

Return of Organization Exempt From Income Tax

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

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning 07/01, 2000, and ending 06/30, 2001

B Check if applicable:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return

C Name of organization number and street city, town state, and ZIP code
Youth & Family Services of N. Central
 2915 Midway
 Enid, OK 73701

D Employer identification number
73-0972483

E Telephone number
(580) 233-7220

F Check if application pending

G Organization type (check only one) 501(c)(3) (insert no) 527 or 4947(a)(1)

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

J Accounting method Cash Accrual Other (specify) ▶

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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to sec. 527 orgs

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

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? (If "No" attach a list. See inst.) Yes No

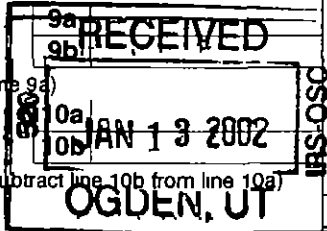
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no. (GEN) ▶

L Check this box if organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions)

REVENUE	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	13,123.		
	b Indirect public support	1b	29,500.		
	c Government contributions (grants)	1c	951,259.		
	d Total (add lines 1a through 1c) (cash \$ <u>993,882.</u> noncash \$ _____)	1d		993,882.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			25,000.	
	3 Membership dues and assessments				
	4 Interest on savings and temporary cash investments			1,362.	
	5 Dividends and interest from securities				
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)				6c
7 Other investment income (describe ▶ _____)				7	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	8b				
	8c				
d Net gain or (loss) (combine line 8c columns (A) and (B))				8d	
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)				
	b Less direct expenses other than fundraising expenses				
	c Net income or (loss) from special events (subtract line 9b from line 9a)				9c
10a Gross sales of inventory less returns and allowances	10a				
	b Less cost of goods sold				
	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)			340.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			1,020,584.		
EXPENSES	13 Program services (from line 44, column (B))			1,028,935.	
	14 Management and general (from line 44, column (C))			59,050.	
	15 Fundraising (from line 44, column (D))				
	16 Payments to affiliates (attach schedule)				
	17 Total expenses (add lines 16 and 44 column (A))			1,087,985.	
ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)			-67,401.	
	19 Net assets or fund balances at beginning of year (from line 73 column (A))			299,083.	
	20 Other changes in net assets or fund balances (attach explanation)			1,870.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			233,552.	



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

Do not include amounts reported on line 8b, 8b, 9b, 10b, or 18 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
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	0.	0.	0.	
26	Other salaries and wages	26	648,054.	638,218.	9,836.	
27	Pension plan contributions	27				
28	Other employee benefits	28	50,979.	50,326.	653.	
29	Payroll taxes	29	54,116.	52,322.	1,794.	
30	Professional fundraising fees	30				
31	Accounting fees	31	8,003.	7,922.	81.	
32	Legal fees	32	1,028.	990.	38.	
33	Supplies	33	25,303.	22,207.	3,096.	
34	Telephone	34	14,292.	13,989.	303.	
35	Postage and shipping	35	603.	597.	6.	
36	Occupancy	36	31,864.	29,717.	2,147.	
37	Equipment rental and maintenance	37	3,016.	2,740.	276.	
38	Printing and publications	38				
39	Travel	39	32,135.	31,720.	415.	
40	Conferences, conventions and meetings	40				
41	Interest	41				
42	Depreciation depletion, etc (attach schedule)	42	18,560.		18,560.	
43	Other expenses (itemize) a See Attached	43a	200,032.	178,187.	21,845.	
	b _____	43b				
	c _____	43c				
	d _____	43d				
	e _____	43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,087,985.	1,028,935.	59,050.	0.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____ (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions)

What is the organization's primary exempt purpose? See attached.	Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts but optional for others)
a Temporary emergency shelter for children under the age of 18 is provided 24 hours a day 365 days a year (Grants and allocations \$ _____)	596,330.
b Parent education classes play therapy for troubled preschoolers and WHO Programs of child abuse prevention are the main focus of this program (Grants and allocations \$ _____)	432,605.
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44 column (B), Program services)	1,028,935.

Part IV Balance Sheets (See Specific Instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
A S S E T S	45	Cash -- non-interest-bearing		-9,339.	45	14,176.	
	46	Savings and temporary cash investments		13,160.	46	15,311.	
	47a	Accounts receivable	127,706.				
	b	Less allowance for doubtful accounts		145,899.	47c	127,706.	
	48a	Pledges receivable					
	b	Less allowance for doubtful accounts			48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	Other notes and loans receivable (attach schedule)					
	b	Less allowance for doubtful accounts			51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		4,398.	53		
	54	Investments -- securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	55a	Investments -- land, buildings and equipment basis					
	b	Less accumulated depreciation (attach schedule)			55c		
56	Investments -- other (attach schedule)			56			
57a	Land, buildings, and equipment basis	447,407.					
b	Less accumulated depreciation (attach schedule)						
58	Other assets (describe ▶ _____)				58		
59	Total assets (add lines 45 through 58) (must equal line 74)			307,386.	59	292,651.	
L I A B I L I T I E S	60	Accounts payable and accrued expenses		5,913.	60	34,099.	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			2,390.	64b	25,000.
	65	Other liabilities (describe ▶ _____)			65		
66	Total liabilities (add lines 60 through 65)			8,303.	66	59,099.	
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		299,083.	67	233,552.	
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income or other funds			72		
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)			299,083.	73	233,552.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			307,386.	74	292,651.	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions)

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

<p>a Total revenue, gains, and other support per audited financial statements ▶</p> <p>b Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services & use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify) _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b ▶</p> <p>d Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b Form 990 \$ _____</p> <p>(2) Other (specify) _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total revenue per line 12 Form 990 (line c plus line d) ▶</p>	<p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p>	<p>1,020,584.</p> <p></p> <p>1,020,584.</p> <p></p> <p>1,020,584</p>	<p>a Total expenses and losses per audited financial statements ▶</p> <p>b Amounts included on line a but not on line 17 Form 990</p> <p>(1) Donated services & use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify) _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b ▶</p> <p>d Amounts included on line 17, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶</p>	<p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p>	<p>1,087,985</p> <p></p> <p>1,087,985.</p> <p></p> <p>1,087,985.</p>
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Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific 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 comp	(E) Expense account and other allowances
Justin Simmons Enid, Ok (Eff. 4/17/01)	Exec. Dir. 40.	8,110.	541.	0.
Bill Robinson Enid, OK (Former ED)	Exec. Dir 40.	20,000.	0.	0.
Cindy Humphrey Enid, OK	Chairman	0	0.	0.
LaVena Hardin Enid, OK	Vice-Chair	0.	0.	0.
Terry Bigheart Enid, OK	Sec/Treas	0.	0.	0.

75 Did any officer, director trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule -- see Specific Instructions

Part VII Analysis of Income-Producing Activities (See Specific Instructions)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a City/County Funds					10,500.
b Prog Lease Alloc					14,500.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments			14	1,362.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit/(loss) from sales of inventory					
103 Other revenue a Misc					340.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,362	25,340.
105 Total (add line 104 columns (B), (D) and (E))					26,702.

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 Specific 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)
93a-g	Program revenues generated from providing services to youth through emergency shelter, crisis intervention, diagnosis counseling theraputhic foster care community education.
103b	Local revenues are used to defray the cost of operation and

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific 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)

I, including accompanying schedules and statements, and to the best of my knowledge and belief (other than officer) is based on all information of which preparer has any knowledge. (Important)

1-10-02 Justin Simmons Exec. Dir.
Date Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization
Youth & Family Services of N. Central

Employer identification number
73-0972483

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 empl benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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
None		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities

	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 total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ 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	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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		
a Sale exchange or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans etc ?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See the instructions)		

Part IV Reason for Non-Private Foundation Status (See 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, page 5)
- 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)(v) (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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See 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 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	607,034.	509,636.	467,583.	960,061.	2,544,314.
16 Membership fees received			432,866.		432,866.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose	196,120.	222,685.			418,805.
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	2,846.	2,534.	-3,010.	2,841.	5,211.
19 Net income from unrelated business activities not included in line 18					
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	258.	20,538.	44,904.		65,700.
23 Total of lines 15 through 22	806,258.	755,393.	942,343.	962,902.	3,466,896.
24 Line 23 minus line 17	610,138.	532,708.	942,343.	962,902.	3,048,091.
25 Enter 1% of line 23	8,063.	7,554.	9,423.	9,629.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 60,962.
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts				26b
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 3,048,091.
	d Add Amounts from column (e) for lines	18 5,211.	19		26d 70,911.
		22 65,700.	26b		26e 2,977,180.
	e Public support (line 26c minus line 26d total)				26f 97.6736 %
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year				
	(1999)	(1998)	(1997)	(1996)	
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals.) 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				
	(1999)	(1998)	(1997)	(1996)	
	c Add Amounts from column (e) for lines	15	16		27c
		17	20	21	27d
	d Add Line 27a total and line 27b total				27e
	e Public support (line 27c total minus line 27d total)				27f
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27g %
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27h %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See the instructions.)				

Part V Private School Questionnaire (See the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NA

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe if "No" please explain (If you need more space attach a separate statement)		
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions)

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

NA

- Check here **a** if the organization belongs to an affiliated group
- Check here **b** if you checked "a" above 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
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	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

NA

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

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

Form 990 - Exempt Organization Tax Return
 Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt & General	(D) Fund-raising
Repairs & Maint	18,035	17,528.	507	0.
Training	6,431	6,380	51	0.
Foster Care	76,425	76,425.	0.	0.
Contract Labor	19,173	18,479.	694.	0.
Dues\Membership	3,577	3,419.	158	0.
Commodities	924.	0.	924.	0.
Bad Debts	13,500	0.	13,500.	0.
Other Exp	43,851.	38,029.	5,822.	0.
Fund Raising	0	0.	0.	0.
Insurance	18,116.	17,927.	189.	0.
Recreation	0	0.	0.	0.
Annual Dinner	0	0.	0.	0.
Retirement	0.	0.	0.	0.
Miscellaneous	0.	0.	0.	0.
Commodities	0	0.	0	0.
TOTAL	200,032.	178,187.	21,845.	0.

Note # 1 - Other Changes in Net Assets

Form 990

Part I Line 20

Capital Gain on Investments	\$ 1,173
Unrealized Gain on Investments	697

Total	\$ 1,870
	=====

Notes

Company: Youth & Family Services of N. Central

2000

EIN: 73-0972483

Note # 2 - Primary Exempt Purpose

Form 990

Part III Organization's Primary Exempt Purpose

Youth and Family Services of North Central Oklahoma, Inc. is a non-profit corporation organized for the purpose of supplying preventive and diversionary youth services programs which include emergency shelter, crisis intervention, diagnosis, counseling, therapeutic foster care and community education

Notes

Company: Youth & Family Services of N. Central

2000

EIN: 73-0972483

Note # 3 - Fixed Assets

Form 990

Part IV Line 57

	6/30/00	Addtns	Rtmnts	6/30/01
	-----	-----	-----	-----
Fixed Assets				
Land	2,572	0	0	2,572
Buildings	315,927	0	0	315,927
Furn & Fixt	26,615	0	0	26,615
Office Equip	84,543	750	0	85,293
Vehicles	17,000	0	0	17,000
	-----	-----	-----	-----
Total	446,657	750	0	447,407
	=====	=====	=====	=====
Accum Depr	293,389	18,560	0	311,949
	=====	=====	=====	=====

Note # 4 - Notes Payable

Form 990

Part IV Line 64b

The organization has a \$40,000 line of credit of which \$15,000 was unused at June 30, 2001. The credit line is secured by substantially all assets of the organization. The \$25,000 borrowed against the line of credit at June 30, 2001 was paid in full on July 24, 2001.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time— Only submit original (no copies needed) ▶
Note Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns
 Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization Youth & Family Services of N. Central	Employer identification number 73-0972483
File by the due date for filing your return See instructions	Number, street and room or suite no. If a P.O. box see instructions 2915 Midway	
	City, town or post office, state, and ZIP code. For a foreign address see instructions Edmond, OK 73701	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until February 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20____ or
 ▶ tax year beginning July 1, 2000, and ending June 30, 2001

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0.

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ MB Saunders Title ▶ Partner Date ▶ 10-29-01

For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)