

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **7/01/06**, and ending **6/30/07**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

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

C Name of organization
YOUTH & FAMILY SERVICES, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 2813

City or town, state or country, and ZIP + 4
RAPID CITY SD 57709

D Employer identification number
46-6017085

E Telephone number
605-342-4195

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).

G Website: **WWW.YOUTHANDFAMILYSERVICES.ORG**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

- H and are not applicable to section 527 organizations I
- 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

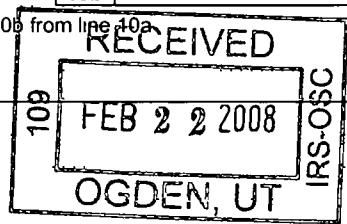
I Group Exemption Number **▶**

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 8,762,514**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	13	Program services (from line 44, column (B))	18	Excess or (deficit) for the year Subtract line 17 from line 12
a	Contributions to donor advised funds	14	Management and general (from line 44, column (C))	19	Net assets or fund balances at beginning of year (from line 73, column (A))
b	Direct public support (not included on line 1a)	15	Fundraising (from line 44, column (D))	20	Other changes in net assets or fund balances (attach explanation)
c	Indirect public support (not included on line 1a)	16	Payments to affiliates (attach schedule)	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20
d	Government contributions (grants) (not included on line 1a)	17	Total expenses. Add lines 16 and 44, column (A)		
e	Total (add lines 1a through 1d) (cash \$ 7,407,207 noncash \$)	1e			
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		18	-823,958
3	Membership dues and assessments	3		19	8,596,658
4	Interest on savings and temporary cash investments	4		20	221,404
5	Dividends and interest from securities	5		21	7,994,104
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	8a			
b	Less cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	9a			
a	Gross revenue (not including \$ of contributions reported on line 1b)	9b			
b	Less direct expenses other than fundraising expenses	9c			
c	Net income or (loss) from special events Subtract line 9b from line 9a				
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			
		13			
		14			
		15			
		16			
		17			



Handwritten initials

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) STMT 4 (cash \$ 900,000 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	900,000	900,000		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) SEE STATEMENT 5	25a	88,980		88,980	
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	4,625,695	3,954,669	484,796	186,230
27 Pension plan contributions not included on lines 25a, b, and c	27	148,973	124,959	18,130	5,884
28 Employee benefits not included on lines 25a - 27	28	348,614	292,418	42,426	13,770
29 Payroll taxes	29	358,521	300,727	43,632	14,162
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	411,124	397,422	1,219	12,483
34 Telephone	34	34,508	33,127	1,208	173
35 Postage and shipping	35				
36 Occupancy	36	136,871	133,107	3,463	301
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	107,549	106,756	749	44
40 Conferences, conventions, and meetings	40	172,466	154,835	15,620	2,011
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	302,909	299,880	3,029	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 6	43a	1,911,344	1,838,197	66,375	6,772
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	9,547,554	8,536,097	769,627	241,830

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 (See the instructions.)

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

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 7 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a SEE STATEMENT 7 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	7,636,097
b (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) SEE STMT 8 (Grants and allocations \$ 900,000) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	900,000
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	8,536,097

Part IV Balance Sheets (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45	Cash-non-interest-bearing		1,250	45	1,250
	46	Savings and temporary cash investments		295,934	46	368,248
	47a	47a	149,784			
	b	47b	17,535	47,255	47c	132,249
	48a	48a	112,134			
	b	48b		116,896	48c	112,134
	49	Grants receivable		475,141	49	440,083
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)				
	b	51a				
		51b			51c	
	52	Inventories for sale or use		6,546	52	11,119
	53	Prepaid expenses and deferred charges		10,858	53	34,101
	54a	Investments—publicly-traded securities SEE STATEMENT 9		1,751,259	54a	1,246,127
	b	Investments—other securities (attach schedule)			54b	
	55a	Investments—land, buildings, and equipment basis				
	b	55a				
		55b		220,000	55c	
56	Investments—other (attach schedule) SEE STMT 11		1,225,732	56	1,340,803	
57a	57a	7,139,918				
b	57b	2,137,022	5,111,318	57c	5,002,896	
58	Other assets, including program-related investments (describe)			58		
59	Total assets (must equal line 74) Add lines 45 through 58		9,262,189	59	8,689,010	
Liabilities	60	Accounts payable and accrued expenses		649,925	60	658,488
	61	Grants payable			61	
	62	Deferred revenue SEE STATEMENT 13		15,606	62	36,418
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe)			65	
	66	Total liabilities. Add lines 60 through 65		665,531	66	694,906
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		6,405,261	67	6,213,966
	68	Temporarily restricted		505,141	68	143,882
	69	Permanently restricted		1,686,256	69	1,636,256
	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)		8,596,658	73	7,994,104
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		9,262,189	74	8,689,010	

Part VI Other Information (continued)

Form 990-EO with multiple rows (82a-91b) containing questions about organization services, dues, lobbying, and foreign accounts. Includes handwritten entries like 'SEE STMT 17' and '260,429'.

Part VI Other Information (continued)

Yes	No
	<input checked="" type="checkbox"/>

c At any time during the calendar year, did the organization maintain an office outside of the United States?
 If "Yes," enter the name of the foreign country

91c

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

Part VII Analysis of Income-Producing Activities (See the 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 AND COUNSELING					1,086,945
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					17,864
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	54,435	68,972
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	4,822	
101 Net income or (loss) from special events			1	59,441	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISC			1	23,910	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	142,608	1,173,781
105 Total (add line 104, columns (B), (D), and (E))					1,316,389

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 18

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

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

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

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

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

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

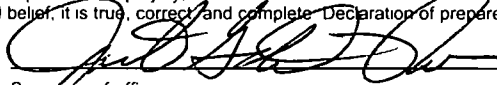
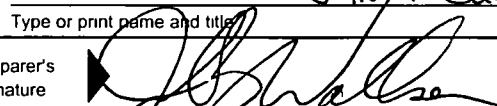
Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here	 Signature of officer				
	SUSAN FEDELL JANET GUNDERSEN-POWERS ^{HR/FINANCE} EXECUTIVE DIRECTOR Type or print name and title			Date	Preparer's SSN or PTIN (See Gen Instr X) P00179985
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	EIN	Phone no
	Firm's name (or yours if self-employed), address, and ZIP + 4 KETEL THORSTENSON, LLP PO BOX 3140 RAPID CITY, SD 57709-3140	2/7/08		46-0257538	605-342-5630

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2006

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, INC.

Employer identification number
46-6017085

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
JANET GUNDERSON-POWERS RAPID CITY SD	FINANCE DIR. 40	67,813	3,424	0
HOLLI VANDERBEEK RAPID CITY SD	COUNSELING 40	56,274	8,542	0
MEGAN LARSON RAPID CITY SD	PROGRAM DIR. 40	56,274	8,434	0
STEVEN MERRILL RAPID CITY SD	DEVEL DIR. 40	55,735	8,272	0
DAVID MILLER RAPID CITY SD	TECHNOLOGY 40	58,433	2,983	0
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year ► _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III-Functionally Intergrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,123,379	7,370,040	7,564,363	10,758,259	32,816,041	
16 Membership fees received	18,492	17,002	14,783	7,112	57,389	
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	1,024,241	923,218	768,200	596,158	3,311,817	
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	63,297	58,667	54,835	59,772	236,571	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
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.					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0	
23 Total of lines 15 through 22	8,229,409	8,368,927	8,402,181	11,421,301	36,421,818	
24 Line 23 minus line 17	7,205,168	7,445,709	7,633,981	10,825,143	33,110,001	
25 Enter 1% of line 23	82,294	83,689	84,022	114,213		
26 Organizations described on lines 10 or 11:						
a Enter 2% of amount in column (e), line 24					26a 662,200	
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 2002 through 2005 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 33,110,001	
d Add Amounts from column (e) for lines	18 236,571	19	22	26b	26d 236,571	
e Public support (line 26c minus line 26d total)					26e 32,873,430	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.2855%	
27 Organizations described on line 12:						
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2005)	(2004)	(2003)	(2002)	N/A	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2005)	(2004)	(2003)	(2002)	N/A	
c Add Amounts from column (e) for lines	15	16	17	20	21	27c
d Add Line 27a total and line 27b total					27d	
e Public support (line 27c total minus line 27d total)					27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 page 9 of the 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?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the 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-		
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		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the 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	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

Federal Statements

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
	\$ <u>17,864</u>
TOTAL	\$ <u><u>17,864</u></u>

Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
	\$ _____
TOTAL	\$ <u><u>0</u></u>

Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
2007 DISPOSALS	PURCHASE		1/01/94	7/01/06	\$ 9,017	\$ 98,371	\$ 94,176	\$ 4,822
TOTAL					\$ 9,017	\$ 98,371	\$ 94,176	\$ 4,822

Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 221,404
KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN	29,599
UNCOLLECTABLE A/R NETED AGAINST DIRECT PUB SUPPORT	4,359
KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN	-29,599
UNCOLLECTABLE A/R NETED AGAINST DIRECT PUB SUPPORT	-4,359
TOTAL	<u>\$ 221,404</u>

Federal Statements

Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			BV Explantn	FMV Explantn
				Cash Contrib	NonCash Contrib	Book Value		
YOUTH AND FAMILY SERVICES FOUNDATIO PO BOX 2813 RAPID CITY SD 57709	6/30/07			\$ 900,000 \$				
TOTAL				\$ 900,000 \$	0 \$	0		

Statement 5 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
COMPENSATION		88,980	
TOTAL	\$ 0	\$ 88,980	\$ 0

Federal Statements

Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
FAMILY CHILD CARE PAYMENTS	909,498	909,498		
FOOD	265,546	261,953	3,569	24
UTILITIES	157,139	150,853	5,500	786
INSURANCE	91,730	85,664	5,928	138
GRANT EXPENSE	72,220	72,220		
REPAIRS AND MAINTENANCE	45,804	44,011	1,569	224
DUES AND SUBSCRIPTIONS	29,323	28,401	777	145
OFFICE SUPPLIES	30,925	7,033	18,880	5,012
PARENT ACTIVITY	15,202	15,202		
PROMOTION	8,474	2,885	5,589	
MISCELLANEOUS	9,859	5,687	4,172	
PROFESSIONAL AND CONTRACTED	275,624	254,790	20,391	443
TOTAL	<u>\$ 1,911,344</u>	<u>\$ 1,838,197</u>	<u>\$ 66,375</u>	<u>\$ 6,772</u>

Statement 7 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

Description

PROVIDE AND ANSWER THE CRITICAL NEEDS OF YOUNG PEOPLE AND THEIR FAMILIES IN THE RAPID CITY AREA AND SURROUNDING COMMUNITY.

PROGRAM SERVICES:

GIRLS INCORPORATED

TO PROVIDE EDUCATIONAL, RECREATIONAL, HEALTH OUTREACH AND COMMUNITY SERVICES PROGRAMS AND INSPIRE ALL GIRLS AGES 5-17 TO BE STRONG, SMART AND BOLD.

GIRLS PARTICIPATE IN FUN AND EXCITING EDUCATIONAL AND RECREATIONAL ACTIVITIES SIX DAYS A WEEK DURING THE SCHOOL YEAR AND EACH WEEK DAY DURING THE SUMMER. 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.

CHILD CARE SERVICES

TO PROVIDE AND PROMOTE QUALITY, AFFORDABLE CHILD CARE FOR PRESCHOOL AND SCHOOL-AGE CHILDREN.

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.

NUTRITION SERVICES

TO PROMOTE GOOD NUTRITION FOR CHILDREN BY PROVIDING MEALS, SNACKS, AND NUTRITION EDUCATION.

DURING THE PAST YEAR YFS PROVIDED MEALS AND SNACKS

TO CHILDREN. COMMUNITY CHILD CARE PROVIDERS

WERE ASSISTED WITH MENU PLANNING, NUTRITIONAL

ANALYSIS AND FINANCIAL REIMBURSEMENT THROUGH THE FAMILY

CHILD CARE NUTRITION PROGRAM. DURING THE SUMMER

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.

YFS HEAD START AND EARLY HEAD START

TO ENHANCE CHILDREN'S PHYSICAL, SOCIAL, EMOTIONAL AND

Statement 7 - Form 990, Part III, Line a - Statement of Program Service Accomplishments
(continued)

Description

INTELLECTUAL DEVELOPMENT, TO SUPPORT PARENTS IN FULFILLING THEIR PARENTAL ROLES, AND TO HELP PARTNERS MOVE TOWARD ECONOMIC INDEPENDENCE.

YFS HEAD START PROGRAMMING IS FOR LOW-INCOME FAMILIES AND CHILDREN WITH DISABILITIES, AGES 3 AND 4. YFS EARLY HEAD START OFFERS EDUCATIONAL, HEALTH AND NUTRITIONAL SERVICES THROUGH CENTER-BASED AND HOME-BASED HEAD START. YFS EARLY HEAD START SERVES LOW-INCOME EXPECTANT PARENTS AND FAMILIES WITH CHILDREN, BIRTH TO AGE 3. PARENTAL INVOLVEMENT IS STRONGLY ENCOURAGED IN ORDER TO STRENGTHEN THE FAMILY UNIT. AS THE PRIME EDUCATORS FOR THEIR CHILDREN'S SUCCESS IN HEAD START AND LATER IN SCHOOL. OVER 700 HEAD START AND EARLY HEAD START CHILDREN AND THEIR FAMILIES ARE SERVED ANNUALLY THROUGH YFS HEAD START PROGRAMS.

COUNSELING CENTER

TO HELP YOUNG PEOPLE AND THEIR FAMILIES FIND A SENSE OF WORTH, IDENTITY, AND MEANING THROUGH COUNSELING, AND CRISIS INTERVENTION.

THIS PAST YEAR, YFS COUNSELING CENTER SERVED 443 YOUTH AND FAMILY MEMBERS THROUGH ASSESSMENT, COUNSELING AND PREVENTION EDUCATION. OF THIS NUMBER, 122 CLIENTS WERE VICTIMS OF CRIME. YFS COUNSELING CENTER'S CRISIS HOT LINE RECEIVED CALLS DEALING WITH ISSUES SUCH AS DEPRESSION, SUICIDE, FAMILY VIOLENCE, DRUG AND ALCOHOL ABUSE, DIVORCE/FAMILY ISSUES, AND RUNAWAYS.

PREVENTION RESOURCE CENTER

TO PROVIDE RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE IN RESPONSE TO SUBSTANCE ABUSE ISSUES AFFECTING THE LIVES OF YOUNG PEOPLE AND THEIR FAMILIES.

THIS PAST YEAR YFS HAS FULFILLED REQUESTS FOR RESOURCE AND INFORMATION ABOUT ALCOHOL, TOBACCO AND OTHER DRUG ABUSE AND VIOLENCE PREVENTION IN WESTERN SOUTH DAKOTA. THE PRC DISTRIBUTED FREE EDUCATIONAL MATERIALS ON SUBSTANCE ABUSE AND VIOLENCE PREVENTION AT SEVERAL EVENTS.

Statement 8 - Form 990, Part III, Line e - Other Program Services

Description

DONATION TO YOUTH AND FAMILY SERVICES FOUNDATION
(501-C-3) (509-A-3)

Statement 9 - Form 990, Part IV, Line 54a - Publicly Traded Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US AND STATE GOVERNMENT	\$	\$	
STOCKS	984,856	466,774	MARKET
CERTIFICATES OF DEPOSITS	484,000	509,000	MARKET
FIXED INCOME SECURITIES	218,732	135,031	MARKET
MONEY MARKET	55,913	127,822	MARKET
OTHER	7,500	7,500	MARKET

Federal Statements

Statement 9 - Form 990, Part IV, Line 54a - Publicly Traded Securities (continued)

Description	Beginning of Year	End of Year	Basis of Valuation
CASH	\$ 258	\$	MARKET
CORPORATE STOCK			
CORPORATE BONDS			
TOTAL	<u>\$ 1,751,259</u>	<u>\$ 1,246,127</u>	

Statement 10 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
LAND	\$ 160,000	\$	\$ 0	\$
LAND-JOHN VUCUREVICH ENDOWMENT	60,000			
TOTAL	<u>\$ 220,000</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Statement 11 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
RASMUSSEN TRUST	\$ 761,757	\$ 796,996	MARKET
LEMLEY TRUST	463,975	543,807	MARKET
TOTAL	<u>\$ 1,225,732</u>	<u>\$ 1,340,803</u>	

Statement 12 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDINGS AND EQUIPMENT	\$ 6,612,257	\$ 1,966,653	\$ 6,674,204	\$ 2,137,022
LAND	465,714		465,714	
TOTAL	<u>\$ 7,077,971</u>	<u>\$ 1,966,653</u>	<u>\$ 7,139,918</u>	<u>\$ 2,137,022</u>

Statement 13 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
TOTAL	<u>\$ 15,606</u>	<u>\$ 36,418</u>
	<u>\$ 15,606</u>	<u>\$ 36,418</u>

Statement 14 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN	\$ 29,599
UNCOLLECTABLE A/R NETED AGAINST DIRECT PUB SUPPORT	4,359
TOTAL	\$ <u>33,958</u>

Statement 15 - Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	Amount
KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN	\$ 29,599
UNCOLLECTABLE A/R NETED AGAINST DIRECT PUB SUPPORT	4,359
TOTAL	\$ <u>33,958</u>

Federal Statements

Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SUSAN FEDELL 5200 DYASS AVE RAPID CITY SD 57701	EXEC. DIRECT	40	88,980	0	0
STAN ADELSTEIN RAPID CITY SD	BOARD MEMBER	1	0	0	0
CHARLES ARBEITER RAPID CITY SD	BOARD MEMBER	1	0	0	0
BARBARA BUTLER RAPID CITY SD	BOARD MEMBER	1	0	0	0
MALCOM CHAPMAN RAPID CITY SD	BOARD MEMBER	1	0	0	0
DAWN CLAYMORE RAPID CITY SD	BOARD MEMBER	1	0	0	0
GOGIE ENSTAD RAPID CITY SD	BOARD MEMBER	1	0	0	0
JEFF FULLERTON RAPID CITY SD	BOARD MEMBER	1	0	0	0
PAT GOETZINGER RAPID CITY SD	BOARD MEMBER	1	0	0	0
JEFF HENDERSON RAPID CITY SD	BOARD MEMBER	1	0	0	0
GREG HOLLIBAUGH RAPID CITY SD	BOARD MEMBER	1	0	0	0
ROGER JOHNSEN RAPID CITY SD	BOARD MEMBER	1	0	0	0
GARY LARSON	BOARD MEMBER	1	0	0	0

Federal Statements

Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RAPID CITY SD					
JACQUELINE LEFT HAND BULL RAPID CITY SD	BOARD MEMBER	1	0	0	0
KATHY LETNER RAPID CITY SD	BOARD MEMBER	1	0	0	0
KYLE MATTISON RAPID CITY SD	BOARD MEMBER	1	0	0	0
SUE MCCORMICK RAPID CITY SD	BOARD MEMBER	1	0	0	0
JIM MORCOM RAPID CITY SD	BOARD MEMBER	1	0	0	0
BOB PAULSON RAPID CITY SD	BOARD MEMBER	1	0	0	0
CRAIG PFEIFLE RAPID CITY SD	BOARD MEMBER	1	0	0	0
RON REED RAPID CITY SD	BOARD MEMBER	1	0	0	0
RICK RYLANCE RAPID CITY SD	BOARD MEMBER	1	0	0	0
MONTY SCHAEFER RAPID CITY SD	BOARD MEMBER	1	0	0	0
GREG SCHWEISS RAPID CITY SD	BOARD MEMBER	1	0	0	0
JAY SEGRIST RAPID CITY SD	BOARD MEMBER	1	0	0	0

Federal Statements

Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
GLORIA SOBCZAK RAPID CITY SD	BOARD MEMBER	1	0	0	0
JOHN SPANGLER RAPID CITY SD	BOARD MEMBER	1	0	0	0
NEIL SPERLING RAPID CITY SD	BOARD MEMBER	1	0	0	0
SHIRLEY STEC RAPID CITY SD	BOARD MEMBER	1	0	0	0
DEBRA WATSON RAPID CITY SD	BOARD MEMBER	1	0	0	0
RALPH WHITE RAPID CITY SD	BOARD MEMBER	1	0	0	0
TERRY WHITING RAPID CITY SD	V. PRESIDENT	1	0	0	0
JIM WHITTAKER RAPID CITY SD	BOARD MEMBER	1	0	0	0
LONNIE WRIGHT RAPID CITY SD	BOARD MEMBER	1	0	0	0
PHIL ZACHER RAPID CITY SD	TREASURER	1	0	0	0
JOHN MURPHY RAPID CITY SD	PRESIDENT	1	0	0	0
MARGO JULIOUS RAPID CITY SD	SECRETARY	1	0	0	0
MARNIE HERRMANN RAPID CITY SD	BOARD MEMBER	1	0	0	0

Federal Statements

Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
		0	0	0	0

Federal Statements

Statement 17 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
DONATED FACILITIES	\$ 260,429
TOTAL	\$ <u>260,429</u>

Statement 18 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93A	FEEES CHARGED TO PARTICIPANTS IN THE DAY CARE PROGRAM AND FOR COUNSELING SERVICES. THE DAY CARE PROGRAM PROVIDES ACTIVITIES, MEALS AND A SAFE ENVIORMENT 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.