

NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx>



Form **990**
 Department of the Treasury
 Internal Revenue Service

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

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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

C Name of organization: YOUTH & FAMILY SERVICES INC
 Doing Business As:
 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 577092813

D Employer identification number: 46-6017085
E Telephone number: (605) 342-4195
G Gross receipts \$ 9,036,444

F Name and address of Principal Officer: JANET GUNDERSEN-POWERS, PO BOX 2813, RAPID CITY, SD 577092813

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No (If "No," attach a list See instructions)
H(c) Group Exemption Number ▶

I Tax-exempt status: 501(c) (3) (Insert no) 4947(a)(1) or 527

J Web site: ▶ WWW.YOUTHANDFAMILYSERVICES.ORG

K Type of organization: Corporation trust association other ▶
L Year of Formation: 1966 | **M** State of legal domicile: SD

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE EXPLANATION OF PART 111 LINE 4A ON SCHEDULE 0		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	35
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5	Total number of employees (Part V, line 2a)	5	242
	6	Total number of volunteers (estimate if necessary)	6	1,979
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	7,516,408	7,717,035
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,060,238	1,068,483
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,354	34,291
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,493	169,709
	12		8,745,493	8,989,518
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	100,855	1,022,145
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,444,100	6,005,833
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 <u>368,062</u>)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,379,332	2,038,506
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	8,924,287	9,066,484
19	Revenue less expenses Subtract line 18 from line 12	-178,794	-76,966	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	7,275,477	7,434,796
	22	Net assets or fund balances Subtract line 21 from line 20	853,711	869,201
		6,421,766	6,565,595	

Part II Signature Block

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

Signature of officer: ***** | Date: 2010-02-02
 Type or print name and title: SUSAN FEDELL EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: JOHN B WALKER CPA | Date: 2010-02-05 | Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: KETEL THORSTENSON LLP, PO BOX 3140, RAPID CITY, SD 577093140
 Preparer's PTIN (See Gen Inst)
 EIN: | Phone no: (605) 342-5630

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

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

1 Briefly describe the organization's mission
SEE EXPLANATION OF PART 111 LINE 4A ON SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 6,669,634 including grants of \$) (Revenue \$ 8,666,124)
	<p>YOUTH & FAMILY SERVICES, INC OFFERS SEVEN COMPREHENSIVE PROGRAMS WOVEN TOGETHER TO PROVIDE ASSISTANCE, SUPPORT, EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR MORE THAN 11,000 CHILDREN AND THEIR FAMILIES IN 24 WESTERN SOUTH DAKOTA COUNTIES ANNUALLY PROGRAMS INCLUDE YFS GIRLS INCORPORATED AWARD-WINNING EDUCATIONAL, RECREATIONAL, HEALTH OUTREACH AND COMMUNITY ACTION PROGRAMS THAT INSPIRE GIRLS AGES 6-17 TO BE STRONG, SMART AND BOLD GIRLS ENGAGE IN PROGRAMS THAT EXERCISE THEIR BODIES AND MINDS, MONDAY THROUGH FRIDAY, THROUGHOUT THE YEAR PROGRAMS HIGHLIGHT COMMUNITY ACTION, SPORTS, HEALTH, CAREERS AND LIFE PLANNING, CELEBRATE MEMBERS' CULTURE AND HERITAGE, AND ENCOURAGE GIRLS TO DEVELOP SELF-RELIANCE AND LIFE SKILLS CENTER-BASED ACTIVITIES ARE IMPLEMENTED IN APPROPRIATE AGE GROUPS AND LEVELS OF DEVELOPMENT GIRLS PARTICIPATE IN CHALLENGING AND CREATIVE EVENTS SUCH AS PHOTOGRAPHY, CRAFTS, SWIMMING, COMPUTER PROGRAMMING, HOMEWORK HELP AND TUTORING, SUBSTANCE ABUSE PREVENTION, HEALTH CLASSES AND PREGNANCY PREVENTION GIRLS INC HEALTH CONNECTIONS, WHICH TARGETS HIGH-RISK GIRLS AGES 6 TO 15, IS AN INNOVATIVE PROGRAM THAT MEETS GIRLS' PHYSICAL, MENTAL AND SOCIAL HEALTH NEEDS BY CONNECTING THEM WITH MEDICAL, DENTAL AND MENTAL HEALTH SERVICE PROVIDERS IN THE COMMUNITY GIRLS INC OPERATION SMART (SCIENCE, MATH AND RELATED TECHNOLOGY) IS A HIGHLY ACCLAIMED PROGRAM THAT ENCOURAGES GIRLS TO ENGAGE IN SCIENCE AND MATH ACTIVITIES AND INVESTIGATE NON-TRADITIONAL, TECHNICAL/VOCATIONAL OR SCIENTIFIC CAREERS GIRLS EXPLORE AND HAVE FUN THROUGH HANDS-ON ACTIVITIES, MENTORING EXPERIENCES AND LABORATORY EXPERIMENTATION YFS CHILD CARE OFFERS QUALITY CARE, A HIGHLY-QUALIFIED STAFF, REASONABLE RATES, AND A WELCOMING ATMOSPHERE FOR MORE THAN 400 CHILDREN FROM 4 WEEKS TO 14 YEARS OLD THE ONLY FACILITY OF ITS KIND IN THE RAPID CITY AREA THAT FOCUSES ON THE UNIQUE NEEDS OF LOW-INCOME FAMILIES, YFS CHILD CARE IS OPEN FROM MONDAY THROUGH FRIDAY, YEAR-ROUND NUTRITIOUS MEALS AND SNACKS, PLANNED BY A REGISTERED DIETITIAN, ARE SERVED FREE OF CHARGE TRAINED DRIVERS TRANSPORT CHILDREN IN KINDERGARTEN THROUGH EIGHTH GRADE TO AND FROM DESIGNATED RAPID CITY SCHOOLS CHILDREN HAVE ACCESS TO AN ON-SITE GYMNASIUM, COMPUTER ROOM, LIBRARY AND TEACHING KITCHEN, IN ADDITION TO AN OUTDOOR PLAYGROUND AND THEIR CLASSROOMS THE INCORPORATION OF YFS HEAD START PROGRAMMING ALLOWS YFS CHILD CARE TO OFFER HIGH QUALITY SERVICES SUCH AS DEVELOPMENTAL SCREENINGS, FAMILY SERVICES ASSISTANCE, COUNSELING FOR CHILDREN AND FAMILIES, PARENT TRAININGS, AND NUTRITION AND HEALTH EDUCATION FOR FAMILIES OF CHILDREN AGES 4 WEEKS TO 5 YEARS YFS CHILD CARE ACCEPTS FAMILIES WHO RECEIVE CHILD CARE ASSISTANCE BENEFITS THROUGH THE SOUTH DAKOTA DEPARTMENT OF CHILD CARE SERVICES DISCOUNTED RATES AVAILABLE FOR FAMILIES WITH MORE THAN ONE CHILD ENROLLED AND FAMILIES WHO MEET INCOME GUIDELINES YFS NUTRITION SERVICES PROVIDES OVER 1 MILLION NUTRITIOUS MEALS AND SNACKS TO CHILDREN WITHIN AGENCY PROGRAMS ANNUALLY, AND STATE REIMBURSEMENT TO AREA CHILDCARE PROVIDERS ENROLLED IN THE FAMILY CHILD CARE NUTRITION PROGRAM CONDUCTS THE YFS SUMMER FOOD PROGRAM, OFFERING FREE BREAKFASTS AND LUNCHESES TO ALL CHILDREN UP TO AGE 18 DURING THE SUMMER MONTHS MORE THAN 42,966 FREE BREAKFASTS AND LUNCHESES WERE PROVIDE TO CHILDREN DURING THE SUMMER IN 2008 YFS NUTRITION SERVICES IS COMPRISED OF AN EXPERIENCED AND DEDICATED STAFF COMMITTED TO PROMOTING POSITIVE FOOD ATTITUDES, HEALTHY EATING HABITS AND THE IMPORTANCE OF NUTRITION IN A CHILD'S PHYSICAL, MENTAL AND SOCIAL HEALTH, AS WELL AS THEIR ABILITY TO LEARN STAFF OFFER NUTRITION COUNSELING AND EDUCATION SERVICES, NUTRITION EDUCATION CLASSES AND TRAININGS FOR FAMILIES AND STAFF TO INSTILL THE IMPORTANCE OF HEALTHY LIFESTYLES, AN EXTENSIVE LIBRARY OF NUTRITION AND WELLNESS RESOURCES, AND IMPLEMENT THE I AM MOVING, I AM LEARNING CURRICULUM DESIGNED TO INCREASE TIME SPENT IN MODERATE TO VIGOROUS PHYSICAL ACTIVITY AND THE QUALITY OF INTENTIONAL STRUCTURED MOVEMENT YFS COUNSELING CENTER PROVIDES ASSESSMENT, PREVENTION AND COUNSELING SERVICES FOR AREA YOUTH AND THEIR FAMILIES, AS WELL AS HEALTH ADVOCACY PROGRAMS FOR BOYS AGES 5 TO 17 THE MASTER'S LEVEL COUNSELORS SPECIALIZE IN A VARIETY OF THERAPEUTIC APPROACHES INCLUDING PLAY, ART AND SAND THERAPY, ABUSE AND TRAUMA COPING TECHNIQUES, AND CHEMICAL DEPENDENCY AND PREVENTION COUNSELING THE YFS COUNSELING CENTER OFFERS CRISIS INTERVENTION, ASSESSMENTS, COUNSELING AND CASE MANAGEMENT SERVICES TO YOUNG PEOPLE AND THEIR FAMILIES FROM ALL WALKS OF LIFE EACH YEAR SERVICES INCLUDE INDIVIDUAL, FAMILY AND GROUP THERAPY, MARRIAGE AND RELATIONSHIP COUNSELING, STRESS AND ANGER MANAGEMENT, ALCOHOL AND DRUG EVALUATIONS, LEVEL I ALCOHOL AND DRUG TREATMENT, WORKSHOPS, PARENTING CLASSES, ADHD SUPPORT GROUPS, BOYS HEALTH ADVOCACY, FATHERHOOD PROGRAMMING, STATE-ACCREDITED, 12-HOUR DUI CLASSES, AND MENTAL HEALTH CONSULTATIONS AND TRAININGS THE YFS COUNSELING CENTER SERVED 538 YOUTH AND THEIR FAMILY MEMBERS IN THE LAST YEAR OF THAT NUMBER, 112 CLIENTS WERE VICTIMS OF A CRIME (CURRENT OR PAST) OR WITNESSED AN ACT OF VIOLENCE THE BOYS HEALTH ADVOCACY PROGRAM SERVED 126 BOYS AGES 4 TO 17 THROUGH ITS EXTENSIVE AND INTENSIVE HEALTH ADVOCACY PROGRAM YFS RAPID CITY PRENATAL TO FIVE HEAD START A COMPREHENSIVE, FEDERALLY-FUNDED PROGRAM THAT ENHANCES THE PHYSICAL, SOCIAL, EMOTIONAL AND INTELLECTUAL DEVELOPMENT FOR MORE THAN 300 CHILDREN AGES 0 TO 5 FROM LOW-INCOME FAMILIES THROUGH CLASSROOM ACTIVITIES AND HOME VISITATIONS INCOME GUIDELINES ARE ESTABLISHED BY THE FEDERAL GOVERNMENT EACH YEAR YFS RAPID CITY HEAD START PROVIDES SOCIAL COMPETENCY AND SCHOOL READINESS ACTIVITIES IN A PRESCHOOL ENVIRONMENT TEACHERS WORK WITH CHILDREN AND THEIR FAMILIES TO DEVELOP THEIR SKILLS AND SET INDIVIDUAL GOALS FOR EACH CHILD CHILDREN LEARN SOCIAL SKILLS SUCH AS PROBLEM SOLVING AND TEAMWORK IN A CLASSROOM SETTING, BOOSTING THEIR SELF-CONFIDENCE AND PREPARING THEM FOR A LIFETIME OF LEARNING YFS RAPID CITY HEAD START OFFERS THREE AND A HALF HOUR SESSIONS, FOUR DAYS A WEEK FOR CHILDREN AGES 3 TO 5 MORNING OR AFTERNOON OPTIONS ARE AVAILABLE A NUTRITIOUS BREAKFAST, LUNCH AND/OR SNACK ARE OFFERED IN ALL SESSIONS IN ADDITION, SCREENING AND DEVELOPMENTAL TESTING, TRANSPORTATION, SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES, RESOURCES FOR FAMILY-ORIENTED COUNSELING, EDUCATIONAL OPPORTUNITIES, FAMILY LITERACY, ALCOHOL AND DRUG DEPENDENCY PREVENTION, HEALTH AND DENTAL SCREENINGS ARE ALSO OFFERED ALL SERVICES ARE FREE OF CHARGE FOR PARTICIPANTS WHO QUALIFY YFS RURAL PRENATAL TO FIVE HEAD START A PARENT-FOCUSED EARLY CHILDHOOD EDUCATION PROGRAM OFFERING HOME VISITS AND AT-HOME ACTIVITIES FOR MORE ABOUT 100 LOW-INCOME FAMILIES WITH CHILDREN AGES 0 TO 5 IN EIGHT COUNTIES IN WESTERN SOUTH DAKOTA (BUTTE, CUSTER, FALL RIVER, HAAKON, JACKSON, LAWRENCE, MEADE AND PENNINGTON) INCOME GUIDELINES ARE ESTABLISHED BY THE FEDERAL GOVERNMENT EACH YEAR YFS RURAL HEAD START TEACHERS, CALLED HOME VISITORS, WORK WITH PARENTS AND CHILDREN IN THEIR HOMES TO PLAN AND SHARE ACTIVITIES THAT WILL BENEFIT THE EDUCATION AND LIVES OF THEIR CHILDREN PARENTS ARE ABLE TO CONTINUE TEACHING EDUCATIONAL ACTIVITIES BETWEEN WEEKLY HOME VISITS SOCIALIZATION OPPORTUNITIES ARE OFFERED TWICE A MONTH TO ALLOW CHILDREN ENROLLED IN THE PROGRAM TO PLAY AND INTERACT WITH OTHERS THEIR AGE DEVELOPMENTAL SCREENINGS, SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES, RESOURCES FOR FAMILY-ORIENTED COUNSELING, EDUCATIONAL OPPORTUNITIES, FAMILY LITERACY, ALCOHOL AND DRUG DEPENDENCY PREVENTION, HEALTH AND DENTAL SCREENINGS YFS WESTERN PREVENTION RESOURCE CENTER A COMMUNITY RESOURCE PROVIDING RESEARCH, TRAINING AND ASSISTANCE TO SCHOOLS AND OTHER ORGANIZATIONS IN 23 COUNTIES IN WESTERN SOUTH DAKOTA STAFF ASSIST STUDENTS, PARENTS, EDUCATORS, COMMUNITY GROUPS, SOCIAL SERVICE AND MENTAL HEALTH AGENCIES, CHEMICAL DEPENDENCY SERVICE PROVIDERS AND LAW ENFORCEMENT PERSONNEL IN DEVELOPING AND IMPLEMENTING PREVENTION PROGRAMS IN WESTERN SOUTH DAKOTA LAST YEAR, THE WPRC SPONSORED OR COLLABORATED WITH OTHER AGENCIES ON RETREATS, WORKSHOPS, CLASSES AND OTHER EVENTS THAT REACHED APPROXIMATELY 10,350 PEOPLE WPRC STAFF DISTRIBUTED MORE THAN 7,425 PIECES OF FREE LITERATURE AND EDUCATIONAL MATERIALS ON A VARIETY OF TOPICS INCLUDING SUBSTANCE ABUSE, VIOLENCE PREVENTION, BULLYING, BODY IMAGE AND SIMILAR ISSUES</p>

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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	(Code) (Expenses \$ 1,208,357 including grants of \$ 1,022,145) (Revenue \$)
	DONATION TO YOUTH AND FAMILY SERVICES FOUNDATION (501-C-3)(509-A-3)









4d	Other program services (Describe in Schedule O) (Expenses \$ 1,208,357 including grants of \$ 1,022,145) (Revenue \$)
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4e	Total program service expenses \$ 7,877,991 <i>Must equal Part IX, Line 25, column (B).</i>
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the U S ?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>		No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		No
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		No
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 21		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 242		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11a		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed _____
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 JANET GUNDERSEN-POWERS
 PO BOX 2813
 RAPID CITY, SD 57709
 (605) 342-4195

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a					
	b	Membership dues 12,471					
	c	Fundraising events 1b					
	d	Related organizations 1c					
	e	Government grants (contributions) 1d					
	f	All other contributions, gifts, grants, and similar amounts not included above 1e	6,927,121				
	g	Noncash contributions included in lines 1a-1f \$ _____ 1f	777,443				
	h	Total (Add lines 1a-1f)	7,717,035				
Program Service Revenue	2a	DAY CARE AND COUNSELING	1,068,483	1,068,483			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f \$ 1,068,483					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	34,291			34,291	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a		(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)					
	7a		(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
d	Net gain or (loss)						
8a		Gross income from fundraising events (not including \$ 116,238 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a					
		b Less direct expenses b	46,926				
		c Net income or (loss) from fundraising events	69,312			69,312	
9a		Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a					
		b Less direct expenses b					
		c Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a	CONTRACT SERVICE FEES		100,397			100,397	
b							
c							
d	All other revenue _____						
e	Total. Add lines 11a-11d \$ 100,397						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		8,989,518	1,068,483		204,000	

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,022,145	1,022,145		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	166,229		166,229	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,909,112	4,214,231		258,037
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	158,834	139,987	12,181	6,666
9	Other employee benefits	393,491	330,532	47,219	15,740
10	Payroll taxes	378,167	314,490	44,421	19,256
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	30,869	24,695	6,174	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	7,968	7,968		
g	Other	111,497	102,444	2,938	6,115
12	Advertising and promotion	21,901	9,836	11,155	910
13	Office expenses	178,351	142,683	23,881	11,787
14	Information technology				
15	Royalties				
16	Occupancy	413,469	381,539	26,731	5,199
17	Travel	226,782	205,117	12,523	9,142
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	59,505	39,868	11,306	8,331
20	Interest	16,537	16,537		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	320,244	312,302	6,917	1,025
23	Insurance	30,914	22,799	5,981	2,134
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROGRAM SUPPLIES/EXPENSES	601,897	572,348	5,829	23,720
b	MISCELLANEOUS	18,572	18,470	102	
c					
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,066,484	7,877,991	820,431	368,062
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,250	1	1,250
	2 Savings and temporary cash investments	352,458	2	324,982
	3 Pledges and grants receivable, net	696,296	3	673,259
	4 Accounts receivable, net	67,279	4	78,677
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,318	8	13,730
	9 Prepaid expenses and deferred charges	36,874	9	31,480
	10a Land, buildings, and equipment cost basis			
		10a 8,512,557		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 2,998,906	4,896,242	10c 5,513,651
	11 Investments—publicly traded securities	1,214,760	11	797,767
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,275,477	16	7,434,796	
Liabilities	17 Accounts payable and accrued expenses	853,711	17	822,578
	18 Grants payable		18	
	19 Deferred revenue		19	46,623
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>		25	
	26 Total liabilities. Add lines 17 through 25	853,711	26	869,201
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,937,000	27	6,114,503
	28 Temporarily restricted net assets	434,766	28	401,092
	29 Permanently restricted net assets	50,000	29	50,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,421,766	33	6,565,595	
34 Total liabilities and net assets/fund balances	7,275,477	34	7,434,796	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits?	Yes	

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,387,042	7,141,871	7,494,043	7,516,408	7,717,035	37,256,399
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	7,387,042	7,141,871	7,494,043	7,516,408	7,717,035	37,256,399
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						37,256,399

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	7,387,042	63,297	7,494,043	7,516,408	7,717,035	37,256,399
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,667	63,297	26,149	50,354	34,291	232,758
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						37,489,157
12 Gross receipts from related activities, etc (See instructions)					12	5,163,125
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	99.379 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	99.319 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury Internal Revenue Service

Name of the organization YOUTH & FAMILY SERVICES INC

Employer identification number 46-6017085

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Year (2a-2d). Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-2 regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	50,000				
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	50,000				

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100.000 %
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		665,714		665,714
b Buildings		5,219,171	1,030,121	4,189,050
c Leasehold improvements				
d Equipment		2,090,049	1,612,837	477,212
e Other		537,623	355,948	181,675
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,513,651

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,989,518
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,066,484
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-76,966
4	Net unrealized gains (losses) on investments	4	-187,158
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	407,953
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	220,795
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	143,829

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	8,991,893
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-187,158
b	Donated services and use of facilities	2b	152,615
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	36,918
e	Add lines 2a through 2d	2e	2,375
3	Subtract line 2e from line 1	3	8,989,518
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	8,989,518

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,848,064
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	152,615
b	Prior year adjustments	2b	-407,953
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	36,918
e	Add lines 2a through 2d	2e	-218,420
3	Subtract line 2e from line 1	3	9,066,484
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	9,066,484

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT INVESTED EARNINGS USED FOR ADAMS STREET FACILITY
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN 36,918 KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN -36,918
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN 36,918
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN 36,918

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization YOUTH & FAMILY SERVICES INC

Employer identification number 46-6017085

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events.

- 2a Did the organization have a written or oral agreement with any individual... b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>KIDS FAIR</u> (event type)	<u>DINNER THEATER</u> (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	71,050	45,188		116,238
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	71,050	45,188		116,238
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	36,918	10,008		46,926
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				46,926
9 Net income summary Combine lines 3 and 8 in column (d) ▶				69,312	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspection

Name of the organization

YOUTH & FAMILY SERVICES INC

Employer identification number

46-6017085

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD ASSISTANCE	102	1,022,145			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE GRANTS ADMINISTRATOR AND FINANCE DIRECTOR PROVIDE GUIDANCE AS TO GRANT REQUIREMENTS PROGRAM DIRECTORS, SENIOR PROGRAM DIRECTOR, EXECUTIVE DIRECTOR, AND THE PROGRAM BOARD COMMITTEE PROVIDE OVERVIEW AND IMPLEMENTATION OF GRANTS

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization YOUTH & FAMILY SERVICES INC

Employer identification number

46-6017085

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Total \$

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
YOUTH & FAMILY SERVICES INC

Employer identification number

46-6017085

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>YEAR PROGRAMS HIGHLIGHT COMMUNITY ACTION, SPORTS, HEALTH, CAREERS AND LIFE PLANNING, CELEBRATE MEMBERS' CULTURE AND HERITAGE, AND ENCOURAGE GIRLS TO DEVELOP SELF-RELIANCE AND LIFE SKILLS CENTER-BASED ACTIVITIES ARE IMPLEMENTED IN APPROPRIATE AGE GROUPS AND LEVELS OF DEVELOPMENT GIRLS PARTICIPATE IN CHALLENGING AND CREATIVE EVENTS SUCH AS PHOTOGRAPHY, CRAFTS, SWIMMING, COMPUTER PROGRAMMING, HOMEWORK HELP AND TUTORING, SUBSTANCE ABUSE PREVENTION, HEALTH CLASSES AND PREGNANCY PREVENTION GIRLS INC HEALTH CONNECTIONS, WHICH TARGETS HIGH-RISK GIRLS AGES 6 TO 15, IS AN INNOVATIVE PROGRAM THAT MEETS GIRLS' PHYSICAL, MENTAL AND SOCIAL HEALTH NEEDS BY CONNECTING THEM WITH MEDICAL, DENTAL AND MENTAL HEALTH SERVICE PROVIDERS IN THE COMMUNITY GIRLS INC OPERATION SMART (SCIENCE, MATH AND RELATED TECHNOLOGY) IS A HIGHLY ACCLAIMED PROGRAM THAT ENCOURAGES GIRLS TO ENGAGE IN SCIENCE AND MATH ACTIVITIES AND INVESTIGATE NON-TRADITIONAL, TECHNICAL/VOCATIONAL OR SCIENTIFIC CAREERS GIRLS EXPLORE AND HAVE FUN THROUGH HANDS-ON ACTIVITIES, MENTORING EXPERIENCES AND LABORATORY EXPERIMENTATION YFS CHILD CARE OFFERS QUALITY CARE, A HIGHLY-QUALIFIED STAFF, REASONABLE RATES, AND A WELCOMING ATMOSPHERE FOR MORE THAN 400 CHILDREN FROM 4 WEEKS TO 14 YEARS OLD THE ONLY FACILITY OF ITS KIND IN THE RAPID CITY AREA THAT FOCUSES ON THE UNIQUE NEEDS OF LOW-INCOME FAMILIES, YFS CHILD CARE IS OPEN FROM MONDAY THROUGH FRIDAY, YEAR-ROUND NUTRITIOUS MEALS AND SNACKS, PLANNED BY A REGISTERED DIETITIAN, ARE SERVED FREE OF CHARGE TRAINED DRIVERS TRANSPORT CHILDREN IN KINDERGARTEN THROUGH EIGHTH GRADE TO AND FROM DESIGNATED RAPID CITY SCHOOLS CHILDREN HAVE ACCESS TO AN ON-SITE GYMNASIUM, COMPUTER ROOM, LIBRARY AND TEACHING KITCHEN, IN ADDITION TO AN OUTDOOR PLAYGROUND AND THEIR CLASSROOMS THE INCORPORATION OF YFS HEAD START PROGRAMMING ALLOWS YFS CHILD CARE TO OFFER HIGH QUALITY SERVICES SUCH AS DEVELOPMENTAL SCREENINGS, FAMILY SERVICES ASSISTANCE, COUNSELING FOR CHILDREN AND FAMILIES, PARENT TRAININGS, AND NUTRITION AND HEALTH EDUCATION FOR FAMILIES OF CHILDREN AGES 4 WEEKS TO 5 YEARS YFS CHILD CARE ACCEPTS FAMILIES WHO RECEIVE CHILD CARE ASSISTANCE BENEFITS THROUGH THE SOUTH DAKOTA DEPARTMENT OF CHILD CARE SERVICES DISCOUNTED RATES AVAILABLE FOR FAMILIES WITH MORE THAN ONE CHILD ENROLLED AND FAMILIES WHO MEET INCOME GUIDELINES YFS NUTRITION SERVICES PROVIDES OVER 1 MILLION NUTRITIOUS MEALS AND SNACKS TO CHILDREN WITHIN AGENCY PROGRAMS ANNUALLY, AND STATE REIMBURSEMENT TO AREA CHILDCARE PROVIDERS ENROLLED IN THE FAMILY CHILD CARE NUTRITION PROGRAM CONDUCTS THE YFS SUMMER FOOD PROGRAM, OFFERING FREE BREAKFASTS AND LUNCHESES TO ALL CHILDREN UP TO AGE 18 DURING THE SUMMER MONTHS MORE THAN 42,966 FREE BREAKFASTS AND LUNCHESES WERE PROVIDE TO CHILDREN DURING THE SUMMER IN 2008 YFS NUTRITION SERVICES IS COMPRISED OF AN EXPERIENCED AND DEDICATED STAFF COMMITTED TO PROMOTING POSITIVE FOOD ATTITUDES, HEALTHY EATING HABITS AND THE IMPORTANCE OF NUTRITION IN A CHILD'S PHYSICAL, MENTAL AND SOCIAL HEALTH, AS WELL AS THEIR ABILITY TO LEARN STAFF OFFER NUTRITION COUNSELING AND EDUCATION SERVICES, NUTRITION EDUCATION CLASSES AND TRAININGS FOR FAMILIES AND STAFF TO INSTILL THE IMPORTANCE OF HEALTHY LIFESTYLES, AN EXTENSIVE LIBRARY OF NUTRITION AND WELLNESS RESOURCES, AND IMPLEMENT THE I AM MOVING, I AM LEARNING CURRICULUM DESIGNED TO INCREASE TIME SPENT IN MODERATE TO VIGOROUS PHYSICAL ACTIVITY AND THE QUALITY OF INTENTIONAL STRUCTURED MOVEMENT YFS COUNSELING CENTER PROVIDES ASSESSMENT, PREVENTION AND COUNSELING SERVICES FOR AREA YOUTH AND THEIR FAMILIES, AS WELL AS HEALTH ADVOCACY PROGRAMS FOR BOYS AGES 5 TO 17 THE MASTER'S LEVEL COUNSELORS SPECIALIZE IN A VARIETY OF THERAPEUTIC APPROACHES INCLUDING PLAY, ART AND SAND THERAPY, ABUSE AND TRAUMA COPING TECHNIQUES, AND CHEMICAL DEPENDENCY AND PREVENTION COUNSELING THE YFS COUNSELING CENTER OFFERS CRISIS INTERVENTION, ASSESSMENTS, COUNSELING AND CASE MANAGEMENT SERVICES TO YOUNG PEOPLE AND THEIR FAMILIES FROM ALL WALKS OF LIFE EACH YEAR SERVICES INCLUDE INDIVIDUAL, FAMILY AND GROUP THERAPY, MARRIAGE AND RELATIONSHIP COUNSELING, STRESS AND ANGER MANAGEMENT, ALCOHOL AND DRUG EVALUATIONS, LEVEL I ALCOHOL AND DRUG TREATMENT, WORKSHOPS, PARENTING CLASSES, ADHD SUPPORT GROUPS, BOYS HEALTH ADVOCACY, FATHERHOOD PROGRAMMING, STATE-ACCREDITED, 12-HOUR DUI CLASSES, AND MENTAL HEALTH CONSULTATIONS AND TRAININGS THE YFS COUNSELING CENTER SERVED 538 YOUTH AND THEIR FAMILY MEMBERS IN THE LAST YEAR OF THAT NUMBER, 112 CLIENTS WERE VICTIMS OF A CRIME (CURRENT OR PAST) OR WITNESSED AN ACT OF VIOLENCE THE BOYS HEALTH ADVOCACY PROGRAM SERVED 126 BOYS AGES 4 TO 17 THROUGH ITS EXTENSIVE AND INTENSIVE HEALTH ADVOCACY PROGRAM YFS RAPID CITY PRENATAL TO FIVE HEAD START A COMPREHENSIVE, FEDERALLY-FUNDED PROGRAM THAT ENHANCES THE PHYSICAL, SOCIAL, EMOTIONAL AND INTELLECTUAL DEVELOPMENT FOR MORE THAN 300 CHILDREN AGES 0 TO 5 FROM LOW-INCOME FAMILIES THROUGH CLASSROOM ACTIVITIES AND HOME VISITATIONS INCOME GUIDELINES ARE ESTABLISHED BY THE FEDERAL GOVERNMENT EACH YEAR YFS RAPID CITY HEAD START PROVIDES SOCIAL COMPETENCY AND SCHOOL READINESS ACTIVITIES IN A PRESCHOOL ENVIRONMENT TEACHERS WORK WITH CHILDREN AND THEIR FAMILIES TO DEVELOP THEIR SKILLS AND SET INDIVIDUAL GOALS FOR EACH CHILD CHILDREN LEARN SOCIAL SKILLS SUCH AS PROBLEM SOLVING AND TEAMWORK IN A CLASSROOM SETTING, BOOSTING THEIR SELF-CONFIDENCE AND PREPARING THEM FOR A LIFETIME OF LEARNING YFS RAPID CITY HEAD START OFFERS THREE AND A HALF HOUR SESSIONS, FOUR DAYS A WEEK FOR CHILDREN AGES 3 TO 5 MORNING OR AFTERNOON OPTIONS ARE AVAILABLE A NUTRITIOUS BREAKFAST, LUNCH AND/OR SNACK ARE OFFERED IN ALL SESSIONS IN ADDITION, SCREENING AND DEVELOPMENTAL TESTING, TRANSPORTATION, SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES, RESOURCES FOR FAMILY-ORIENTED COUNSELING, EDUCATIONAL OPPORTUNITIES, FAMILY LITERACY, ALCOHOL AND DRUG DEPENDENCY PREVENTION, HEALTH AND DENTAL SCREENINGS ARE ALSO OFFERED ALL SERVICES ARE FREE OF CHARGE FOR PARTICIPANTS WHO QUALIFY YFS RURAL PRENATAL TO FIVE HEAD START A PARENT-FOCUSED EARLY CHILDHOOD EDUCATION PROGRAM OFFERING HOME VISITS AND AT-HOME ACTIVITIES FOR MORE ABOUT 100 LOW-INCOME FAMILIES WITH CHILDREN AGES 0 TO 5 IN EIGHT COUNTIES IN WESTERN SOUTH DAKOTA (BUTTE, CUSTER, FALL RIVER, HAAKON, JACKSON, LAWRENCE, MEADE AND PENNINGTON) INCOME GUIDELINES ARE ESTABLISHED BY THE FEDERAL GOVERNMENT EACH YEAR YFS RURAL HEAD START TEACHERS, CALLED HOME VISITORS, WORK WITH PARENTS AND CHILDREN IN THEIR HOMES TO PLAN AND SHARE ACTIVITIES THAT WILL BENEFIT THE EDUCATION AND LIVES OF THEIR CHILDREN PARENTS ARE ABLE TO CONTINUE TEACHING EDUCATIONAL ACTIVITIES BETWEEN WEEKLY HOME VISITS SOCIALIZATION OPPORTUNITIES ARE OFFERED TWICE A MONTH TO ALLOW CHILDREN ENROLLED IN THE PROGRAM TO PLAY AND INTERACT WITH OTHERS THEIR AGE DEVELOPMENTAL SCREENINGS, SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES, RESOURCES FOR FAMILY-ORIENTED COUNSELING, EDUCATIONAL OPPORTUNITIES, FAMILY LITERACY, ALCOHOL AND DRUG DEPENDENCY PREVENTION, HEALTH AND DENTAL SCREENINGS YFS WESTERN PREVENTION RESOURCE CENTER A COMMUNITY RESOURCE PROVIDING RESEARCH, TRAINING AND ASSISTANCE TO SCHOOLS AND OTHER ORGANIZATIONS IN 23 COUNTIES IN WESTERN SOUTH DAKOTA STAFF ASSIST STUDENTS, PARENTS, EDUCATORS, COMMUNITY GROUPS, SOCIAL SERVICE AND MENTAL HEALTH AGENCIES, CHEMICAL DEPENDENCY SERVICE PROVIDERS AND LAW ENFORCEMENT PERSONNEL IN DEVELOPING AND IMPLEMENTING PREVENTION PROGRAMS IN WESTERN SOUTH DAKOTA LAST YEAR, THE WPRC SPONSORED OR COLLABORATED WITH OTHER AGENCIES ON RETREATS, WORKSHOPS, CLASSES AND OTHER EVENTS THAT REACHED APPROXIMATELY 10,350 PEOPLE WPRC STAFF DISTRIBUTED MORE THAN 7,425 PIECES OF FREE LITERATURE AND EDUCATIONAL MATERIALS ON A VARIETY OF TOPICS INCLUDING SUBSTANCE ABUSE, VIOLENCE PREVENTION, BULLYING, BODY IMAGE AND SIMILAR ISSUES</p>

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	DONATION TO YOUTH AND FAMILY SERVICES FOUNDATION (501-C-3)(509-A-3)

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE 990 WAS PREPARED BY A CPA FIRM, REVIEWED WITH OUR OFFICERS, AND REVIEWED WITH OUR BOARD OF DIRECTORS BEFORE FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ALL BOARD MEMBERS AND OFFICERS COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY IF THERE ARE AREAS OF CONCERN, THEY ARE REVIEWED BY THE OFFICERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	BY JULY 15 OF EACH YEAR, THE PRESIDENT OF THE BOARD OF DIRECTORS WILL ESTABLISH A COMMITTEE TO MEET WITH THE EXECUTIVE DIRECTOR AND REVIEW HER JOB PERFORMANCE THE AD HOC COMMITTEE WILL CONSIST OF AT LEAST THREE PEOPLE IT IS SUGGESTED THAT THIS COMMITTEE INCLUDE THE PRESIDENT AND VP OF THE BOARD OF DIRECTORS, AND THE CHAIR OF THE HR COMMITTEE, AND OTHER MEMBERS OF THE HR COMMITTEE AND/OR THE EXECUTIVE COMMITTEE AS DEEMED APPROPRIATE THE EVALUATION MEETING WILL TAKE PLACE BETWEEN JULY 15 AND AUGUST 31 THE EXECUTIVE DIRECTOR WILL PRESENT A WRITTEN SELF EVALUATION AND A CURRENT SALARY COMPARISON STUDY FOR THE COMMITTEE'S REVIEW THIS COMMITTEE HAS THE AUTHORITY TO RECOMMEND A LIMITED PAY INCREASE (UP TO A 1 STEP INCREASE FOR JOB PERFORMANCE AND UP TO A 1 STEP INCREASE FOR AN EQUITY ADJUSTMENT BASED UPON THE SALARY COMPARISON STUDY) A BRIEF REPORT OF THE EVALUATION WILL BE PROVIDED TO THE EXECUTIVE COMMITTEE AT THE NEXT MEETING THE EXECUTIVE COMMITTEE MUST APPROVE THE EVALUATION AND AND SALARY INCREASE, WITH THE EXCEPTION OF COLA THIS PAY INCREASE WILL TYPICALLY BE RETROACTIVE TO THE BEGINNING OF THE FISCAL YEAR APPROPRIATE PAPERWORK WILL BE SIGNED BY THE PRESIDENT AND EXECUTIVE DIRECTOR AND PLACED IN THE EXECUTIVE DIRECTOR'S FILE

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE FINANCE DIRECTOR RECEIVED AN ANNUAL EVALUATION A SALARY SURVEY IS COMPLETED PERIODICALLY, BUT WITH A MINIMUM OF EVERY 2 YEARS THE HUMAN RESOURCE COMMITTEE REVIEWS ALL MERIT RAISES

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST FOR SUCH INFORMATION, THE ORGANIZATION'S BOARD OF DIRECTORS WILL DELIBERATE ON A CASE-BY-CASE BASIS TO DETERMINE WHETHER TO PROVIDE ITS CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUTH & FAMILY SERVICES INC

Employer identification number

46-6017085

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
YOUTH & FAMILY SERVICES FOUNDTION PO BOX 2813 RAPID CITY, SD57709 20-2142760	CHARITABLE	SD	3	11D	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) YOUTH & FAMILY SERVICES FOUNDATION	N	100,397
(2)		
(3)		
(4)		
(5)		
(6)		

Additional Data

Software ID:
Software Version:
EIN: 46-6017085
Name: YOUTH & FAMILY SERVICES INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUE MCCORMICK , BOARD MEMBER	1	X						0	0	0
BARBARA BUTLER , BOARD MEMBER	1	X						0	0	0
GREG HOLLIBAUGH , BOARD MEMBER	1	X						0	0	0
ROGER JOHNSEN , BOARD MEMBER	1	X						0	0	0
KYLE MATTISON , BOARD MEMBER	1	X						0	0	0
MARGO JULIUS , SECRETARY	1	X						0	0	0
NEIL SPERLING , BOARD MEMBER	1	X						0	0	0
DEBRA WATSON , BOARD MEMBER	1	X						0	0	0
PHIL ZACHER , TREASURER	1	X						0	0	0
JOHN MURPHY , BOARD MEMBER	1	X						0	0	0
PATSY TRUE , BOARD MEMBER	1	X						0	0	0
GERALD BAKER , BOARD MEMBER	1	X						0	0	0
SHANNON CASEY-BALLARD , BOARD MEMBER	1	X						0	0	0
MARY HELLAND , BOARD MEMBER	1	X						0	0	0
SHIRLEY JOHNSON , BOARD MEMBER	1	X						0	0	0
WILLIAM WHITE , BOARD MEMBER	1	X						0	0	0
TERRY WHITING , PRESIDENT	1	X						0	0	0
RON REED , VICE PRES	1	X						0	0	0
PHYLLIS DIXON , BOARD MEMBER	1	X						0	0	0
STAN ADELSTEIN , BOARD MEMBER	1	X						0	0	0
CHARLES ARBEITER , BOARD MEMBER	1	X						0	0	0
MALCOM CHAPMAN , BOARD MEMBER	1	X						0	0	0
DAWN CLAYMORE , BOARD MEMBER	1	X						0	0	0
MARNIE HERRMANN , BOARD MEMBER	1	X						0	0	0
GOGIE ENSTAD , BOARD MEMBER	1	X						0	0	0
PAM FRITZ , BOARD MEMBER	1	X						0	0	0
JEFF FULLERTON , BOARD MEMBER	1	X						0	0	0
PAT GOETZINGER , BOARD MEMBER	1	X						0	0	0
JOHN HEY , BOARD MEMBER	1	X						0	0	0
AMBER HUTT , BOARD MEMBER	1	X						0	0	0

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY LARSON , BOARD MEMBER	1	X						0	0	0
KATHY LETNER , BOARD MEMBER	1	X						0	0	0
JIM MORCUM , BOARD MEMBER	1	X						0	0	0
KYLE MATTISON , BOARD MEMBER	1	X						0	0	0
BOB PAULSON , BOARD MEMBER	1	X						0	0	0
CRAIG PFEIFLE , BOARD MEMBER	1	X						0	0	0
RICK RYLANCE , BOARD MEMBER	1	X						0	0	0
MONTE SCHAEFER , BOARD MEMBER	1	X						0	0	0
GREG SCHWEISS , BOARD MEMBER	1	X						0	0	0
JAY SEGRIST , BOARD MEMBER	1	X						0	0	0
TOM SEXTON , BOARD MEMBER	1	X						0	0	0
TANIA STAMP , BOARD MEMBER	1	X						0	0	0
SHERLEY STEC , BOARD MEMBER	1	X						0	0	0
WILLIS SUTLIFF , BOARD MEMBER	1	X						0	0	0
SUSAN FEDELL , EXEC DIRECT	40			X				82,374	0	4,396
JANET GUNDERSEN-POWERS , FINANCE	40			X				76,037	0	3,422