

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

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

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): PO BOX 2813. Room/suite. 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 \$ 9,372,166

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 Website: WWW.YOUTHANDFAMILYSERVICES.ORG

K Form 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 III LINE 4A ON SCHEDULE O. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 44. 4 Number of independent voting members of the governing body (Part VI, line 1b) 43. 5 Total number of employees (Part V, line 2a) 250. 6 Total number of volunteers (estimate if necessary) 3,156. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Expenses

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid, Salaries, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Net Assets or Fund Balances

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

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.

Sign Here

Signature of officer: ***** Date: 2010-11-15. Name and title: SUSAN FEDELL EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: JOHN B WALKER CPA Date: 2011-01-05 Check if self-employed. Preparer's identifying number. Firm's name (or yours if self-employed), address, and ZIP + 4: KETEL THORSTENSON LLP, PO BOX 3140, RAPID CITY, SD 577093140. 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

1 Briefly describe the organization's mission

SEE EXPLANATION OF PART III 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 7,238,547 including grants of \$) (Revenue \$ 1,373,152)
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 LAST YEAR 112 GIRLS ENROLLED IN THE PROGRAM 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 FROM MAY 2009 THROUGH APRIL 2010 MORE THAN 1,345 GIRLS PARTICIPATED 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 LAST YEAR, 59% OF THE CHILDREN ENROLLED IN THE PROGRAM WERE FROM LOW INCOME FAMILIES YFS CHILD CARE IS ONE OF ONLY A FEW CENTER-BASED PROGRAMS IN THE AREA THAT ACCEPTS INFANTS AND TODDLERS, PART-TIME CHILDREN AND CHILDREN WHOSE PARENTS AREN'T ABLE TO MAKE A LONG-TERM COMMITMENT FOR CHILD CARE OF THE 470 CHILDREN SERVED LAST YEAR, 22 WERE INFANTS AND TODDLERS 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 1.1 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 IN 18 COUNTIES YFS NUTRITION SERVICE CONDUCTS THE YFS SUMMER FOOD PROGRAM, OFFERING FREE BREAKFASTS AND LUNCHESES TO ALL CHILDREN UP TO AGE 18 DURING THE SUMMER MONTHS MORE THAN 42,902 FREE BREAKFASTS AND LUNCHESES WERE PROVIDED TO CHILDREN DURING THE SUMMER IN 2009 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, 344 CLIENTS WERE VICTIMS OF A CRIME(CURRENT OR PAST) OR WITNESSED AN ACT OF VIOLENCE THE BOYS HEALTH ADVOCACY PROGRAM SERVED 79 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 CHILDREN AGES 0 TO 5 FROM LOW-INCOME FAMILIES THROUGH CLASSROOM ACTIVITIES AND HOME VISITATIONS FUNDED ENROLLMENT IS 395 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 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) FUNDED ENROLLMENT IS 169 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 19 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 MORE THAN 11,000 PEOPLE WPRC STAFF DISTRIBUTED MORE THAN 8,125 PIECES OF FREE LITERATURE AND EDUCATIONAL MATERIALS ON A VARIETY OF TOPICS INCLUDING SUBSTANCE ABUSE, VIOLENCE PREVENTION, BULLYING, BODY IMAGE AND SIMILAR ISSUES

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) See also Additional Data for Description (Expenses \$ 1,164,673 including grants of \$ 1,001,154) (Revenue \$)

4e Total program service expenses \$ 8,403,220

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		No
12a	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	
13	Is the organization a school 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 United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <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 U S? <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 U S? <i>If "Yes," complete Schedule F, Part III</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Part IV Checklist of Required Schedules *(continued)*

<p>21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/></p>	<p>21</p>	<p></p>	<p>No</p>
<p>22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/></p>	<p>22</p>	<p>Yes</p>	<p></p>
<p>23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/></p>	<p>23</p>	<p></p>	<p>No</p>
<p>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 line 25</i> <input checked="" type="checkbox"/></p>	<p>24a</p>	<p></p>	<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? <input checked="" type="checkbox"/></p>	<p>24b</p>	<p></p>	<p></p>
<p>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? <input checked="" type="checkbox"/></p>	<p>24c</p>	<p></p>	<p></p>
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <input checked="" type="checkbox"/></p>	<p>24d</p>	<p></p>	<p></p>
<p>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> <input checked="" type="checkbox"/></p>	<p>25a</p>	<p></p>	<p>No</p>
<p>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/></p>	<p>25b</p>	<p></p>	<p>No</p>
<p>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> <input checked="" type="checkbox"/></p>	<p>26</p>	<p></p>	<p>No</p>
<p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/></p>	<p>27</p>	<p></p>	<p>No</p>
<p>28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>	<p></p>	<p></p>	<p></p>
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/></p>	<p>28a</p>	<p></p>	<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/></p>	<p>28b</p>	<p></p>	<p>No</p>
<p>c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/></p>	<p>28c</p>	<p>Yes</p>	<p></p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/></p>	<p>29</p>	<p></p>	<p>No</p>
<p>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> <input checked="" type="checkbox"/></p>	<p>30</p>	<p></p>	<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> <input checked="" type="checkbox"/></p>	<p>31</p>	<p></p>	<p>No</p>
<p>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> <input checked="" type="checkbox"/></p>	<p>32</p>	<p></p>	<p>No</p>
<p>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/></p>	<p>33</p>	<p></p>	<p>No</p>
<p>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> <input checked="" type="checkbox"/></p>	<p>34</p>	<p>Yes</p>	<p></p>
<p>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> <input checked="" type="checkbox"/></p>	<p>35</p>	<p></p>	<p>No</p>
<p>36 Section 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> <input checked="" type="checkbox"/></p>	<p>36</p>	<p></p>	<p>No</p>
<p>37 Did the organization conduct more than 5% 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> <input checked="" type="checkbox"/></p>	<p>37</p>	<p></p>	<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O <input checked="" type="checkbox"/></p>	<p>38</p>	<p>Yes</p>	<p></p>

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 250		
b	If at least one is reported on line 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 (see instructions)	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
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?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (44); 1b Enter the number of voting members that are independent (43); 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); 9 Is there any officer, director, 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 (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (No); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 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 (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

Table with 2 columns: Question, Answer. Rows include: 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.

1b Total	178,166	8,227
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b				12,334	
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e				7,158,257	
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				828,423	
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶		7,999,014			
Program Service Revenue	2a	DAY CARE AND COUNSELING _____	1,137,481	1,137,481			
	b	CONTRACT SERVICE FEES _____	86,372	86,372			
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____					
	g	Total. Add lines 2a-2f ▶		1,223,853			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	16,671			16,671	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				6,049
			Less cost or other basis and sales expenses				
			Gain or (loss)				6,049
d	Net gain or (loss) ▶		6,049	6,049			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					125,600	
		Less direct expenses b				41,408	
		Net income or (loss) from fundraising events ▶		84,192			84,192
9a	Gross income from gaming activities See Part IV, line 19 a						
		Less direct expenses b					
		Net income or (loss) from gaming activities ▶					
10a	Gross sales of inventory, less returns and allowances a						
		Less cost of goods sold b					
		Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS _____		979			979	
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		979				
12	Total revenue. See Instructions ▶		9,330,758	1,229,902		101,842	

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	1,001,154	1,001,154		
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	186,393		186,393	
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	5,378,177	4,673,745	424,407	280,025
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	184,760	161,918	13,383	9,459
9	Other employee benefits	408,141	342,433	45,702	20,006
10	Payroll taxes	443,652	373,180	48,113	22,359
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	38,681	30,945	7,736	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	9,724	9,724		
g	Other	109,203	100,462	1,661	7,080
12	Advertising and promotion	18,299	9,475	8,824	
13	Office expenses	188,172	150,469	32,463	5,240
14	Information technology				
15	Royalties				
16	Occupancy	382,059	350,735	27,950	3,374
17	Travel	245,892	230,382	14,848	662
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	91,940	70,794	20,227	919
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	314,448	305,297	7,956	1,195
23	Insurance	29,862	22,030	7,716	116
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	584,771	559,169	3,382	22,220
b	BAD DEBT	10,953	10,953		
c	MISCELLANEOUS	380	355	25	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,626,661	8,403,220	850,786	372,655
26	Joint costs. Check here <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	324,982	2	399,465
	3 Pledges and grants receivable, net	673,259	3	644,372
	4 Accounts receivable, net	78,677	4	81,223
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,730	8	14,834
	9 Prepaid expenses and deferred charges	31,480	9	32,557
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	8,354,722		
	b Less accumulated depreciation	3,060,733		
		5,513,651	10c	5,293,989
	11 Investments—publicly traded securities	797,767	11	790,555
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,434,796	16	7,258,245	
Liabilities	17 Accounts payable and accrued expenses	822,577	17	923,311
	18 Grants payable		18	
	19 Deferred revenue	46,624	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	869,201	26	923,311
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	6,114,503	27	6,001,800
	28 Temporarily restricted net assets	401,092	28	283,134
	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	6,565,595	33	6,334,934	
34 Total liabilities and net assets/fund balances	7,434,796	34	7,258,245	

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,141,871	7,494,043	7,516,408	7,717,035	7,999,014	37,868,371
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 lines 1 through 3	7,141,871	7,494,043	7,516,408	7,717,035	7,999,014	37,868,371
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						37,868,371

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	7,141,871	26,149	7,516,408	7,717,035	7,999,014	37,868,371
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,297	26,149	50,354	34,291	22,720	196,811
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						38,065,182
12 Gross receipts from related activities, etc (See instructions)					12	5,377,388

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**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99.480 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99.380 %

16a 33 1/3% support test—2009. 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

b 33 1/3% support test—2008. 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

17a 10%-facts-and-circumstances test—2009. 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

b 10%-facts-and-circumstances test—2008. 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

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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% support tests—2008. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. 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 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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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 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 the arrangement in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

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

Table with 3 columns: Question (3a(i), 3a(ii), 3b), Yes, No

- (i) unrelated organizations, (ii) related organizations, b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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	9,330,758
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,626,661
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-295,903
4	Net unrealized gains (losses) on investments	4	65,242
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	65,242
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-230,661

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	9,590,220
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	65,242
b	Donated services and use of facilities	2b	152,812
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	41,408
e	Add lines 2a through 2d	2e	259,462
3	Subtract line 2e from line 1	3	9,330,758
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	9,330,758

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

1	Total expenses and losses per audited financial statements	1	9,820,881
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	152,812
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	41,408
e	Add lines 2a through 2d	2e	194,220
3	Subtract line 2e from line 1	3	9,626,661
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	9,626,661

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN 41,408 KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN -41,408
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN 41,408
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN 41,408

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	84,446	41,154		125,600
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	84,446	41,154		125,600
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	41,408			41,408
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				41,408
11 Net income summary Combine lines 3, column d, and line 10. ▶				84,192	

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))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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, column d, and line 7 ▶					

		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		

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter 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?		15a	
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 ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?		17a	
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 ▶ \$ _____			

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award 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" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ 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 Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(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?	
					To	From	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(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?	
				Yes	No
WESTEN DAKOTA INSURERS	INSURANCE PROV	153,729	INSURANCE COVERAGE		No

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ **Attach to Form 990.**

Name of the organization
YOUTH & FAMILY SERVICES INC

Employer identification number
46-6017085

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
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FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>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 LAST YEAR 112 GIRLS ENROLLED IN THE PROGRAM 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 FROM MAY 2009 THROUGH APRIL 2010 MORE THAN 1,345 GIRLS PARTICIPATED 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 LAST YEAR, 59% OF THE CHILDREN ENROLLED IN THE PROGRAM WERE FROM LOW INCOME FAMILIES YFS CHILD CARE IS ONE OF ONLY A FEW CENTER-BASED PROGRAMS IN THE AREA THAT ACCEPTS INFANTS AND TODDLERS, PART-TIME CHILDREN AND CHILDREN WHOSE PARENTS AREN'T ABLE TO MAKE A LONG-TERM COMMITMENT FOR CHILD CARE OF THE 470 CHILDREN SERVED LAST YEAR, 22 WERE INFANTS AND TODDLERS 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 1.1 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 IN 18 COUNTIES YFS NUTRITION SERVICE CONDUCTS THE YFS SUMMER FOOD PROGRAM, OFFERING FREE BREAKFASTS AND LUNCHESES TO ALL CHILDREN UP TO AGE 18 DURING THE SUMMER MONTHS MORE THAN 42,902 FREE BREAKFASTS AND LUNCHESES WERE PROVIDED TO CHILDREN DURING THE SUMMER IN 2009 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, 344 CLIENTS WERE VICTIMS OF A CRIME(CURRENT OR PAST) OR WITNESSED AN ACT OF VIOLENCE THE BOYS HEALTH ADVOCACY PROGRAM SERVED 79 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 CHILDREN AGES 0 TO 5 FROM LOW-INCOME FAMILIES THROUGH CLASSROOM ACTIVITIES AND HOME VISITATIONS FUNDED ENROLLMENT IS 395 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 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) FUNDED ENROLLMENT IS 169 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 19 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 MORE THAN 11,000 PEOPLE WPRC STAFF DISTRIBUTED MORE THAN 8,125 PIECES OF FREE LITERATURE AND EDUCATIONAL MATERIALS ON A VARIETY OF TOPICS INCLUDING SUBSTANCE ABUSE, VIOLENCE PREVENTION, BULLYING, BODY IMAGE AND SIMILAR ISSUES</p>
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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) ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FORM 990, PAGE 6, PART VI, LINE 11 THE 990 WAS PREPARED BY A CPA FIRM, REVIEWED WITH OUR OFFICERS, AND REVIEWD WITH OUR BOARD OF DIRECTORS BEFORE FILING 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 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 EXECUTIE DIRECTOR'S FILE 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 EVEY 2 YEARS THE HUMAN RESOURCE COMMITTEE REVIEWS ALL MERIT RAISES 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

For Paperwork Reducton Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
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YOUTH & FAMILY SERVICES FOUNDTION
PO BOX 2813
RAPID CITY, SD 57709
20-2142760

CHARITABLE SD 3 11 N/A

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to other organization(s)		No
c Gift, grant, or capital contribution from other organization(s)		No
d Loans or loan guarantees to or for other organization(s)		No
e Loans or loan guarantees by other organization(s)		No
f Sale of assets to other organization(s)		No
g Purchase of assets from other organization(s)		No
h Exchange of assets		No
i Lease of facilities, equipment, or other assets to other organization(s)		No
j Lease of facilities, equipment, or other assets from other organization(s)		No
k Performance of services or membership or fundraising solicitations for other organization(s)	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)		No
m Sharing of facilities, equipment, mailing lists, or other assets		No
n Sharing of paid employees		No
o Reimbursement paid to other organization for expenses		No
p Reimbursement paid by other organization for expenses		No
q Other transfer of cash or property to other organization(s)		No
r Other transfer of cash or property from other organization(s)		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	(b) Transaction type(a-r)	(c) Amount involved
(1)	YOUTH & FAMILY SERVICES FOUNDATION	K	86,372
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 1,164,673 including grants of \$ 1,001,154) (Revenue \$)

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BARBARA BUTLER BOARD MEMBER	1 00	X						0	0	0
GREG HOLLIBAUGH BOARD MEMBER	1 00	X						0	0	0
ROGER JOHNSEN BOARD MEMBER	1 00	X						0	0	0
KYLE MATTISON BOARD MEMBER	1 00	X						0	0	0
SUE MCCORMICK BOARD MEMBER	1 00	X						0	0	0
NEIL SPERLING BOARD MEMBER	1 00	X						0	0	0
DEBRA WATSON BOARD MEMBER	1 00	X						0	0	0
PHIL ZACHER TREASURER	1 00	X						0	0	0
JOHN MURPHY BOARD MEMBER	1 00	X						0	0	0
MARGO JULIUS SECRETARY	1 00	X						0	0	0
GERARD BAKER BOARD MEMBER	1 00	X						0	0	0
SHANNON CASEY-BALLARD BOARD MEMBER	1 00	X						0	0	0
MARY HELLAND BOARD MEMBER	1 00	X						0	0	0
SHIRLEY JOHNSON BOARD MEMBER	1 00	X						0	0	0
WILLIAM WHITE BOARD MEMBER	1 00	X						0	0	0
TERRY WHITING PRESIDENT	1 00	X						0	0	0
RON REED V PRESIDENT	1 00	X						0	0	0
STAN ADELSTEIN BOARD MEMBER	1 00	X						0	0	0
CHARLES ARBEITER BOARD MEMBER	1 00	X						0	0	0
MALCOM CHAPMAN BOARD MEMBER	1 00	X						0	0	0
DAWN CLAYMORE BOARD MEMBER	1 00	X						0	0	0
PHYLLIS DIXON BOARD MEMBER	1 00	X						0	0	0
GOGIE ENSTAD BOARD MEMBER	1 00	X						0	0	0
PAM FRITZ BOARD MEMBER	1 00	X						0	0	0
JEFF FULLERTON BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
PAT GOETZINGER BOARD MEMBER	1 00	X						0	0	0
MARNIE HERRMANN BOARD MEMBER	1 00	X						0	0	0
JOHN HEY BOARD MEMBER	1 00	X						0	0	0
AMBER ROBINSON BOARD MEMBER	1 00	X						0	0	0
GARY LARSON BOARD MEMBER	1 00	X						0	0	0
KATHY LETNER BOARD MEMBER	1 00	X						0	0	0
JIM MORCUM BOARD MEMBER	1 00	X						0	0	0
BOB PAULSON BOARD MEMBER	1 00	X						0	0	0
CRAIG PFEIFLE BOARD MEMBER	1 00	X						0	0	0
RICK RYLANCE BOARD MEMBER	1 00	X						0	0	0
MONTE SCHAEFER BOARD MEMBER	1 00	X						0	0	0
GREG SCHWEISS BOARD MEMBER	1 00	X						0	0	0
JAY SEGRIST BOARD MEMBER	1 00	X						0	0	0
TOM SEXTON BOARD MEMBER	1 00	X						0	0	0
TANIA STAMP BOARD MEMBER	1 00	X						0	0	0
SHERLEY STEC BOARD MEMBER	1 00	X						0	0	0
WILLIS SUTLIFF BOARD MEMBER	1 00	X						0	0	0
PATSY TRUE BOARD MEMBER	1 00	X						0	0	0
LINDA RYDSTROM BOARD MEMBER	1 00	X						0	0	0
SUSAN FEDELL EXEC DIRECT	40 00			X				98,027	0	4,623
JANET GUNDERSEN-POWERS FINANCE	40 00			X				80,139	0	3,604