Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2005**

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 2005 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return [ ] Amended return [ ] Application pending

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

C Name of organization: YOUNG AMERICA'S FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address): 110 ELDEN STREET | Room/suite

City or town, state or country, and ZIP + 4: HERNDON, VA 20170-4800

D Employer identification number: 23-7042029

E Telephone number: 703-318-9608

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶ N/A

G Website: ▶WWW.YAF.ORG

J **Organization type** (check only one) ▶ [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 22,058,353.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	17,042,888.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	**Total** (add lines 1a through 1c) (cash $ 16,717,847. noncash $ 325,041.)			1d	17,042,888.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	738,590.
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	44,420.
5	Dividends and interest from securities			5	151,128.
6 a	Gross rents SEE STATEMENT 2	6a	35,040.		
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	35,040.
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other		
8 a	Gross amount from sales of assets other than inventory	3,857,671.	8a	2,500.		
b	Less: cost or other basis and sales expenses	4,013,173.	8b	1,600.		
c	Gain or (loss) (attach schedule)	-155,502.	8c	900.		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 3		STMT 4	8d	-154,602.

9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ [ ]				
a	Gross revenue (not including $ ____ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	186,116.
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	18,043,580.

Expenses

13	Program services (from line 44, column (B))	13	9,905,394.
14	Management and general (from line 44, column (C))	14	706,764.
15	Fundraising (from line 44, column (D))	15	2,129,834.
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses** (add lines 16 and 44, column (A))	17	12,741,992.

Net Assets

18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	5,301,588.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	18,422,702.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	18,513.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	23,742,803.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ 29,000. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22	29,000.	29,000.	STATEMENT 8	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.**	25	390,208.	292,656.	39,021.	58,531.
26 Other salaries and wages	26	2,013,510.	1,769,982.	95,236.	148,292.
27 Pension plan contributions	27				
28 Other employee benefits	28	294,716.	253,456.	23,577.	17,683.
29 Payroll taxes	29	143,037.	104,417.	12,873.	25,747.
30 Professional fundraising fees	30				
31 Accounting fees	31	55,589.	30,574.	25,015.	
32 Legal fees	32	89,776.	48,739.	41,037.	
33 Supplies	33	96,591.	70,511.	8,694.	17,386.
34 Telephone	34	45,335.	33,095.	4,080.	8,160.
35 Postage and shipping	35	2,505,699.	1,694,389.	3,764.	807,546.
36 Occupancy	36	159,737.	116,608.	14,376.	28,753.
37 Equipment rental and maintenance	37	163,672.		163,672.	
38 Printing and publications	38	1,135,140.	747,000.		388,140.
39 Travel	39	299,751.	298,569.	1,022.	160.
40 Conferences, conventions, and meetings	40	946,010.	946,010.		
41 Interest	41	59,679.	59,679.		
42 Depreciation, depletion, etc. (attach schedule)	42	227,566.	166,124.	20,480.	40,962.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 6	43g	4,086,976.	3,244,585.	253,917.	588,474.
44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	12,741,992.	9,905,394.	706,764.	2,129,834.

Joint Costs. Check ▶ [X] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ [X] **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ 5,334,371. ; **(ii)** the amount allocated to Program services $ 3,589,720. ; **(iii)** the amount allocated to Management and general $ 3,764. ; and **(iv)** the amount allocated to Fundraising $ 1,740,887.

** SEE STATEMENT 7

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

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

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 9	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a PUBLIC INFORMATION: PROVIDE EDUCATIONAL AND INFORMATIONAL MATERIALS THROUGH THE FOUNDATION'S MEDIA AND COMMUNICATIONS ACTIVITIES INCLUDING ITS WEBSITE, NEWSLETTERS AND MAILINGS TO THE TARGET AUDIENCE IN SUPPORT OF ITS PROGRAMS.	
(Grants and allocations $ 29,000.) If this amount includes foreign grants, check here ▶ ☐	3,112,964.
b SPECIAL PROJECTS:INCLUDES LECTURES,CONFERENCES & INTERNSHIPS. THE REAGAN RANCH PROGRAM IS DEVOTED TO PRESERVING AND PROTECTING PRESIDENT REAGAN'S WESTERN WHITE HOUSE AND EDUCATING YOUNG PEOPLE ON THE IDEAS OF FREEDOM.	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	6,792,430.
c	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	9,905,394.

Part IV Balance Sheets *(See the instructions.)*

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

	Line	Description			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			307,280.	45	1,724,036.
	46	Savings and temporary cash investments			592,664.	46	487,873.
	47 a	Accounts receivable	47a	86,151.			
	b	Less: allowance for doubtful accounts	47b	43,085.	10,500.	47c	43,066.
	48 a	Pledges receivable	48a	4,811,537.			
	b	Less: allowance for doubtful accounts	48b	88,396.	1,794,790.	48c	4,723,141.
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees				50	
	51 a	Other notes and loans receivable	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54	Investments - securities STMT 10 ▶ ☐ Cost ☒ FMV			6,067,582.	54	5,191,862.
	55 a	Investments - land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other			0.	56	0.
	57 a	Land, buildings, and equipment: basis	57a	11,289,631.			
	b	Less: accumulated depreciation STMT 11	57b	1,380,783.	10,031,897.	57c	9,908,848.
	58	Other assets (describe ▶ SEE STATEMENT 12)			2,048,578.	58	5,952,946.
	59	**Total assets** (must equal line 74). Add lines 45 through 58			20,853,291.	59	28,031,772.
Liabilities	60	Accounts payable and accrued expenses			1,029,473.	60	1,099,494.
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable STMT 13			710,000.	64b	2,421,215.
	65	Other liabilities (describe ▶ SEE STATEMENT 14)			691,116.	65	768,260.
	66	**Total liabilities.** Add lines 60 through 65)			2,430,589.	66	4,288,969.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			15,685,500.	67	18,006,335.
	68	Temporarily restricted			2,467,202.	68	4,466,468.
	69	Permanently restricted			270,000.	69	1,270,000.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			18,422,702.	73	23,742,803.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			20,853,291.	74	28,031,772.

Form **990** (2005)

523031
02-03-06

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

a	Total revenue, gains, and other support per audited financial statements			a	18,062,093.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	18,513.		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	18,513.
c	Subtract line **b** from line **a**			c	18,043,580.
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	18,043,580.

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

a	Total expenses and losses per audited financial statements			a	12,741,992.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	0.
c	Subtract line **b** from line **a**			c	12,741,992.
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	12,741,992.

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

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation (If not paid, enter -0-.)	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
RON ROBINSON 110 ELDEN STREET HERNDON, VA	PRESIDENT 60.00	390,208.	0.	0.
RONALD PEARSON 110 ELDEN STREET HERNDON, VA	VICE PRESIDENT 7.00	0.	0.	0.
FRANK J. DONATELLI 110 ELDEN STREET HERNDON, VA	SECRETARY-TREASURER 5.00	0.	0.	0.
SEE STATEMENT 1	0.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 9			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c		X
	Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt **or** ☐ nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.			

90 a List the states with which a copy of this return is filed ▶ SEE STATEMENT 15

b Number of employees employed in the pay period that includes March 12, 2005 — 90b: 31

91 a The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 703-318-9608

Located at ▶ PAGE 1 ADDRESS, HERNDON, VA ZIP + 4 ▶ 20170

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▶ N/A			

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041-** Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a CONFERENCE INCOME					22,325.
b SPEAKER INCOME					515,645.
c PUBLICATIONS INCOME					10,032.
d MISC PROJECT INCOME					190,588.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	44,420.	
96 Dividends and interest from securities			14	151,128.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	35,040.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-154,602.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a LIST RENTAL INCOME			13	166,321.	
b REFUNDS					19,795.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		242,307.	758,385.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 1,000,692.

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 16

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

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

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

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

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

Please Sign Here

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

▶ Signature of officer | Date | ▶ Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	FITZGERALD, SNYDER & CO., P.C. 7900 WESTPARK DRIVE, SUITE T600 MCLEAN, VA 22102	EIN ▶	Phone no. ▶ (703)847-4600

523163 02-03-06

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2005

Name of the organization: YOUNG AMERICA'S FOUNDATION

Employer identification number: 23 7042029

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
FLOYD BROWN 110 ELDEN STREET, HERNDON, VA 20170	EXECUTIVE DIR 60.00	257,735.	0.	0.
DARLA ANZALONE 110 ELDEN STREET, HERNDON, VA 20170	DIR.OF COMMUNICATION 55.00	159,900.	0.	0.
VERONICA KOSINSKI 110 ELDEN STREET, HERNDON, VA 20170	CONTROLLER 50.00	146,469.	0.	0.
JASON BARBOUR 110 ELDEN STREET, HERNDON, VA 20170	DIR.OF DEVELOPMENT 45.00	112,625.	0.	0.
RICHARD KIMBLE 110 ELDEN STREET, HERNDON, VA 20170	SR.DEV.OFFICER 45.00	188,021.	0.	0.
Total number of other employees paid over $50,000 ▶	8			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
HSP DIRECT HERNDON, VA	FUNDRAISING COUNSEL	89,944.
EBERLE AND ASSOCIATES MCLEAN, VA	FUNDRAISING COUNSEL	80,945.
Total number of others receiving over $50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 17	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	14,455,091.	9,247,998.	8,131,955.	7,455,313.	39,290,357.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	590,247.	531,623.	482,153.	432,139.	2,036,162.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	227,199.	170,737.	207,961.	264,354.	870,251.
19 Net income from unrelated business activities not included in line 18	174,548.	117,101.	91,159.	165,102.	547,910.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	103,336.	105,224.	SEE STATEMENT 18 57,472.	33,383.	299,415.
23 Total of lines 15 through 22	15,550,421.	10,172,683.	8,970,700.	8,350,291.	43,044,095.
24 Line 23 minus line 17	14,960,174.	9,641,060.	8,488,547.	7,918,152.	41,007,933.
25 Enter 1% of line 23	155,504.	101,727.	89,707.	83,503.	

26 **Organizations described on lines 10 or 11: a** Enter 2% of amount in column (e), line 24 ▶ 26a 820,159.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 419,682.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 41,007,933.

d Add: Amounts from column (e) for lines: 18 870,251. 19 547,910. 22 299,415. 26b 419,682. ▶ 26d 2,137,258.

e Public support (line 26c minus line 26d total) ▶ 26e 38,870,675.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 94.7882%

27 **Organizations described on line 12: a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2004) .... (2003) .... (2002) .... (2001) ....

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2004) .... (2003) .... (2002) .... (2001) ....

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 7 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

N/A

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period (a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines **c** through **h**.)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FOOTNOTES STATEMENT 1

SCHEDULE OF DIRECTORS

T. KENNETH CRIBB - DIRECTOR - 1 HOUR 110 ELDEN STREET, HERNDON, VA	0.
JAMES B. TAYLOR - DIRECTOR - 1 HOUR 110 ELDEN STREET, HERNDON, VA	0.
THOMAS PHILLIPS - DIRECTOR - 1 HOUR 110 ELDEN STREET, HERNDON, VA	0.
KATE GRIFFIN - DIRECTOR - 1 HOUR 110 ELDEN STREET, HERNDON, VA	0.
WAYNE THORBURN - DIRECTOR - 1 HOUR 110 ELDEN STREET, HERNDON, VA	0.
KIRBY WILBUR - DIRECTOR - 1 HOUR 110 ELDEN STREET, HERNDON, VA	0.

FORM 990 RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
VACANT LAND AND RIGHT OF WAY	2	35,040.
TOTAL TO FORM 990, PART I, LINE 6A		35,040.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	3,857,671.	4,013,173.	0.	-155,502.
TO FORM 990, PART I, LINE 8	3,857,671.	4,013,173.	0.	-155,502.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
VEHICLE	09/01/04	07/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	2,500.	1,600.	0.	0.	900.
TO FM 990, PART I, LN 8	2,500.	1,600.	0.	0.	900.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF ANNUITIES	9,108.
UNREALIZED GAIN ON INVESTMENT	9,405.
TOTAL TO FORM 990, PART I, LINE 20	18,513.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANQUETS	62,451.	62,451.		
COMMUNICATIONS	1,791,057.	1,333,851.		457,206.
CONSULTANTS	328,102.	297,799.		30,303.
DATA PROCESSING	136,062.		136,062.	
BAD DEBTS	32,585.		32,585.	
BANK CHARGES	36,881.		36,881.	
ADVERTISING	60,821.	58,521.		2,300.
HONORARIUM	593,638.	593,638.		
INSURANCE	56,919.	51,707.	4,419.	793.
INTERNS	45.	45.		
LECTURES	165,698.	165,698.		
LIST RENTAL	313,988.	218,822.		95,166.
MAINT. & PRESERVATION - REAGAN RANCH	172,524.	172,524.		
OTHER TAXES AND FEES	17,043.	8,630.	8,413.	

PENALTIES	15,032.	10,973.	1,353.	2,706.
PUBLIC RELATIONS	92,626.	92,626.		
REAL ESTATE TAX	86,953.	63,568.	23,385.	
RESEARCH	24,666.	24,165.	501.	
DONATIONS	100.	100.		
BOARD MEETINGS	5,380.	22.	5,358.	
PERSONAL PROPERTY TAX	4,960.		4,960.	
PUBLICATIONS	89,445.	89,445.		
TOTAL TO FM 990, LN 43	4,086,976.	3,244,585.	253,917.	588,474.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 7
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
	390,208.			390,208.
A. PROGRAM SERVICES	292,656.			292,656.
B. MANAGEMENT AND GENERAL	39,021.			39,021.
C. FUNDRAISING	58,531.			58,531.

TOTAL PROGRAM SERVICES	292,656.
TOTAL MANAGEMENT AND GENERAL	39,021.
TOTAL FUNDRAISING	58,531.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B	390,208.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 8

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP	JOEL ELLIOTT	6690 N. 270 E., HOWE, IN 46746	NONE	1,500.
SCHOLARSHIP	LOGAN WINSTON	26 DONELLAN ROAD, SCARSDALE, NY 20194	NONE	1,500.
SCHOLARSHIP	RICK DOCKSAI	12053 SUMMER MEADOW LAND, RESTON, VA 20194	NONE	1,500.
SCHOLARSHIP	ALYSON DUNN	119 DUNN LANE, CHICORA, PA 16025	NONE	1,500.
SCHOLARSHIP	KATIE FARBER	3257 REGENCY COURT, BETHLEHEM, PA 18020	NONE	1,500.
SCHOLARSHIP	MELISSA FELDSHER	110 ELDEN STREET, HERNDON, VA 20170	NONE	250.

SCHOLARSHIP	EMILY HOAR	2916 BLUFF POINT LANE, SILVER SPRING, MD 20906	NONE	1,500.
SCHOLARSHIP	CHRIS MANAGER	37 RITZ COVE DRIVE, DANA POINT, CA 92629	NONE	1,500.
SCHOLARSHIP	NATALIA MAYER	1083 DEERFIELD PLACE, HIGHLAND PARK, IL 60035	NONE	1,500.
SCHOLARSHIP	LAUREN O'NEIL	9912 HAWTHORN HILL COURT, MANASSAS, VA 20110	NONE	1,500.
SCHOLARSHIP	GREG LAVOY	622 W. CLINTON STREET, HOWELL, MI 68118	NONE	2,500.
SCHOLARSHIP	MATT MURPHY	1322 NORTH 164TH STREET, OMAHA, NE 68118	NONE	1,000.
SCHOLARSHIP	GORDEN ARLEN	2734 PARK PLACE, EVANSTON, IL 60201	NONE	500.
SCHOLARSHIP	ANGELA LOIACONO	701 EAST ELM CIRCLE, TRACY, CA 95304	NONE	1,000.
SCHOLARSHIP	LUCACS BURNS	PO BOX 223254, PRINCEVILLE, HI 96722	NONE	1,500.
SCHOLARSHIP	REBECCA HALIK	6870 LANDIS AVE., CHARMICHAEL, CA 95608	NONE	1,500.
SCHOLARSHIP	LAUREN JONES	1480 EASTLAKE CIRCLE, TRACY, CA 95304	NONE	1,500.
SCHOLARSHIP	LAURA PETERSEN	115 CLUB TERRACE , DANVILLE, CA 94526	NONE	1,500.
SCHOLARSHIP	DARCY RICHARDSON	12561 PEREA COURT, SAN DIEGO, CA 92128	NONE	1,500.
SCHOLARSHIP	IVY SELLERS	2111 JEFFERSON DAVIS HIGHWAY, ARLINGTON, VA	NONE	1,500.

SCHOLARSHIP	CARRIE SHEFFIELD	3829 6TH STREET NORTH, ARLINGTON, VA 22203	NONE	250.
SCHOLARSHIP	MARY RYBACK	2873 NORTH VALLEY DRIVE, FAIRVIEW PARK, OH 44126	NONE	1,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				29,000.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 9
PART III

EXPLANATION

PUBLIC EDUCATION INCLUDING VALUES, ECONOMIC PRINCIPLES AND LEADERSHIP SKILLS

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE SECURITIES	FMV			5,191,862.	5,191,862.
TO FORM 990, LINE 54, COL B				5,191,862.	5,191,862.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING AND LAND	10,604,815.	1,226,272.	9,378,543.
FURNITURE AND EQUIPMENT	684,816.	154,511.	530,305.
TOTAL TO FORM 990, PART IV, LN 57	11,289,631.	1,380,783.	9,908,848.

FORM 990 OTHER ASSETS STATEMENT 12

DESCRIPTION	AMOUNT
SECURITY DEPOSITS	9,191.
POSTAGE DEPOSITS	1,619.
COLLECTIONS	913,336.
LAND HELD FOR SALE	320,000.
CONSTRUCTION IN PROGRESS	4,652,630.
PREPAID EXPENSE	13,550.
BENIFICIAL INTEREST IN CHARITABLE R	42,620.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	5,952,946.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 13

LENDER'S NAME	TERMS OF REPAYMENT
BANK OF AMERICA LOC	INTEREST ONLY, LIBOR RATE PLUS 2%

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
01/31/05	01/31/10	6,300,000.	7.39%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
COMMERCIAL REAL ESTATE PROPERTY IN SANTA BARBARA, CA	CONSTRUCTION FOR REAGAN CENTER

RELATIONSHIP OF LENDER
NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	2,421,215.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		2,421,215.

FORM 990 OTHER LIABILITIES STATEMENT 14

DESCRIPTION	AMOUNT
SECURITY DEPOSIT LIABILITY	2,400.
GIFT ANNUITIES PAYABLE	714,811.
OBLIGATION UNDER CAPITAL LEASE	0.
VEHICLE NOTES PAYABLE	51,049.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	768,260.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 15
PART VI, LINE 90

STATES

AL,AZ,AR,CA,CT,FL,IL,KS,KY,ME,MD,MA,MI,MN,MS,NJ,NY,NC,OK,OR,PA,RI,SC,TN,VA
WA,WV,WI

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 16

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	ADMISSION FEES TO LECTURES REDUCE OVERALL INCURRED EXPENSE
93B	SPEAKER HONORARIUMS FOR PROGRAM-RELATED LECTURES
93C	PUBLICATION SALES RECOVER SHIPPING COSTS AND DO NOT GENERATE PROFIT
93D	VARIOUS PROGRAM-RELATED INCOME
103B	INCOME FROM LIST RENTAL
103C	REFUNDS OF PROGRAM-RELATED EXPENSES

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 17
PART III, LINE 3A

IN FURTHERANCE OF ITS GOAL OF ENCOURAGING AND ASSISTING FUTURE LEADERS OF AMERICA WHO ARE NOW IN PUBLIC SCHOOL, THE FOUNDATION PROVIDES, AS FUNDS PERMIT, SCHOLARSHIPS TO OUTSTANDING PATRIOTIC STUDENTS WHO NEED ASSISTANCE TO COMPLETE THEIR EDUCATION. SCHOLARSHIP AWARDS, WHICH MUST BE APPROVED BY THE BOARD OF DIRECTORS, ARE BASED ON THE FOLLOWING CRITERIA:
1) ACADEMIC QUALIFICATIONS AS DEMONSTRATED BY TRANSCRIPTS AND HONORS RECEIVED, AND WRITING SAMPLES.
2) FINANCIAL NEED VERIFIED BY A COMPLETED APPLICATION
3) FAMILIARITY AND ASSOCIATION WITH THE WORK OF THE FOUNDATION.
APPLICANTS MUST BE SUBMITTED BY MAY 31. EACH APPLICANT SHOULD SUBMIT ALL NECESSARY SUPPORTING MATERIALS ON TIME. FAXED APPLICATIONS ARE NOT ACCEPTED. APPLICATIONS SHOULD BE SENT TO YOUNG AMERICA'S FOUNDATION, KIRBY FREEDOM CENTER, 110 ELDEN STREET, HERNDON, VIRGINIA, 20170.
STATEMENT REGARDING GRANTS:
THE INDIVIDUALS WHO RECEIVED GRANTS ARE NOT RELATED BY BLOOD, MARRIAGE, ADOPTION, OR EMPLOYMENT (INCLUDING EMPLOYEE'S CHILDREN) TO ANY PERSON OR CORPORATION WITH AN INTEREST IN THE FOUNDATION SUCH AS A CREATOR, DONOR, DIRECTOR, OFFICER, ETC.

SCHEDULE A OTHER INCOME STATEMENT 18

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER REVENUE	103,336.	105,224.	57,472.	33,383.
TOTAL TO SCHEDULE A, LINE 22	103,336.	105,224.	57,472.	33,383.