SEXUAL HEALTH WORKING IN BOTH THE UNITED STATES AND ABROAD,

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,775,762. including grants of \$ 245,380.) (Revenue \$ 11,400.)
PUBLIC AFFAIRS: ADVOCATES FOR YOUTH BELIEVES THAT YOUNG PEOPLE HAVE THE RIGHT TO COMPREHENSIVE SEXUAL HEALTH EDUCATION; CONFIDENTIAL SEXUAL HEALTH SERVICES; AND THE EDUCATIONAL, ECONOMIC, AND SOCIAL OPPORTUNITIES THAT BUILD STRONG LIVES. ADVOCATES WORKED WITH COLLEAGUES AND YOUTH ACTIVISTS TO EDUCATE LOCAL, STATE, AND NATIONAL POLICY MAKERS AND THE MEDIA ABOUT THESE RIGHTS. THIS INCLUDED, AMONG OTHER ACTIVITIES: 1) DIRECTLY TRAINING AND SUPPORTING MORE THAN 500 YOUTH ACTIVISTS TO CONDUCT ADVOCACY, MEDIA OUTREACH, AND MOBILIZATION; 2) PARTNERING WITH ORGANIZATIONS IN EIGHT STATES TO HELP THEM BUILD STATEWIDE YOUTH ACTIVIST NETWORKS TO ADVOCATE FOR COMPREHENSIVE SEXUAL HEALTH EDUCATION AND OTHER SEXUAL HEALTH SERVICES; AND 3) SUPPORTING DOMESTIC AND INTERNATIONAL YOUTH ACTIVIST NETWORKS OF OVER 75,000 YOUNG

4b (Code:) (Expenses \$ 1,300,663. including grants of \$ 4,500.) (Revenue \$ 18,843.)
ADOLESCENT SEXUAL HEALTH SERVICES: ADVOCATES FOR YOUTH EDUCATED YOUNG PEOPLE ABOUT SEXUAL HEALTH SERVICES AND WHERE TO ACCESS THEM AND HELPED HEALTH CARE PROVIDERS MAKE THEIR SEXUAL HEALTH SERVICES MORE YOUTH-FRIENDLY. AS PART OF THIS WORK, ADVOCATES DISSEMINATED INFORMATION ABOUT YOUNG PEOPLE AND FAMILY PLANNING AND OTHER SEXUAL HEALTH SERVICES VIA ITS WEBSITE, WWW.ADVOCATESFORYOUTH.ORG, AND IMPLEMENTED CONTRACEPTIVE ACCESS CAMPAIGNS IN SIX COMMUNITIES THROUGHOUT THE UNITED STATES, WITH A FOCUS ON REACHING YOUTH MOST AT RISK OF TEEN PREGNANCY AND HIV AND OTHER STIS. THROUGH THE CAMPAIGNS, ADVOCATES EMPLOYED INNOVATIVE STRATEGIES TO REACH YOUNG PEOPLE WITH INFORMATION ABOUT CONTRACEPTION AND OTHER SEXUAL HEALTH SERVICES, INCLUDING TEXT MESSAGING LINES AND PEER EDUCATION, AND PARTNERED WITH

4c (Code:) (Expenses \$ 790,882. including grants of \$ 247,778.) (Revenue \$)
HIV/AIDS EDUCATION: ADVOCATES FOR YOUTH EDUCATED YOUNG PEOPLE, THE MEDIA, POLICY MAKERS, AND YOUTH-SERVING PROFESSIONALS ABOUT WHAT WORKS TO PREVENT HIV AND AIDS AMONG YOUTH. THIS INCLUDED DISSEMINATING INFORMATION TO YOUTH-SERVING ORGANIZATIONS AND INDIVIDUALS AROUND THE U.S. AND IN THE GLOBAL SOUTH, AS WELL AS EDUCATING THE 2.4 MILLION VISITORS TO ITS WEBSITES. IN ADDITION, ADVOCATES MANAGED THREE RELATED PROJECTS. THE FIRST WAS A PROJECT TO HELP 22 SCHOOL DISTRICTS AROUND THE U.S. IMPLEMENT POLICIES TO IMPROVE SEXUAL HEALTH AND HIV/AIDS EDUCATION, STRENGTHEN LINKAGES TO YOUTH-FRIENDLY SEXUAL HEALTH AND SOCIAL SERVICES, AND CREATE A SAFE ENVIRONMENT FOR LGBT YOUTH. THE SECOND WAS THE MUSLIM YOUTH PROJECT, THROUGH WHICH STAFF PROVIDED INFORMATION AND RESOURCES TO OVER 50 YOUTH-SERVING PROVIDERS WORKING

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,537,050. including grants of \$ 173,564.) (Revenue \$ 25,210.)

4e Total program service expenses 5,404,357.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHLEEN FARRELL - 202-419-3420 2000 M ST, NW, SUITE 750, WASHINGTON, DC 20036

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH ARRINDELL CHAIR	2.00	X		X				0.	0.	0.
(2) JALAN WASHINGTON BURTON VICE CHAIR (THROUGH 11/12)	1.00	X		X				0.	0.	0.
(3) RICH THOMAS VICE CHAIR	1.00	X		X				0.	0.	0.
(4) FRED SHERMAN TREASURER	0.50	X		X				0.	0.	0.
(5) TYLER TERMEER SECRETARY	0.50	X		X				0.	0.	0.
(6) GARY BARKER DIRECTOR	0.30	X						0.	0.	0.
(7) ROBIN BRAND DIRECTOR	0.30	X						0.	0.	0.
(8) GLENNIA CAMPBELL DIRECTOR	0.30	X						0.	0.	0.
(9) ARIEL CERRUD DIRECTOR	0.30	X						0.	0.	0.
(10) LINARA DAVIDSON DIRECTOR	0.30	X						0.	0.	0.
(11) COLIN DEAN DIRECTOR	0.30	X						0.	0.	0.
(12) DANIEL DOZIER DIRECTOR	0.30	X						0.	0.	0.
(13) SHARON LOVICK EDWARDS DIRECTOR	0.30	X						0.	0.	0.
(14) ROBERT GAROFALO DIRECTOR	0.30	X						0.	0.	0.
(15) ERICA GIBSON DIRECTOR	0.30	X						0.	0.	0.
(16) SARAH HIGDON-SUDOW DIRECTOR	0.30	X						0.	0.	0.
(17) MIRIAM MADRID DIRECTOR	0.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KARLO BARRIOS MARCELO DIRECTOR	0.30	X						0.	0.	0.
(19) MARTIN MARTINEZ DIRECTOR	0.30	X						0.	0.	0.
(20) JAMILA PERRITT DIRECTOR	0.30	X						0.	0.	0.
(21) SUZANNE PETRONI DIRECTOR	0.30	X						0.	0.	0.
(22) AMY SCHALET DIRECTOR	0.30	X						0.	0.	0.
(23) JUDY SENDEROWITZ DIRECTOR	0.30	X						0.	0.	0.
(24) SEAN BERRY DIRECTOR (THROUGH 11/12)	0.30	X						0.	0.	0.
(25) ROBIN ELLIOTT DIRECTOR (THROUGH 11/12)	0.30	X						0.	0.	0.
(26) LAURIE MCCARTHY DIRECTOR (THROUGH 11/12)	0.30	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								593,208.	0.	49,301.
d Total (add lines 1b and 1c)								593,208.	0.	49,301.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,511,553.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,746,631.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		4,258,184.				
	Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code 900099	33,243.	33,243.		
b		YOUTH CONFERENCE	900099	10,500.	10,500.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		43,743.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,300.			4,300.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a	11,710.					
	Less: cost of goods sold	b	0.					
	Net income or (loss) from sales of inventory		11,710.	11,710.				
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS	900099	3,949.			3,949.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		3,949.					
12	Total revenue. See instructions.		4,321,886.	55,453.	0.	8,249.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	605,822.	605,822.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	65,400.	65,400.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	302,416.	51,874.	174,459.	76,083.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,414,745.	1,869,681.	315,093.	229,971.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,399.	66,096.	745.	8,558.
9 Other employee benefits	171,190.	148,340.	2,784.	20,066.
10 Payroll taxes	208,426.	164,205.	16,949.	27,272.
11 Fees for services (non-employees):				
a Management				
b Legal	363.	363.		
c Accounting	41,927.		41,927.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	440,988.	440,893.	95.	
12 Advertising and promotion	39,272.	27,646.	9,884.	1,742.
13 Office expenses	143,796.	89,561.	39,316.	14,919.
14 Information technology	49,322.	45,261.	2,477.	1,584.
15 Royalties				
16 Occupancy	334,452.	215,640.	81,876.	36,936.
17 Travel	571,701.	532,577.	25,522.	13,602.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	234,113.	210,096.	22,739.	1,278.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,131.	12,644.	3,327.	2,160.
23 Insurance	15,472.		15,472.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALLOCATION OF M&G	0.	699,205.	<778,388.>	79,183.
b DUES & PUBLICATIONS	66,969.	63,251.	2,745.	973.
c REGISTRATION FEES	41,515.	35,515.	1,512.	4,488.
d TRAINING MATERIALS	37,965.	37,965.		
e All other expenses	43,987.	22,322.	21,607.	58.
25 Total functional expenses. Add lines 1 through 24e	5,923,371.	5,404,357.	141.	518,873.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	150.	1	150.	
	2 Savings and temporary cash investments	2,682,656.	2	2,729,343.	
	3 Pledges and grants receivable, net	3,477,179.	3	1,705,582.	
	4 Accounts receivable, net	8,535.	4	23,162.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	26,771.	8	32,524.	
	9 Prepaid expenses and deferred charges	54,653.	9	77,082.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 358,916.			
	b Less: accumulated depreciation	10b 295,879.	76,515.	10c 63,037.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	45,417.	15	42,357.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,371,876.	16	4,673,237.		
Liabilities	17 Accounts payable and accrued expenses	398,128.	17	315,851.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	337,082.	25	322,205.	
	26 Total liabilities. Add lines 17 through 25	735,210.	26	638,056.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	397,962.	27	414,212.	
	28 Temporarily restricted net assets	5,238,704.	28	3,620,969.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	5,636,666.	33	4,035,181.		
34 Total liabilities and net assets/fund balances	6,371,876.	34	4,673,237.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,321,886.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,923,371.
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,601,485.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,636,666.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,035,181.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization ADVOCATES FOR YOUTH	Employer identification number 52-1173590
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,231,898.	3,368,614.	6,859,752.	4,870,251.	4,258,184.	27,588,699.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,231,898.	3,368,614.	6,859,752.	4,870,251.	4,258,184.	27,588,699.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,464,533.
6 Public support. Subtract line 5 from line 4.						18,124,166.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	8,231,898.	3,368,614.	6,859,752.	4,870,251.	4,258,184.	27,588,699.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,750.	14,351.	11,800.	6,876.	4,300.	87,077.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	10,373.	6,371.	6,133.	233.	3,949.	27,059.
11 Total support. Add lines 7 through 10						27,702,835.
12 Gross receipts from related activities, etc. (see instructions)					12	379,155.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	65.42	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	66.70	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

ADVOCATES FOR YOUTH

Employer identification number

52-1173590

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization ADVOCATES FOR YOUTH	Employer identification number 52-1173590
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>635,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>260,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>156,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>417,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>200,000.</u>	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 ADVOCATES FOR YOUTH	Employer identification number 52-1173590
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 1,218,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 293,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ADVOCATES FOR YOUTH	Employer identification number 52-1173590
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ADVOCATES FOR YOUTH	Employer identification number 52-1173590
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ADVOCATES FOR YOUTH	Employer identification number 52-1173590
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

LHA

232041
01-07-13

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	45,810.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	24,095.													
c	Total lobbying expenditures (add lines 1a and 1b)	69,905.													
d	Other exempt purpose expenditures	5,853,466.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	5,923,371.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	446,169.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	111,542.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	398,146.	400,050.	441,055.	446,169.	1,685,420.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,528,130.
c Total lobbying expenditures	83,216.	61,341.	88,362.	69,905.	302,824.
d Grassroots nontaxable amount	99,537.	100,013.	110,264.	111,542.	421,356.
e Grassroots ceiling amount (150% of line 2d, column (e))					632,034.
f Grassroots lobbying expenditures	64,877.	54,167.	60,505.	45,810.	225,359.

Schedule C (Form 990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
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 similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

ADVOCATES FOR YOUTH

Employer identification number

52-1173590

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

(check all that apply):

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

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		358,916.	295,879.	63,037.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				63,037.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	322,205.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	322,205.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,321,886.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,321,886.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,321,886.

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

1	Total expenses and losses per audited financial statements	1	5,923,371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,923,371.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,923,371.

Part XIII Supplemental Information

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

PART X, LINE 2: FOR THE YEAR ENDED MARCH 31, 2013, ADVOCATES HAS

DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS

SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR

Part XIII Supplemental Information (continued)

THREE YEARS AFTER IT IS FILED.

Lined area for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

Employer identification number

ADVOCATES FOR YOUTH

52-1173590

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		41,400.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAININGS AND TECHNICAL ASSISTANCE ON YOUTH LEADERSHIP, ADVOCACY SKILLS, AND WORKING WITH	116,886.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		12,000.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAININGS FOCUS ON YOUTH LEADERSHIP, ADVOCACY SKILLS, COMMUNITY MOBILIZATION, AND	29,134.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		12,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAININGS FOCUS ON YOUTH LEADERSHIP, ADVOCACY SKILLS, COMMUNITY MOBILIZATION, AND	29,134.
3 a Sub-total	0	0			240,554.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			240,554.

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

Schedule F (Form 990) 2012

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO WORK IN PARTNERSHIP WITH A YOUTH-LED ORGANIZATION TO BUILD	18,700.	WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TO BUILD LOCAL CAPACITY TO INCREASE ACCESS TO YOUTH-FRIENDLY SEXUAL	10,700.	WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT A GROUP OF YOUTH LEADERS IN NIGERIA TO EDUCATE POLICY MAKERS AND	12,000.	WIRE TRANSFERS	0.		
		SOUTH ASIA	TO SUPPORT A GROUP OF YOUTH LEADERS IN NEPAL TO EDUCATE POLICY MAKERS AND	12,000.	WIRE TRANSFERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT A GROUP OF YOUTH LEADERS IN JAMAICA TO EDUCATE POLICY MAKERS AND	12,000.	WIRE TRANSFERS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **5**

3 Enter total number of other organizations or entities **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: STAFF WORKS CLOSELY WITH THE SEED GRANT RECIPIENTS TO MONITOR PROGRESS, PROVIDE TECHNICAL ASSISTANCE AND ADVICE, AND TRAIN THE RECIPIENTS' STAFF AND YOUTH CONSTITUENTS. STAFF HOLDS REGULAR TELEPHONE CALLS WITH THE SEED GRANTEEES, COMMUNICATES REGULARLY WITH THEM VIA EMAIL, AND CONDUCTS AT LEAST ONE SITE VISIT A YEAR. IN ADDITION, SEED GRANTEEES MUST SUBMIT INTERIM AND FINAL REPORTS OF THEIR ACCOMPLISHMENTS.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAININGS AND TECHNICAL ASSISTANCE ON YOUTH LEADERSHIP, ADVOCACY SKILLS, AND WORKING WITH THE MEDIA FOR YOUTH IN NIGERIA. TRAININGS FOCUS ON YOUTH LEADERSHIP, INSTITUTIONAL CAPACITY BUILDING, RESEARCH, DATA ANALYSIS, AND REPORT WRITING IN UGANDA. TRAININGS AND TECHNICAL ASSISTANCE FOR YOUTH AND PROVIDERS ON COMMUNITY MOBILIZATION, PEER EDUCATION AND YOUTH-FRIENDLY SERVICES IN BURKINA FASO.

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAININGS FOCUS ON YOUTH LEADERSHIP, ADVOCACY SKILLS, COMMUNITY MOBILIZATION, AND WORKING WITH THE MEDIA FOR YOUTH IN NEPAL.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAININGS FOCUS ON YOUTH LEADERSHIP, ADVOCACY SKILLS, COMMUNITY MOBILIZATION, AND WORKING WITH THE MEDIA FOR YOUTH IN JAMAICA.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO WORK IN PARTNERSHIP WITH A YOUTH-LED ORGANIZATION TO BUILD CAPACITY AND ASSESS ACCESS AND QUALITY OF HIV/AIDS SERVICES FOR LESBIAN, GAY, BISEXUAL, AND TRANSGENDER YOUTH IN KAMPALA DISTRICT, UGANDA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO BUILD LOCAL CAPACITY TO INCREASE ACCESS TO YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN 5 DISTRICTS IN THE PROVINCE OF LEO, BURKINA FASO, THROUGH COORDINATED COMMUNITY MOBILIZATION, PEER EDUCATION, AND PROVIDER TRAINING ACTIVITIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A GROUP OF YOUTH LEADERS IN NIGERIA TO EDUCATE POLICY MAKERS AND RAISE AWARENESS OF REPRODUCTIVE HEALTH ISSUES ON CAMPUSES AND COMMUNITIES IN ORDER TO IMPROVE PROGRAMS FOR YOUNG PEOPLE AS WELL AS SUPPORT AND BUILD CAPACITY OF A YOUTH-LED ORGANIZATION TO PROVIDE SEXUAL AND REPRODUCTIVE HEALTH EDUCATION AND SUPPORT TO YOUNG LESBIAN, GAY, BISEXUAL, AND TRANSGENDER YOUTH IN EDO STATE, NIGERIA.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT A GROUP OF YOUTH LEADERS IN NEPAL TO EDUCATE POLICY MAKERS AND RAISE AWARENESS OF REPRODUCTIVE HEALTH ISSUES ON CAMPUSES AND COMMUNITIES IN ORDER TO IMPROVE PROGRAMS AND POLICIES FOR

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

YOUNG PEOPLE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO SUPPORT A GROUP OF YOUTH LEADERS IN JAMAICA TO EDUCATE POLICY MAKERS AND RAISE AWARENESS OF REPRODUCTIVE HEALTH ISSUES ON CAMPUSES AND COMMUNITIES IN ORDER TO IMPROVE PROGRAMS AND POLICIES FOR YOUNG PEOPLE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

ADVOCATES FOR YOUTH

**Employer identification number
52-1173590**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOLESCENT PREGNANCY PREVENTION CAMPAIGN OF NORTH CAROLINA - 3708 MAYFAIR ST, # 310 - DURHAM, NC 27707	56-1493369	501(C)(3)	17,500.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
AIDS TASKFORCE OF GREATER CLEVELAND - 4700 PROSPECT AVENUE - CLEVELAND, OH 44103	34-1433612	501(C)(3)	28,500.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
TEXAS FREEDOM NETWORK EDUCATION FUND - P.O. BOX 1624 - AUSTIN, TX 78767	74-2788317	501(C)(3)	25,000.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
NEW MORNING FOUNDATION 807 GERVAIS ST, STE 102 COLUMBIA, SC 29201	95-4894776	501(C)(3)	22,500.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
COLORADO YOUTH MATTER 1650 FRANKLIN ST. - LOWER LEVEL DENVER, CO 80218	74-2511487	501(C)(3)	60,000.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
PLANNED PARENTHOOD OF SOUTH FLORIDA & THE TREASURE COAST - 2300 N. FLORIDA MANGO RD - WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	40,000.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 33.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) (2012)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS ALABAMA 3521 7TH AVENUE SOUTH BIRMINGHAM, AL 35222	58-1727755	501(C)(3)	25,000.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
FORWARD TOGETHER 1440 BROADWAY, SUITE 301 OAKLAND, CA 94612	94-3311784	501(C)(3)	20,000.	0.			BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE
AID ATLANTA, INC. 1605 PEACHTREE ST. NE ATLANTA, GA 30309	58-1537967	501(C)(3)	10,000.	0.			PROVIDE HIV COUNSELING AND TESTING ON HBCU CAMPUSES PARTICIPATING IN OMH COOPERATIVE AGREEMENT
BUILDING BRIDGES, INC. 2147 HENRY HILL DR. STE 206 JACKSON, MS 39204	64-0862768	501(C)(3)	10,000.	0.			PROVIDE HIV COUNSELING AND TESTING ON HBCU CAMPUSES PARTICIPATING IN OMH COOPERATIVE AGREEMENT
CLARK ATLANTA UNIVERSITY STUDENT HEALTH SERVICES 223 JAMES P. BRAWLEY DR., S.W. - ATLANTA, GA 30314	58-1825259	501(C)(3)	15,000.	0.			IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE, S.W. ATLANTA, GA 30314-3773	58-0566205	501(C)(3)	15,000.	0.			IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH
ALCORN STATE UNIVERSITY - FELIX H. DUNN HEALTH CTR - 1000 ASU DR. - LORMAN, MS 39096	64-6000013	GOVERNMENT	15,000.	0.			IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH
JACKSON STATE UNIVERSITY 1400 LYNCH STREET JACKSON, MS 36217	64-6000507	501(C)(3)	15,000.	0.			IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH
MISSISSIPPI VALLEY STATE UNIVERSITY - 14000 HIGHWAY 82 WEST - ITTA BENA, MS 38941	64-6001395	501(C)(3)	15,000.	0.			IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI DEPARTMENT OF HEALTH 570 EAST WOODROW WILSON O-208 JACKSON, MS 39215	64-6000775	GOVERNMENT	22,500.	0.			SUPPORT IMPLEMENTATION OF THE SCHOOL HEALTH EQUITY PROJECT TO INCREASE ACCESS TO YOUTH-FRIENDLY
TEEN HYPE 453 MARTIN LUTHER KING BLVD DETROIT, MI 48201	26-2518642	501(C)(3)	22,500.	0.			SUPPORT IMPLEMENTATION OF THE SCHOOL HEALTH EQUITY PROJECT TO INCREASE ACCESS TO SCHOOL-BASED
RUTGERS UNIVERSITY - CENTER FOR APPLIED PSYCHOLOGY - 41 GORDON ROAD, STE C - PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	14,500.	0.			PROVIDE PARTNERS AT BROWARD COUNTY PUBLIC SCHOOLS AND THE D.C. OFFICE OF THE STATE
BROWARD COUNTY PUBLIC SCHOOLS - DIVERSITY, CULTURAL OUTREACH & PREVENTION - 600 SE 3RD AVE., 7TH FL - FT. LAUDERDALE, FL 33301	59-6000530	GOVERNMENT	15,000.	0.			SUPPORT THE IMPLEMENTATION OF THE SCHOOL HEALTH EQUITY PROJECT TO INCREASE
D.C. OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION - 801 1ST STREET NE, 9TH FL - WASHINGTON, DC 20002	53-6001131	GOVERNMENT	13,778.	0.			SUPPORT THE IMPLEMENTATION OF THEIR SCHOOL HEALTH EQUITY PROJECT TO ENGAGE YOUTH
MAZZONI CENTER 21 SO. 12TH STREET PHILADELPHIA, PA 19107	23-2176338	501(C)(3)	10,000.	0.			PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS
THE ATTIC YOUTH CENTER 255 SOUTH 18TH STREET PHILADELPHIA, PA 19102	23-3020071	501(C)(3)	10,000.	0.			PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS
PHILADELPHIA FIGHT 1417 LOCUST STREET, 2ND FL PHILADELPHIA, PA 19107	23-2625934	501(C)(3)	10,000.	0.			PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS
LAVENDER YOUTH RECREATION AND INFORMATION CENTER - 127 COLLINGWOOD STREET - SAN FRANCISCO, CA 94114	94-3227296	501(C)(3)	10,000.	0.			PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH INITIATIVES FOR YOUTH 1550 MARKET STREET SAN FRANCISCO, CA 94102	94-3162876	501(C)(3)	10,000.	0.			PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS
INSTITUTO FAMILIAR DE LA RAZA 2919 MISSION STREET SAN FRANCISCO, CA 94110	94-2523608	501(C)(3)	10,000.	0.			PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS
GAY MENS HEALTH CRISIS 446 WEST 33RD STREET NEW YORK, NY 10001	13-3104537	501(C)(3)	10,000.	0.			PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS
HETRICK-MARTIN INSTITUTE 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501(C)(3)	10,000.	0.			PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS
LOVE HEALS 2 FIFTH AVENUE #2Q NEW YORK, NY 10011	13-3693776	501(C)(3)	10,000.	0.			PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS
NYC SCHOOL DISTRICT 65 COURT STREET NEW YORK, NY 11201	13-6400434	GOVERNMENT	20,000.	0.			ACT AS LIAISON BETWEEN IDENTIFIED SCHOOLS AND CBOS IN ITS DISTRICT, THE NATIONAL NGO PARTNERS AND
THE SCHOOL DISTRICT OF PHILADELPHIA - 440 N. BROAD STREET - PHILADELPHIA, PA 19130	23-6004102	GOVERNMENT	20,000.	0.			ACT AS LIAISON BETWEEN IDENTIFIED SCHOOLS AND CBOS IN ITS DISTRICT, THE NATIONAL NGO PARTNERS AND
SAN FRANCISCO UNIFIED SCHOOL DISTRICT - 1515 QUINTARA STREET - SAN FRANCISCO, CA 94116	94-6000416	GOVERNMENT	20,000.	0.			ACT AS LIAISON BETWEEN IDENTIFIED SCHOOLS AND CBOS IN ITS DISTRICT, THE NATIONAL NGO PARTNERS AND
NATIONAL NETWORK OF ABORTION FUNDS P.O. BOX 170280 BOSTON, MA 02117	04-3236982	501(C)(3)	6,880.	0.			TO EXPAND REACH OF A NATIONAL POLL OF MILLENIALS

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: STAFF WORKS CLOSELY WITH THE SEED GRANT RECIPIENTS TO MONITOR PROGRESS, PROVIDE TECHNICAL ASSISTANCE AND ADVICE, AND TRAIN THE RECIPIENTS' STAFF AND YOUTH CONSTITUENTS. STAFF HOLDS REGULAR TELEPHONE CALLS WITH THE SEED GRANTEEES, COMMUNICATES REGULARLY WITH THEM VIA EMAIL, AND CONDUCTS AT LEAST ONE SITE VISIT A YEAR. IN ADDITION, SEED GRANTEEES MUST SUBMIT INTERIM AND FINAL REPORTS OF THEIR ACCOMPLISHMENTS.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

ADOLESCENT PREGNANCY PREVENTION CAMPAIGN OF NORTH CAROLINA

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: AIDS TASKFORCE OF GREATER CLEVELAND

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS FREEDOM NETWORK EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: NEW MORNING FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO YOUTH MATTER

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT

Part IV Supplemental Information

REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF SOUTH FLORIDA & THE TREASURE COAST

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: AIDS ALABAMA

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: FORWARD TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A YOUTH ACTIVIST NETWORK OF AT LEAST 3,000 YOUTH ACTIVISTS IN THE STATE AND TO PROVIDE THOSE ACTIVISTS WITH ADVOCACY AND MOBILIZATION OPPORTUNITIES AROUND ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: CLARK ATLANTA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT/IMPROVE CAMPUS HIV PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: MOREHOUSE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT/IMPROVE CAMPUS HIV

Part IV Supplemental Information

PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH LEADERSHIP
COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT:

ALCORN STATE UNIVERSITY - FELIX H. DUNN HEALTH CTR

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT/IMPROVE CAMPUS HIV

PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH LEADERSHIP
COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: JACKSON STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT/IMPROVE CAMPUS HIV

PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH LEADERSHIP
COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: MISSISSIPPI VALLEY STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT/IMPROVE CAMPUS HIV

PREVENTION SERVICES FOR STUDENTS AND MAINTAINING A YOUTH LEADERSHIP
COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: MISSISSIPPI DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT IMPLEMENTATION OF THE SCHOOL
HEALTH EQUITY PROJECT TO INCREASE ACCESS TO YOUTH-FRIENDLY SEXUAL AND
REPRODUCTIVE HEALTH SERVICES FOR YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: TEEN HYPE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT IMPLEMENTATION OF THE SCHOOL
HEALTH EQUITY PROJECT TO INCREASE ACCESS TO SCHOOL-BASED STI SERVICES IN
DETROIT HIGH SCHOOLS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

RUTGERS UNIVERSITY - CENTER FOR APPLIED PSYCHOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PARTNERS AT BROWARD COUNTY PUBLIC SCHOOLS AND THE D.C. OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION WITH ACCESS TO A TOTAL OF 120 ONLINE INTERACTIVE WORKSHOPS FOR EDUCATORS IN THEIR DISTRICTS TO IN TURN OFFER FREE PROFESSIONAL DEVELOPMENT TRAININGS TO CLASSROOM EDUCATORS

NAME OF ORGANIZATION OR GOVERNMENT:

BROWARD COUNTY PUBLIC SCHOOLS - DIVERSITY, CULTURAL OUTREACH & PREVENTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE IMPLEMENTATION OF THE SCHOOL HEALTH EQUITY PROJECT TO INCREASE ACCESS TO ASSESS SEXUAL ORIENTATION AND BEHAVIOR ON THE YOUTH RISK BEHAVIOR SURVEY, PROVIDE TEACHER TRAINING, AND ASSESS POLICY AND ENGAGE THE COMMUNITY IN THE DISTRICT'S SEX EDUCATION POLICY

NAME OF ORGANIZATION OR GOVERNMENT:

D.C. OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE IMPLEMENTATION OF THEIR SCHOOL HEALTH EQUITY PROJECT TO ENGAGE YOUTH IN ASSESSING AND STRENGTHENING THE SCHOOL-BASED CONDOM AVAILABILITY PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: MAZZONI CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS MEETING; AND CONSULTATION FOR ADAPTATION ON AN EVIDENCE-BASED INTERVENTION AND A SOCIAL MARKETING CAMPAIGN

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE ATTIC YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PROGRAMMATIC EXPERTISE;
PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS MEETING; AND
CONSULTATION FOR ADAPTATION ON AN EVIDENCE-BASED INTERVENTION AND A
SOCIAL MARKETING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: PHILADELPHIA FIGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PROGRAMMATIC EXPERTISE;
PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS MEETING; AND
CONSULTATION FOR ADAPTATION ON AN EVIDENCE-BASED INTERVENTION AND A
SOCIAL MARKETING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

LAVENDER YOUTH RECREATION AND INFORMATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PROGRAMMATIC EXPERTISE;
PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS MEETING; AND
CONSULTATION FOR ADAPTATION ON AN EVIDENCE-BASED INTERVENTION AND A
SOCIAL MARKETING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH INITIATIVES FOR YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PROGRAMMATIC EXPERTISE;
PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS MEETING; AND
CONSULTATION FOR ADAPTATION ON AN EVIDENCE-BASED INTERVENTION AND A
SOCIAL MARKETING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTO FAMILIAR DE LA RAZA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PROGRAMMATIC EXPERTISE;

Part IV Supplemental Information

PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS MEETING; AND CONSULTATION FOR ADAPTATION ON AN EVIDENCE-BASED INTERVENTION AND A SOCIAL MARKETING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: GAY MENS HEALTH CRISIS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS MEETING; AND CONSULTATION FOR ADAPTATION ON AN EVIDENCE-BASED INTERVENTION AND A SOCIAL MARKETING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: HETRICK-MARTIN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS MEETING; AND CONSULTATION FOR ADAPTATION ON AN EVIDENCE-BASED INTERVENTION AND A SOCIAL MARKETING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: LOVE HEALS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PROGRAMMATIC EXPERTISE; PARTICIPATE IN PLANNING ACTIVITIES, INCLUDING STAKEHOLDERS MEETING; AND CONSULTATION FOR ADAPTATION ON AN EVIDENCE-BASED INTERVENTION AND A SOCIAL MARKETING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: NYC SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: ACT AS LIAISON BETWEEN IDENTIFIED SCHOOLS AND CBOS IN ITS DISTRICT, THE NATIONAL NGO PARTNERS AND DASH CORE TEAM; HELP DEVELOP RECOMMENDATIONS FOR IMPLEMENTATION STRATEGIES FOR THE YMSM INITIATIVE; ESTABLISH CONNECTION AND SUPPORT RELATIONSHIP-BUILDING BETWEEN SCHOOLS, CBOS AND THE NGO AND DASH TEAMS; OVERSEE COMMUNICATION

Part IV Supplemental Information

ABOUT THE INITIATIVE WITHIN THE SCHOOL DISTRICT; REVIEW AND PROVIDE FEEDBACK FROM DOCUMENTS, MATERIALS, AND REPORTS; HELP RECRUIT OTHER ORGANIZATIONS TO PARTICIPATE; PARTICIPATE IN CAPACITY BUILDING ACTIVITIES; AND ASSIST WITH EVALUATION ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: THE SCHOOL DISTRICT OF PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ACT AS LIAISON BETWEEN IDENTIFIED SCHOOLS AND CBOS IN ITS DISTRICT, THE NATIONAL NGO PARTNERS AND DASH CORE TEAM; HELP DEVELOP RECOMMENDATIONS FOR IMPLEMENTATION STRATEGIES FOR THE YMSM INITIATIVE; ESTABLISH CONNECTION AND SUPPORT RELATIONSHIP-BUILDING BETWEEN SCHOOLS, CBOS AND THE NGO AND DASH TEAMS; OVERSEE COMMUNICATION ABOUT THE INITIATIVE WITHIN THE SCHOOL DISTRICT; REVIEW AND PROVIDE FEEDBACK FROM DOCUMENTS, MATERIALS, AND REPORTS; HELP RECRUIT OTHER ORGANIZATIONS TO PARTICIPATE; PARTICIPATE IN CAPACITY BUILDING ACTIVITIES; AND ASSIST WITH EVALUATION ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: SAN FRANCISCO UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: ACT AS LIAISON BETWEEN IDENTIFIED SCHOOLS AND CBOS IN ITS DISTRICT, THE NATIONAL NGO PARTNERS AND DASH CORE TEAM; HELP DEVELOP RECOMMENDATIONS FOR IMPLEMENTATION STRATEGIES FOR THE YMSM INITIATIVE; ESTABLISH CONNECTION AND SUPPORT RELATIONSHIP-BUILDING BETWEEN SCHOOLS, CBOS AND THE NGO AND DASH TEAMS; OVERSEE COMMUNICATION ABOUT THE INITIATIVE WITHIN THE SCHOOL DISTRICT; REVIEW AND PROVIDE FEEDBACK FROM DOCUMENTS, MATERIALS, AND REPORTS; HELP RECRUIT OTHER ORGANIZATIONS TO PARTICIPATE; PARTICIPATE IN CAPACITY BUILDING ACTIVITIES; AND ASSIST WITH EVALUATION ACTIVITIES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

ADVOCATES FOR YOUTH

Employer identification number

52-1173590

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEBRA HAUSER PRESIDENT	(i)	150,017.	0.	0.	6,200.	11,369.	167,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **ADVOCATES FOR YOUTH** Employer identification number **52-1173590**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	0.	SEE PART II
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): AFY RECEIVED A STOCK DONATION.
HOWEVER, NO AMOUNT IS SHOWN BECAUSE THE STOCK DONATION WAS IN
SATISFACTION OF A PLEDGE RECEIVABLE THAT WAS RECORDED IN A PRIOR YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

ADVOCATES FOR YOUTH

Employer identification number

52-1173590

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

ADVOCATES APPROACHES ITS MISSION THROUGH CROSS-CUTTING STRATEGIES OF
BEST PRACTICES IN PROGRAM DEVELOPMENT, YOUTH EMPOWERMENT,
COMMUNICATIONS, AND PUBLIC POLICY.

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

PEOPLE WHO USED ADVOCATES' WEBSITE, WWW.AMPLIFYYOURVOICE.ORG, TO
PROMOTE ISSUES SUCH AS COMPREHENSIVE SEXUAL HEALTH EDUCATION,
CONTRACEPTION, SEXUALLY TRANSMITTED INFECTION (STI) PREVENTION AND
TREATMENT, ACCESS TO SAFE ABORTION CARE, AND THE HEALTH AND RIGHTS OF
LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) YOUTH.

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

LOCAL CLINICS TO TRAIN THEIR STAFF TO IMPROVE SERVICES FOR YOUNG
PEOPLE. FINALLY, ADVOCATES PROVIDED INTENSIVE ASSISTANCE IN NINE
COMMUNITIES TO ADDRESS TEEN PREGNANCY THROUGH COMMUNITY-WIDE
MOBILIZATION THAT PROMOTES ACCESS TO EVIDENCE-BASED PROGRAMS AND
CLINICAL SERVICES FOR YOUTH.

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

WITH MUSLIM YOUTH--AND INTENSIVE TRAINING AND TECHNICAL ASSISTANCE TO
TWO ORGANIZATIONS WORKING WITH MUSLIM YOUTH--TO ASSIST THEM TO
INTEGRATE CULTURALLY RELEVANT SEXUAL HEALTH AND HIV/AIDS PREVENTION
INFORMATION AND SERVICES INTO THEIR YOUTH PROGRAMMING. FINALLY,
ADVOCATES ASSISTED FIVE HISTORICALLY BLACK COLLEGES AND UNIVERSITIES IN
THE SOUTHERN U.S. TO IMPROVE POLICIES AND PRACTICES TO MEET THE NEEDS

Name of the organization

ADVOCATES FOR YOUTH

Employer identification number

52-1173590

OF STUDENTS AT DISPROPORTIONATE RISK FOR HIV, OTHER STIS, AND UNPLANNED PREGNANCY.

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

INTERNATIONAL PROGRAMS

EXPENSES \$ 596,826. INCLUDING GRANTS OF \$ 65,400. REVENUE \$ 0.

YOUTH EMPOWERMENT

EXPENSES \$ 334,165. INCLUDING GRANTS OF \$ 13,164. REVENUE \$ 0.

YOUTH OF COLOR

EXPENSES \$ 299,849. INCLUDING GRANTS OF \$ 95,000. REVENUE \$ 0.

PUBLIC INFORMATION SERVICES

EXPENSES \$ 211,225. INCLUDING GRANTS OF \$ 0. REVENUE \$ 11,710.

EDUCATION AND OUTREACH

EXPENSES \$ 94,985. INCLUDING GRANTS OF \$ 0. REVENUE \$ 13,500.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND A COPY OF THE FORM 990 WAS THEN DISTRIBUTED TO THE ENTIRE BOARD. MEMBERS WERE ASKED TO SUBMIT ANY COMMENTS OR QUESTIONS PRIOR TO THE AUDIT COMMITTEE MEETING. ADVOCATES' BOARD AUDIT COMMITTEE THEN MET TO DISCUSS AND REVIEW THE FORM 990. IF ANY CHANGES WERE MADE DURING THE AUDIT COMMITTEE'S REVIEW, A FINAL COPY OF THE 990 WOULD BE SENT TO THE BOARD BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: A COPY OF THE CONFLICT OF INTEREST

Name of the organization ADVOCATES FOR YOUTH	Employer identification number 52-1173590
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STATEMENT IS FURNISHED TO EACH DIRECTOR, OFFICER AND STAFF MEMBER WHO IS PRESENTLY SERVING THIS ORGANIZATION, OR WHO MAY BECOME ASSOCIATED WITH IT. THE POLICY IS REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF DIRECTORS, OFFICERS OR STAFF MEMBERS; AND ANY NEW DIRECTORS, OFFICERS OR STAFF MEMBERS ARE ADVISED OF THE POLICY UPON UNDERTAKING THE DUTIES OF SUCH OFFICE. THE PERSON CONCERNED DISCLOSES ANY ACTUAL OR APPARENT CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS.

WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO THE MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, THE INTERESTED PERSON CALLS IT TO THE ATTENTION OF THE BOARD OF DIRECTORS (OR ITS COMMITTEE) AND SUCH PERSON DOES NOT VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A CONFLICT RETIRES FROM THE ROOM IN WHICH THE BOARD (OR ITS COMMITTEE) IS MEETING AND DOES NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THAT PERSON DOES PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION.

THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION AND VOTE AND DID NOT VOTE. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS (OR ITS COMMITTEE) EXCLUDING THE PERSON CONCERNING WHOSE SITUATION THAT DOUBT HAS ARISEN.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD PERSONNEL COMMITTEE EVALUATED THE PRESIDENT'S PERFORMANCE IN EARLY 2013 AND PRESENTED ITS REPORT AND RECOMMENDED COMPENSATION TO THE FULL BOARD OF DIRECTORS. IN THAT PROCESS, THEY REVIEWED A RANGE OF SALARIES FROM COMPARABLE NOT-FOR-PROFIT

Name of the organization ADVOCATES FOR YOUTH	Employer identification number 52-1173590
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INSTITUTIONS. THE BOARD DISCUSSED AND APPROVED THE PERSONNEL COMMITTEE'S RECOMMENDATION AT THE SPRING MEETING IN MARCH 2013. THE DECISION WAS DOCUMENTED IN A MEMORANDUM TO THE BOARD. THE LAST COMPENSATION REVIEW TOOK PLACE IN JANUARY 2012. THE EXECUTIVE DIRECTOR/PRESIDENT DETERMINED COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MO, NH, NJ, NM, NY, NC
OH, OK, OR, PA, SC, TN, UT, VA, WA, WV

FORM 990, PART VI, SECTION C, LINE 19: ADVOCATE'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR A NOMINAL FEE (IF ANY) TO OFFSET THE COSTS OF COPYING AND POSTAGE.