

**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 of North Central  
Oklahoma  
2925 North Midway  
Enid, OK 73701

**D** Employer Identification Number

73-0972483

**E** Telephone number

580-233-7220

**F** Accounting method:

Cash  Accrual

Other (specify) \_\_\_\_\_

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

H and I are not applicable to Section 527 organizations

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

**H (b)** If yes enter number of affiliates \_\_\_\_\_

**H (c)** Are all affiliates included?  Yes  No  
(If no attach a list. See instructions)

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

**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)

**G** Web site: N/A

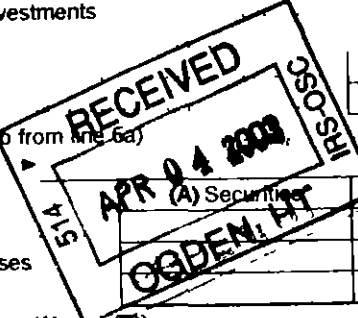
**J** Organization type (check only one)  501(c) 3 (insert no.)  4947(a)(1) or  527

**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 1,143,499

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

SCANNED APR 15 2003	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	1a	15,563.		
	<b>b</b> Indirect public support	1b	28,775.		
	<b>c</b> Government contributions (grants)	1c	1,063,986		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>1,108,324</u> noncash \$ _____)	1d		1,108,324	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		27,900.	
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4		502	
	<b>5</b> Dividends and interest from securities	5			
	<b>6a</b> Gross rents	6a			
	<b>b</b> Less rental expenses	6b			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			
<b>7</b> Other investment income (describe _____)	7				
<b>8a</b> Gross amount from sales of assets other than inventory	8a				
<b>b</b> Less cost or other basis and sales expenses	8b				
<b>c</b> Gain or (loss) (attach schedule)	8c				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
<b>9</b> Special events and activities (attach schedule)					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
<b>b</b> Less direct expenses other than fundraising expenses	9b				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
<b>10a</b> Gross sales of inventory, less returns and allowances	10a				
<b>b</b> Less cost of goods sold	10b				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
<b>11</b> Other revenue (from Part VII, line 103)	11		6,773		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,143,499		
<b>13</b> Program services (from line 44, column (B))	13		1,108,093		
<b>14</b> Management and general (from line 44, column (C))	14		23,764		
<b>15</b> Fundraising (from line 44, column (D))	15				
<b>16</b> Payments to affiliates (attach schedule)	16				
<b>17</b> Total expenses (add lines 16 and 44, column (A))	17		1,131,857		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18		11,642		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		233,552		
<b>20</b> Other changes in net assets or fund balances (attach explanation) See Statement 1	20		-1,049.		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		244,145		



12P

**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				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	42,213.	42,213.		
26 Other salaries and wages	26	640,346	640,346.		
27 Pension plan contributions	27				
28 Other employee benefits	28	56,271	54,914.	1,357	
29 Payroll taxes	29	57,038	57,867.	-829	
30 Professional fundraising fees	30				
31 Accounting fees	31	8,249	8,227	22.	
32 Legal fees	32				
33 Supplies	33	45,347	42,549.	2,798.	
34 Telephone	34	12,680.	12,680.		
35 Postage and shipping	35				
36 Occupancy	36	33,955.	34,949	-994.	
37 Equipment rental and maintenance	37	23,883.	23,737.	146	
38 Printing and publications	38	2,257	2,257.		
39 Travel	39	34,575.	34,548.	27	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	14,971.		14,971	
43 Other expenses not covered above (itemize):					
a See Statement 2	43a	160,072	153,806	6,266.	
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	1,131,857	1,108,093.	23,764.	0.

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? <u>See Statement 3</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 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 \$ _____)	660,580
b Parent education classes, play therapy for troubled preschoolers and child abuse prevention programs are the main focus of this program (Grants and allocations \$ _____)	447,513
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)	1,108,093.

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

<b>Note:</b> 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	
<b>ASSETS</b>	<b>45</b> Cash -- non-interest-bearing	14,176	<b>45</b>	33,175	
	<b>46</b> Savings and temporary cash investments	—	<b>46</b>	14,548	
	<b>47 a</b> Accounts receivable	118,153.			
	<b>b</b> Less allowance for doubtful accounts		127,706.	<b>47 c</b>	118,153
	<b>48 a</b> Pledges receivable				
	<b>b</b> Less allowance for doubtful accounts			<b>48 c</b>	
	<b>49</b> Grants receivable			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>	
	<b>51 a</b> Other notes & loans receivable (attach sch)				
	<b>b</b> Less allowance for doubtful accounts			<b>51 c</b>	
	<b>52</b> Inventories for sale or use			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges			<b>53</b>	19,467
	<b>54</b> Investments -- securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
	<b>55 a</b> Investments -- land, buildings, & equipment basis	481,189			
	<b>b</b> Less accumulated depreciation (attach schedule) <b>Statement 4</b>	326,920.	135,457	<b>55 c</b>	154,269
<b>56</b> Investments -- other (attach schedule)			<b>56</b>		
<b>57 a</b> Land, buildings, and equipment basis					
<b>b</b> Less accumulated depreciation (attach schedule)			<b>57 c</b>		
<b>58</b> Other assets (describe ▶ )		1	<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		292,651.	<b>59</b>	339,612.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	34,099.	<b>60</b>	36,927	
	<b>61</b> Grants payable		<b>61</b>		
	<b>62</b> Deferred revenue		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>		
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		<b>64 a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule)	25,000.	<b>64 b</b>	58,540	
	<b>65</b> Other liabilities (describe ▶ )		<b>65</b>		
<b>66 Total liabilities</b> (add lines 60 through 65)		59,099	<b>66</b>	95,467	
<b>FUND-BALANCES OR FUND-BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	<b>67</b> Unrestricted	233,552.	<b>67</b>	244,929.	
	<b>68</b> Temporarily restricted		<b>68</b>	-784	
	<b>69</b> Permanently restricted		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74				
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		233,552	<b>73</b>	244,145	
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		292,651.	<b>74</b>	339,612.	

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

<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
<b>b</b>	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
<b>b</b>	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			
<b>81a</b>	Enter direct or indirect political expenditures See line 81 instructions.	81a	0.	
<b>b</b>	Did the organization file Form 1120-POL for this year?	81b		X
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
<b>b</b>	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?	85a		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
<b>c</b>	Dues, assessments, and similar amounts from members	85c	N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	N/A	
<b>e</b>	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
<b>g</b>	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g		N/A
<b>h</b>	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
<b>86</b>	<b>501(c)(7) organizations</b> Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
<b>87</b>	<b>501(c)(12) organizations</b> Enter a Gross income from members or shareholders	87a	N/A	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
<b>88</b>	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
<b>89a</b>	<b>501(c)(3) organizations</b> 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>			
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			0.
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
<b>90a</b>	List the states with which a copy of this return is filed <u>Oklahoma</u>			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b		0
<b>91</b>	The books are in care of <u>Organization</u> Telephone number <u>580-233-7220</u> Located at <u>2925 North Midway, Enid, OK</u> ZIP + 4 <u>73701</u>			
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A	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 City/County Funds					10,500
b Lease Purchase Alloca					17,400
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.			14	502.	
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 pers prop					
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 or (loss) from sales of inventory					
103 Other revenue					
a					
b Other					6,773.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				502.	34,673.
105 Total (add line 104, columns (B), (D), and (E))					35,175.

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)
N/A	

**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: 4-1-03

Preparer's SSN or PTIN (see instructions)

**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.)

**2001**

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 North Central  
Oklahoma**

Employer Identification Number  
**73-0972483**

**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
None				
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
None		
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  $\rightarrow$  \$ N/A

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

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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

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

e Transfer of any part of its income or assets?

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

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

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  $\rightarrow$

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)

**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.)	993,882	607,034	509,636	467,583	2,578,135
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 related to the organization's charitable, etc., purpose	25,000	196,120	222,685		443,805
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	1,362	2,846	2,534	-3,010	3,732
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. See Stat 6	340	258	20,538	44,904	66,040
23 Total of lines 15 through 22	1,020,584	806,258	755,393	942,343	3,524,578
24 Line 23 minus line 17	995,584	610,138	532,708	942,343	3,080,773
25 Enter 1% of line 23	10,206	8,063	7,554	9,423	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 61,615
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					26b
c Total support for Section 509(a)(1) test. Enter line 24, column (e)					26c 3,080,773
d Add Amounts from column (e) for lines 18 3,732 19 _____					26d 69,772
22 66,040 26b _____					26e 3,011,001
e Public support (line 26c minus line 26d total)					26f 97.74 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: N/A					
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	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
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	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
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 from 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 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
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 ) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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 ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table --		
If the amount on line 40 is --		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is --		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

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
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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



Statement 1  
Form 990, Part I, Line 20  
Other Changes in Net Assets or Fund Balances

Capital Gain on Investment	\$ 334
Unrealized Loss on Investments	-1,383
<b>Total</b>	<b>\$ -1,049</b>

Statement 2  
Form 990, Part II, Line 43  
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fundraising</u>
Consultant	75	75		
Contract Labor	39,666	39,591	75	
Dues/Memberships	6,359	6,189	170	
Foster Care	73,979	73,979		
Insurance	17,228	17,228		
Other	21,554	15,533	6,021	
Program Recreation	1,211	1,211		
<b>Total</b>	<b>\$ 160,072.</b>	<b>\$ 153,806.</b>	<b>\$ 6,266</b>	<b>\$ 0</b>

Statement 3  
Form 990, Part III  
Organization's Primary Exempt Purpose

To provide preventive and diversionary youth services programs.

Statement 4  
Form 990, Part IV, Line 55b  
Investments - Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum Deprec.</u>	<u>Book Value</u>
Automobiles / Transportation Equipment	\$ 17,000	\$ 0	\$ 17,000.
Furniture and Fixtures	27,573	0	27,573.
Machinery and Equipment	86,618	0	86,618.
Buildings	347,426	0	347,426.
Land	2,572		2,572
Miscellaneous	0	326,920.	-326,920
<b>Total</b>	<b>\$ 481,189</b>	<b>\$ 326,920</b>	<b>\$ 154,269</b>

Statement 5  
Form 990, Part V  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to FBP & DC	Expense Account/Other
LaVena Hardin 4515 Skyline Place Enid, OK 73703	Chairman None	\$ 0	\$ 0.	\$ 0
Terry Bigheart 2109 Oak Leaf Circle Enid, OK 73703	Vice Chairman None	0	0.	0.
Jane Martin 1310 West Broadway Enid, OK 73703	Treasurer None	0	0	0
Suzanne McCreary 3225 Bluebird Lane Enid, OK 73703	Secretary None	0	0	0
Justin Simmons 2925 North Midway Enid, OK 73701	Executive Direc 40	42,213.	1,600	0.
Total		<u>\$ 42,213</u>	<u>\$ 1,600.</u>	<u>\$ 0</u>

Statement 6  
Schedule A, Part IV-A, Line 22  
Other Income

Description	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
Other	\$ 340.	\$ 258	\$ 20,538.	\$ 44,904	\$ 66,040.
Total	<u>\$ 340</u>	<u>\$ 258.</u>	<u>\$ 20,538</u>	<u>\$ 44,904</u>	<u>\$ 66,040.</u>

# Application for Extension of Time to File an Exempt Organization Return

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 of North Central	Employer Identification Number	73-0972483
	Number Street and Room or Suite Number If a P O Box see instructions			
	City Town or Post Office For a foreign address see instructions	Enid, OK 73701	State	ZIP Code

**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 ▶ AB Saunders Title ▶ Partner Date ▶ 10 24-02

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy

Name of Exempt Organization: Youth & Family Services of North Oklahoma
Employer Identification Number: 73-0972483
Address: 2925 North Midway, Enid, OK 73701

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

Form 990 [X], Form 990 EZ, Form 990 T (Section 401(a) or 408(a) trust), Form 1041 A, Form 5227, Form 8870, Form 990 BL, Form 990 PF, Form 990 T (trust other than above), Form 4720, Form 6069

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

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 organizations four digit Group Exemption Number (GEN)
whole group, check this box
part of the group, check this box

I request an additional 3 month extension of time until 5/15, 20 03
For calendar year, or other tax year beginning 7/01, 20 01 and ending 6/30, 20 02
If this tax year is for less than 12 months, check reason
State in detail why you need the extension: We are in the process of gathering additional information necessary to prepare the 990

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits
8b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made
8c Balance due Subtract line 8b from line 8a

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: J.B. Saunders Title: Managing Partner Date: 1-27-03

Notice to Applicant - To be Completed by the IRS

We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10 day grace period from the late date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7 we cannot grant you a request for an extension of time to file We are not granting a 10 day grace period
We cannot consider this application because it was filed after the due date of the return for which a request for an extension of time was made
Other

EXTENSION APPROVED FEB 4 2003 LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Name: Saunders & Associates
Number and Street (include suite room or apartment number) or a P O Box Number: 630 E 17th St
City or Town Province or State and Country (including postal or ZIP code): Ada, OK 74820