

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

- 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

YOUTH & FAMILY SERVICES INC PO BOX 2813 RAPID CITY, SD 57709

D Employer identification number 46-6017085 E Telephone number F Accounting method Cash [] Accrual [X] 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? H(b) If yes, enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: N/A

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

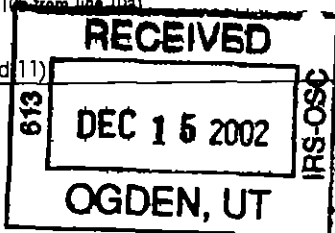
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 8,196,811

I Enter 4 digit group GEN M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program revenue, investment income, and special events. Total revenue is 8,196,811 and total expenses is 7,679,045.



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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

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 (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23 1,000	1,000		
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers directors etc	25 76,034		76,034	
26 Other salaries and wages	26 3,944,298	3,330,443	479,174	134,681
27 Pension plan contributions	27			
28 Other employee benefits	28 344,166	285,107	47,529	11,530
29 Payroll taxes	29 317,312	262,861	43,821	10,630
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 121,586	118,780	551	2,255
34 Telephone	34 46,213	43,902	2,080	231
35 Postage and shipping	35			
36 Occupancy	36 343,602	326,422	15,462	1,718
37 Equipment rental and maintenance	37 7,040	6,729	311	
38 Printing and publications	38			
39 Travel	39 111,839	109,080	1,248	1,511
40 Conferences, conventions, and meetings	40 213,328	211,253	62	2,013
41 Interest	41 30,208	28,698	1,510	
42 Depreciation, depletion, etc (attach schedule)	42 228,279	225,859	2,420	
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 4	43a 1,894,140	1,842,148	29,507	22,485
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 7,679,045	6,792,282	699,709	187,054

Joint Costs Check if you are following SOP 98.2

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? CHARITABLE
 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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a SEE STATEMENT 5				

(Grants and allocations \$ _____)				6,792,282
b -----				

(Grants and allocations \$ _____)				
c -----				

(Grants and allocations \$ _____)				
d -----				

(Grants and allocations \$ _____)				
e Other program services				
(Grants and allocations \$ _____)				
f Total of Program Service Expenses (should equal line 44, column (B), program services)				6,792,282

Part IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year		
ASSETS	45	Cash – non interest bearing		1,350	45	1,300
	46	Savings and temporary cash investments		573,446	46	658,732
	47a	47a	Accounts receivable	57,047		
		47b	Less allowance for doubtful accounts	14,413	47c	42,634
				46,253		
	48a	48a	Pledges receivable	534,462		
		48b	Less allowance for doubtful accounts	26,500	48c	507,962
				350,332		
	49	Grants receivable		400,263	49	364,245
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	51a	Other notes & loans receivable (attach sch)			
		51b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		8,188	52	4,423
	53	Prepaid expenses and deferred charges		18,434	53	21,081
	54	Investments – securities (attach schedule)		907,787	54	754,331
	55a	Investments – land, buildings, & equipment basis <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV				
		55b	Less accumulated depreciation (attach schedule)		55c	
56	Investments – other (attach schedule)		1,123,301	56	1,122,870	
57a	57a	Land, buildings, and equipment basis	3,474,382			
	57b	Less accumulated depreciation (attach schedule) STATEMENT 6	1,793,477	57c	1,680,905	
			1,180,067			
58	Other assets (describe ▶ _____)		465,714	58		
59	Total assets (add lines 45 through 58) (must equal line 74)		5,075,135	59	5,158,483	
LIABILITIES	60	Accounts payable and accrued expenses		449,366	60	481,489
	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	
		64b	Mortgages and other notes payable (attach schedule)	363,159	64b	
	65	Other liabilities (describe ▶ _____)			65	
66	Total liabilities (add lines 60 through 65)		812,525	66	481,489	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		1,981,478	67	2,406,982
	68	Temporarily restricted		749,007	68	738,318
	69	Permanently restricted		1,532,125	69	1,531,694
	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)		4,262,610	73	4,676,994
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		5,075,135	74	5,158,483

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.

BAA

Part VI - Other Information (See specific 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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	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?		X
81a	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	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	205,421
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4) (5), or (6) organizations Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for pro quo tax owed for the prior year	N/A	
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	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?	85h	N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	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
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
89b	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
90a	List the states with which a copy of this return is filed <u>NONE</u>		
90b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	164
91	The books are in care of <u>YOUTH & FAMILY SERVICES</u> Telephone number <u>(605) 342-4195</u> Located at <u>PO BOX 2813 RAPID CITY, SD</u> ZIP + 4 <u>57709</u>		
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 instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a DAY CARE & COUNSELING					493,525
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					8,399
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	52,807	
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 pers prop					
99 Other investment income			14	-1,572	
100 Gain or (loss) from sales of assets other than inventory			18	21,741	
101 Net income or (loss) from special events			1	54,109	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISCELLANEOUS			1	2,905	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				129,990	501,924
105 Total (add line 104, columns (B), (D), and (E))					631,914

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 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)
1	SEE STATEMENT 8

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

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

Date 12/9/02
Ant Gundersen-Powers

Schedule A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)
Supplementary Information - (see separate instructions)

2001

Department of the Treasury
Internal Revenue Service

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

Name of the Organization

YOUTH & FAMILY SERVICES INC

Employer Identification Number

46-6017085

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

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MELANIE FLATT, 3604 SQUIRE LANE, RAPID CITY, SD 57702	ASSOC DIRECTOR 40-45	52,237	0	0
JANET GUNDERSON-POWERS RAPID CITY, SD	FINANCE DIR 40-45	58,686	0	0
SARA GENTRY, 3840 PONDEROSA TRL, RAPID CITY, SD 57702	Development Dir 51,385 40-45	51,385	0	0
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Total number of other employees paid over \$50,000 ▶

0

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

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
THURSTON DESIGN GROUP 822 MAIN STREET, RAPID CITY SD 57701	CONSTRUCTION	143,194
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

Total number of others receiving over \$50,000 for professional services ▶

0

Part III Statements About Activities (See instructions)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

SEE STATEMENT 9

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note: 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

Part IV Reason for Non-Private Foundation Status (See 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) 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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	6,859,126	5,611,440	4,533,112	4,543,834	21,547,512
16 Membership fees received	8,075	7,000	7,321	7,430	29,826
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	514,062	558,832	594,754	512,839	2,180,487
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	60,009	56,543	56,500		173,052
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.					
23 Total of lines 15 through 22	7,441,272	6,233,815	5,191,687	5,064,103	23,930,877
24 Line 23 minus line 17	6,927,210	5,674,983	4,596,933	4,551,264	21,750,390
25 Enter 1% of line 23	74,413	62,338	51,917	50,641	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24</p> <p>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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p>c Total support for Section 509(a)(1) test. Enter line 24, column (e).</p> <p>d Add: Amounts from column (e) for lines 18 <u>173,052</u> 19 _____ 22 _____ 26b <u>79,351</u></p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a 435,008</p> <p>26b 79,351</p> <p>26c 21,750,390</p> <p>26d 252,403</p> <p>26e 21,497,987</p> <p>26f 98.84%</p>
27 Organizations described on line 12 N/A	<p>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:</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p>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 11, 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:</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p>c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p>d Add: Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 27f _____</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) _____ %</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) _____ %</p>				<p>27c _____</p> <p>27d _____</p> <p>27e _____</p> <p>27g _____ %</p> <p>27h _____ %</p>
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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.					

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

N/A

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

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

N/A

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

Limits on Lobbying Expenditures

(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 --														
<table border="0"> <tr> <td>If the amount on line 40 is --</td> <td>The lobbying nontaxable amount is --</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</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> </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	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	41	
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													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43													
44 Subtract line 41 from line 38 Enter 0- if line 41 is more than line 38	44													

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

- 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)

Yes	No	Amount

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

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

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2001

Name of Organization

YOUTH & FAMILY SERVICES INC

Employer Identification Number

46-6017085

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

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

Form 990 PF

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

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7), (8) or (10) organization can check box(es) for both the general rule and a special rule — see instructions)

General Rule —

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

Special Rules —

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

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ or 990-PF) but **must** check the box in the heading of their Form 990 Form 990-EZ or on line 1 of their Form 990 PF to certify that they do not meet the filing requirements of Schedule B (Form 990 990-EZ or 990-PF)

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

YOUTH & FAMILY SERVICES INC

46-6017085

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 8,143	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2		\$ 147,868	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3		\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
4		\$ 54,623	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
5		\$ 1,163,747	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
6		\$ 57,845	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

YOUTH & FAMILY SERVICES INC

46-6017085

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 196,702	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
8		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
9		\$ 158,066	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
10		\$ 129,942	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
11		\$ 31,195	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
12		\$ 246,949	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

YQUTH & FAMILY SERVICES INC

46-6017085

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 110,728	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
14		\$ 25,553	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
15		\$ 4,063,426	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
16		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
17		\$ 30,485	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
18		\$ 27,363	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

YOUTH & FAMILY SERVICES INC

46-6017085

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 242,179	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
20		\$ 143,694	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
21		\$ 71,653	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
22		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
23		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
24		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

YOUTH & FAMILY SERVICES INC

46-6017085

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>25</u>		\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>26</u>		\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>27</u>		\$ <u>20,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>28</u>		\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>29</u>		\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

EARNINGS ON INVESTMENTS	\$	72,271
UNREALIZED ENDOWMENT LOSS		-73,412
UNREALIZED GAIN-TRUST INT		-431
TOTAL	\$	<u>-1,572</u>

STATEMENT 2
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE	123,569
COST OR OTHER BASIS	101,828
TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES	\$ <u>21,741</u>
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES	\$ <u>21,741</u>

STATEMENT 3
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI-BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
KID'S FAIR	53,573	0	53,573	1,554	52,019
SPECIAL FUND RAISING PROJECTS					
	2,090	0	2,090	0	2,090
TOTALS	\$ <u>55,663</u>	\$ <u>0</u>	\$ <u>55,663</u>	\$ <u>1,554</u>	\$ <u>54,109</u>

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

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUNDRAISING</u>
CONTRACTED SERVICES	222,182	207,352	5,580	9,250
DUES AND SUBSCRIPTIONS	24,380	22,047	607	1,726
FAMILY CHILD CARE PAYMENTS	799,966	799,966		
FOOD	179,542	175,104	1,730	2,708
INSURANCE	75,610	68,240	6,976	394
KID'S FAIR EXPENSES	44,328	44,328		
MISCELLANEOUS	6,058	1,803	4,255	
OFFICE SUPPLIES	57,563	51,055	2,376	4,132
PARENT ACTIVITY	35,265	35,265		
PROMOTION EXPENSE	31,280	25,475	2,397	3,408
REPAIR AND MAINTENANCE	44,279	41,975	1,852	452

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
SUBCONTRACTS TO GRANTS	290,700	290,700		
UTILITIES	82,987	78,838	3,734	415
TOTAL	\$ 1894140	\$ 1842148	\$ 29,507	\$ 22,485

STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>PROVIDE AND ANSWER THE CRITICAL NEEDS OF YOUNG PEOPLE AND THEIR FAMILIES IN THE RAPID CITY AREA AND SURROUNDING COMMUNITY</p> <p>PROGRAM SERVICES</p> <p>GIRLS INCORPORATED</p> <p>TO BUILD GIRLS' CAPACITY FOR RESPONSIBLE AND CONFIDENT ADULTHOOD, ECONOMIC INDEPENDENCE AND PERSONAL FULFILLMENT</p> <p>GIRLS AGES 5-17 PARTICIPATE IN FUN AND EXCITING EDUCATIONAL AND RECREATIONAL ACTIVITIES SIX DAYS A WEEK DURING THE SCHOOL YEAR AND EACH WEEK DAY DURING THE SUMMER THROUGH THESE ACTIVITIES, GIRLS INCORPORATED WAS ABLE TO SERVE AROUND 1300 GIRLS THIS PAST YEAR OUR PROGRAMS HIGHLIGHT COMMUNITY ACTION, SPORTS, HEALTH, CAREERS AND LIFE PLANNING THESE PROGRAMS ALSO CELEBRATE OUR MEMBERS' CULTURE AND HERITAGE AND ENCOURAGE THE GIRLS TO DEVELOP SELF-RELIANCE AND LIFE SKILLS CURRENTLY, DAILY AVERAGE ATTENDANCE DURING THE SCHOOL YEAR IS 135, WITH THE AVERAGE FOR SUMMER PROGRAMMING AT 200</p> <p>CHILD CARE SERVICES</p> <p>TO PROVIDE AND PROMOTE QUALITY, AFFORDABLE CHILD CARE FOR PRESCHOOL AND SCHOOL-AGE CHILDREN</p> <p>A TOTAL OF 430 CHILDREN WERE ENROLLED IN THE PROGRAM THIS YEAR--240 WERE PRESCHOOL-AGE AND 190 WERE SCHOOL-AGE THIS PAST YEAR, YFS CHILD CARE, IN COLLABORATION WITH YFS HEAD START, OFFERED A NEW COMBINATION HEAD START/CHILD CARE PROGRAM, WHICH SERVED 65 CHILDREN AND THEIR FAMILIES THIS PROGRAM OFFERS FULL-TIME, FULL YEAR SERVICES TO THE FAMILIES ENROLLED TRANSPORTATION TO AND FROM SCHOOLS IS AN ADDITIONAL SERVICE PROVIDED TO HELP WORKING PARENTS</p> <p>NUTRITION SERVICES</p>		6,792,282

STATEMENT 5 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>TO PROMOTE BETTER NUTRITION FOR CHILDREN BY PROVIDING MEALS, SNACKS, AND NUTRITION EDUCATION</p> <p>DURING THE PAST YEAR YFS PROVIDED 1,017,992 MEALS AND SNACKS TO CHILDREN A TOTAL OF 265 COMMUNITY CHILD CARE PROVIDERS WERE ASSISTED WITH MENU PLANNING, NUTRITIONAL ANALYSIS AND FINANCIAL REIMBURSEMENT THROUGH THE FAMILY CHILD CARE NUTRITION PROGRAM DURING THE 2000 SUMMER, 30,030 FREE BREAKFASTS AND LUNCHESES WERE SERVED TO CHILDREN UNDER THE AGE OF 18 THE SUMMER FOOD PROGRAM IS AVAILABLE TO ALL LOCAL CHILDREN WHO WISH TO ATTEND</p> <p>YFS HEAD START AND EARLY HEAD START</p> <p>TO ENHANCE CHILDREN'S PHYSICAL, SOCIAL, EMOTIONAL AND INTELLECTUAL DEVELOPMENT, TO SUPPORT PARENTS IN FULFILLING THEIR PARENTAL ROLES, AND TO HELP PARTNERS MOVE TOWARD ECONOMIC INDEPENDENCE</p> <p>HEAD START PROGRAMMING IS FOR LOW-INCOME FAMILIES AND CHILDREN WITH DISABILITIES, AGES 3 AND 4 YFS HEAD START OFFERS EDUCATIONAL, HEALTH AND NUTRITIONAL SERVICES THROUGH CENTER-BASED AND HOME-BASED HEAD START YFS EARLY HEAD START SERVES LOW-INCOME PREGNANT WOMEN AND FAMILIES WITH CHILDREN, BIRTH TO 3 YEARS OF AGE PARENTAL INVOLVEMENT IS STRONGLY ENCOURAGED IN ORDER TO STRENGTHEN THE FAMILY UNIT AS THE PRIME EDUCATORS FOR THEIR CHILDREN, THE PARENTS ARE THE KEY TO THEIR CHILDREN'S SUCCESS IN HEAD START AND LATER IN SCHOOL OVER 586 HEADSTART AND 169 EARLY HEADSTART CHILDREN AND THEIR FAMILIES ARE SERVED ANNUALLY THROUGH YFS HEADSTART PROGRAMS</p> <p>COUNSELING CENTER</p> <p>TO HELP YOUNG PEOPLE FIND A SENSE OF WORTH, IDENTITY, AND MEANING THROUGH COUNSELING, CRISIS INTERVENTION AND, WHEN POSSIBLE, FAMILY INVOLVEMENT</p> <p>THIS PAST YEAR, YFS COUNSELING CENTER SERVED 455 YOUTH AND FAMILY MEMBERS THROUGH ASSESSMENT, COUNSELING AND PREVENTION EDUCATION OF THIS NUMBER, 80 CLIENTS WERE VICTIMS OF CRIME THE YFS COUNSELING CENTER'S CRISIS HOT LINE RECEIVED 1109 CALLS DEALING WITH ISSUES SUCH AS DEPRESSION, SUICIDE, FAMILY VIOLENCE, DRUG AND ALCOHOL ABUSE, AND RUNAWAYS</p> <p>PREVENTION RESOURCE CENTER</p> <p>TO PROVIDE RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE IN RESPONSE TO SUBSTANCE ABUSE ISSUES AFFECTING THE LIVES OF YOUNG PEOPLE AND THEIR FAMILIES</p> <p>THIS PAST YEAR YFS HAS FULFILLED 6,542 REQUESTS FOR RESOURCES AND INFORMATION ABOUT ALCOHOL, TOBACCO AND OTHER DRUG ABUSE AND VIOLENCE PREVENTION IN WESTERN SOUTH</p>		

STATEMENT 5 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
DAKOTA THE PRC DISTRIBUTED 4,113 PIECES OF FREE EDUCATIONAL MATERIALS ON SUBSTANCE ABUSE AND VIOLENCE PREVENTION AT SEVERAL EVENTS THE PRC PROVIDED RESOURCES AND TECHNICAL ASSISTANCE FOR MORE THAN 90 MEMBERS OF COMMUNITY GROUPS AND COALITIONS		
	\$ 0	\$ 6,792,282

STATEMENT 6
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 207,830	\$ 93,693	\$ 114,137
FURNITURE AND FIXTURES	297,543	228,228	69,315
MACHINERY AND EQUIPMENT	1,496,328	908,361	587,967
BUILDINGS <i>Land</i>	1,229,308	563,195	666,113
IMPROVEMENTS <i>In Process</i>	183,373	0	183,373
LAND	60,000		60,000
TOTAL	<u>\$ 3,474,382</u>	<u>\$ 1,793,477</u>	<u>\$ 1,680,905</u>

STATEMENT 7
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SUSAN FEDELL 5200 DYASS AVE RAPID CITY, SD 57701	EXECUTIVE DIREC 40	\$ 76,034	\$ 0	\$ 0
SEE ATTACHED SCHEDULE C	DIRECTORS NONE	0	0	0
	TOTAL	<u>\$ 76,034</u>	<u>\$ 0</u>	<u>\$ 0</u>

**STATEMENT 8
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
93A	FEEES CHARGED TO PARTICIPANTS IN THE DAY CARE PROGRAM AND FOR COUNSELING SERVICES THE DAY CARE PROGRAM PROVIDES ACTIVITIES, MEALS, AND A SAFE ENVIRONMENT FOR CHILDREN THE COUNSELING PROGRAM PROVIDES COUNSELING TO TROUBLED YOUTH AND THEIR FAMILIES
94	DUES CHARGED TO CHILDREN FOR MEMBERSHIP IN THE GIRLS CLUB AND PARTICIPATION IN CLUB ACTIVITIES

**STATEMENT 9
SCHEDULE A, PART III, LINE 3
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS**

TWO SCHOLARSHIPS WERE GIVEN TO AN INDIVIDUAL FOR THE AMOUNT OF \$500 EACH THE SCHOLARSHIPS WERE FOR TUITION AND BOOKS

Schedule A; Line 54; Part IV

At June 30, 2001, The Entity's investments in securities were comprised of the following

<u>Type of Investment</u>	<u>Fair Market Value</u>
Stocks	\$ 156,097
Certificates of Deposit	65,000
Fixed Income Securities	175,379
U S Treasury Notes	91,215
Mutual Funds	64,838
Money Market	<u>201,802</u>
	<u>\$ 754,331</u>

Schedule B; Line 56; Part IV

At June 30, 2001, the Entity's other investments were comprised of the following

<u>Type of Investment</u>	<u>Valuation Method</u>	<u>Book Value</u>
Beneficial Interest in Trusts (Assets Held by Others)	Market Value	<u>\$ 1,122,870</u>
		<u>\$ 1,122,870</u>

Schedule C
Part V

FIRST NAME	LAST NAME	WORK_PHONE	HOME_PHONE	FAX #	BUSINESS ADDRESS	MAILING ADDRESS	CITY
STAN	ADELSTEIN	394-3310		341-2558	NORTHWESTERN ENGINEERING CO	P O BOX 2624	RAPID CITY, SD 57709
CHARLES	ARBEITER	342-1212	341-6086	348-0418	FINANCIAL NETWORK INVESTMENT COR	1107 MT RUSHMORE RD #1	RAPID CITY, SD 57701
RICH	BAUMANN	348-4557			NEUGEBAUER'S JEWELRY	601 MAIN STREET	RAPID CITY, SD 57701
BARBARA	BUTLER		343-2414			P O BOX 8087	RAPID CITY, SD 57709
MALCOM	CHAPMAN	342-9554	342-6210			5205 PINEDALE HGTS	RAPID CITY, SD 57702
GOGIE	ENSTAD	721-3708	721-7660	394-3752		2111 38TH STREET	RAPID CITY, SD 57702
STEVE	FLANERY	399-4001	355-9055	399-4010	BUTLER MACHINERY CO	P O BOX 2070	RAPID CITY, SD 57709
JEFF	FULLERTON	341-1203	341-4046	394-0084	1ST WESTERN FEDERAL SAVINGS BANK	P O BOX 1435	RAPID CITY, SD 57709
PAT	GOETZINGER	342-1078			GUNDERSON PALMER LAW OFFICE	P O BOX 8045	RAPID CITY, SD 57709
WINONA	HARE		722-2574			618 JONAS BLVD	SPEARFISH, SD 57783
MARNIE	HERRMANN	399-2740	355-0358	399-3768		7385 PINON JAY CIRCLE	RAPID CITY, SD 57702
JOHN	HEY	342-3596	341-1881	342-0787	JOHN HEY & CO	918 QUINCY	RAPID CITY, SD 57701
MARGO	JULIUS	341-4747	348-7963	341-1115	GROVES JULIUS LAW OFFICE	P O BOX 8417	RAPID CITY, SD 57709
KEN	KIRKBY	343-2700	343-5469	342-2247	LEWIS KIRKBY HALL REAL ESTATE	P O BOX 9129	RAPID CITY, SD 57709
GARY	LARSON	342-3130	341-4827	342-2162	WESTERN DAKOTA INSURORS	816 FIFTH STREET	RAPID CITY, SD 57702
KATHY	LETNER		342-1296			4940 CARRIAGE HILLS DR	RAPID CITY, SD 57702
MARY	LOUCKS		343-4670			3601 REDER STREET	RAPID CITY, SD 57702
KYLE	MATTISON	787-6688	343-3592	787-6611	LAMAR OUTDOOR ADVERTISING	7509 N HWY 79	BLACK HAWK, SD 57718
ROSS	MCKIE	348-0008	341-7540		MCKIE FORD	P O BOX 760	RAPID CITY, SD 57709
JIM	MORCOM	341-2265		341-7425	PIONEER BANK & TRUST	P O BOX 9189	RAPID CITY, SD 57709
BOB	PAULSON	342-4040	342-6060	348-8406	THE NATURE CONSERVANCY	8100 SHERIDAN LAKE RD	RAPID CITY, SD 57702
TED	PEIFFER	342-2000	343-5394	342-7305		4423 FORREST PARK CT	RAPID CITY, SD 57702
CRAIG	PFEIFLE	342-2592	343-6963	342-5185	LYNN, JACKSON LAW OFFICE	P O BOX 8250	RAPID CITY, SD 57709
MILDRED	ROBERTS		394-3456			201 ANNAMARIE DRIVE	RAPID CITY, SD 57701
PEGGY	SAGEN	394-8314	341-5470	394-8463	RAPID CITY JOURNAL	P O BOX 450	RAPID CITY, SD 57709
JOHN	SAMUELSEN	348-3452	341-3023			2421 DANBURY CIRCLE	RAPID CITY, SD 57702
MONTY	SCHAEFER	348-332?	394-9400		AMERICAN STATE BANK	P O BOX 2530	RAPID CITY, SD 57709
JIM	SHAW	342-2000	348-2179	342-7305		914 W BLVD	RAPID CITY, SD 57701
DR JOHN	SPANGLER	341-7337				2905 5TH STREET	RAPID CITY, SD 57701
SHIRLEY	STEC	348-0100	342-8463	348-3849	BLACK HILLS PEDIATRICS & NEONATOLO	P O BOX 2431	RAPID CITY, SD 57709
EDNA	TAYLOR		348-4955		STEC'S ADVERTISING SPECIALTIES	232 E PHILA ST #B3	RAPID CITY, SD 57701
TOM	WARNER	381-1836 C	343-8032	343-5597		4435 W GLEN PLACE	RAPID CITY, SD 57702
DEBRA	WATSON	348-8147	342-0926	348-8767	WATSON LAW OFFICE	2902 W MAIN STREET, #2	RAPID CITY, SD 57702
TERRY	WHITING		348-8079			7573 CROSSBILL CIRCLE	RAPID CITY, SD 57702
JIM	WHITTAKER	394-3700	348-6273			706 REED STREET	PHILADELPHIA, PA 19147
PHIL	ZACHER	343-3510	341-6339	343-2717	ZACHER & CAHOY, CPA's	P O BOX 8086	RAPID CITY, SD 57709
Bonnie	zHughes	394-4181					
Dan	zWarren	342-1400					

Application for Extension of Time to File an Exempt Organization Return

Mailed 11-15-02
OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization YOUTH & FAMILY SERVICES INC	Employer Identification Number 46-6017085
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions. PO BOX 2813	
	City, Town, or Post Office. For a foreign address, see instructions. RAPID CITY, SD 57709	
	State SD	ZIP Code 57709

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 (Section 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 2/15 20 03 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 7/01 20 01 and ending 6/30 20 02

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. \$ 0

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 return, 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 _____ Title _____ Date _____

BAA For Paperwork Reduction Act Notice, see instructions

Form **8868** (12-2000)