

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public Inspection

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

Part I Summary

Form fields for organization details: Name (YOUTH & FAMILY SERVICES INC), EIN (46-6017085), Address (PO BOX 2813, RAPID CITY, SD), and Officer (JANET GUNDERSEN-POWERS).

Part II Signature Block

Table with 3 main sections: Activities & Governance (mission, members, employees), Revenue (contributions, program service, investment), and Expenses (grants, salaries, fundraising). Includes columns for Prior Year and Current Year.

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.

Signature fields for officer (SUSAN FEDELL) and preparer (JOHN B WALKER CPA) with dates.

Paid Preparer Use Only section with fields for preparer name, firm name (KETEL THORSTENSON LLP), and address.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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
If "Yes," describe these new services on Schedule O

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 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 \$ 9,000,397 including grants of \$ 1,000,228) (Revenue \$ 1,403,165)

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 GIRLS INCORPORATED OF RAPID CITY GIRLS PARTICIPATE IN CHALLENGING AND CREATIVE ACTIVITIES SUCH AS PHOTOGRAPHY, CRAFTS, SWIMMING, COMPUTER APPLICATIONS, HOMEWORK HELP AND TUTORING, SUBSTANCE ABUSE PREVENTION, HEALTH CLASSES AND PREGNANCY PREVENTION HEALTH CONNECTIONS, A GIRLS INC PROGRAM THAT TARGETS AT-RISK GIRLS, AGES 5-15, IS AN INNOVATIVE, AWARD- WINNING 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, 104 GIRLS ENROLLED IN THE PROGRAM GIRLS INC OPERATION SMART (SCIENCE, MATH, AND RELEVANT 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 THROUGH HANDS-ON ACTIVITIES, MENTORING EXPERIENCES, AND LABORATORY EXPERIMENTATION IN 2010, 1,372 GIRLS PARTICIPATED IN GIRLS INC PROGRAMMING YFS CHILD CARE OFFERS QUALITY CARE, A HIGHLY-QUALIFIED STAFF, REASONABLE RATES FOR LOW-INCOME FAMILIES, AND A WELCOMING ATMOSPHERE FOR MORE THAN 400 CHILDREN, AGES FOUR WEEKS TO 14 YEARS LAST YEAR, 71% OF FAMILIES WHO ENROLLED THEIR CHILDREN IN THIS PROGRAM WERE LOW-INCOME YFS CHILD CARE IS OPEN MONDAY THROUGH FRIDAY YEAR ROUND AND 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 444 CHILDREN SERVED LAST YEAR, UP TO 24 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 A GYMNASIUM, COMPUTER LABORATORY, LIBRARY AND TEACHING KITCHEN, IN ADDITION TO AN OUTDOOR PLAYGROUND AND THEIR CLASSROOMS THE INTEGRATION 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 OFFICE OF CHILD CARE SERVICES DISCOUNTED RATES ARE AVAILABLE FOR FAMILIES WITH MORE THAN ONE CHILD ENROLLED AND FAMILIES WHO MEET INCOME GUIDELINES YFS NUTRITION SERVICES PROVIDES OR OVERSEES THE PROVISION OF NEARLY 1.03 MILLION NUTRITIOUS MEALS AND SNACKS TO CHILDREN WITHIN YFS PROGRAMS, COMMUNITY CHILDREN THROUGH THE SUMMER FOOD PROGRAM, AND CHILDREN IN FAMILY CHILD CARE SETTINGS IN 18 COUNTIES IN WESTERN SOUTH DAKOTA YFS NUTRITION SERVICES IMPLEMENTS THE YFS SUMMER FOOD PROGRAM, OFFERING FREE BREAKFASTS AND LUNCHESES TO CHILDREN UP TO AGE 18 IN RAPID CITY NEARLY 34,300 FREE BREAKFASTS AND LUNCHESES WERE PROVIDED TO CHILDREN DURING THE SUMMER IN 2010 YFS NUTRITION SERVICES STAFF ARE EXPERIENCED, DEDICATED, AND COMMITTED TO PROMOTING POSITIVE FOOD ATTITUDES, HEALTHY EATING HABITS, AND AWARENESS OF THE IMPORTANCE OF NUTRITION IN A CHILD'S PHYSICAL, MENTAL, AND SOCIAL HEALTH AND 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 THEY USE AN EXTENSIVE LIBRARY OF NUTRITION AND WELLNESS RESOURCES AND IMPLEMENT THE "I AM MOVING, I AM LEARNING" APPROACH DESIGNED TO INCREASE TIME SPENT IN MODERATE TO VIGOROUS PHYSICAL ACTIVITY, THE QUALITY OF INTENTIONAL STRUCTURED MOVEMENT, AND HEALTHY FOOD CHOICES EVERY DAY YFS COUNSELING CENTER PROVIDES ASSESSMENT, PREVENTION AND COUNSELING SERVICES FOR AREA YOUTH AND THEIR FAMILIES, AS WELL AS A HEALTH ADVOCACY PROGRAM FOR AT-RISK BOYS, AGES 4-17, AND THE FATHERHOOD FIRST PROGRAM, WHICH PROMOTES POSITIVE FATHER INVOLVEMENT IN THEIR CHILDREN'S LIVES 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 CHILDREN, 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, PSYCHO- EDUCATIONAL WORKSHOPS, PARENTING CLASSES, ADHD SUPPORT GROUPS, BOYS' HEALTH ADVOCACY SERVICES, FATHERHOOD PROGRAMMING, STATE-ACCREDITED 12-HOUR DUI CLASSES, AND MENTAL HEALTH CONSULTATIONS AND TRAININGS THE YFS COUNSELING CENTER SERVED 576 CHILDREN, FAMILIES, AND INDIVIDUALS IN 2010 OF THAT NUMBER, AT LEAST 133 WERE VICTIMS OF A CRIME (CURRENT OR PAST) OR WITNESSED AN ACT OF VIOLENCE OUTREACH EDUCATION AT GIRLS INCORPORATED AND IN SEVERAL LOCAL SCHOOLS IMPACTED OVER 1,000 STUDENTS IN 2010 TWENTY-TWO PARENTS PARTICIPATED IN THE LOVE AND LOGIC PARENTING CLASSES IN 2010, 24 PARENTS AND 25 BOYS ATTENDED ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) CLASSES, AND 32 TEACHERS RECEIVED ADHD TRAINING NINETEEN CHILDREN AND SEVERAL PARENTS WERE SERVED THROUGH THE CHILDREN'S GRIEF CAMP, A COLLABORATIVE EFFORT OF THE COUNSELING CENTER AND HOSPICE OF THE HILLS THE BOYS' HEALTH PROGRAM SERVED 72 BOYS, AGES 4-18, WITH CASE MANAGEMENT AND ADVOCACY SERVICES THE FATHERHOOD FIRST PROGRAM PROVIDED TRAINING TO AT LEAST 40 PROFESSIONALS AND EDUCATION AND OUTREACH ACTIVITIES TO ABOUT 700 FATHERS, 500 MOTHERS, 100 TEENS, AND 600 CHILDREN IN 2010 YFS RAPID CITY PRENATAL TO FIVE HEAD START A COMPREHENSIVE, FEDERALLY- FUNDED PROGRAM THAT ENHANCES THE PHYSICAL, SOCIAL, EMOTIONAL, AND INTELLECTUAL DEVELOPMENT OF CHILDREN, AGES 0 TO 5, FROM LOW-INCOME FAMILIES THROUGH CLASSROOM ACTIVITIES, HOME VISITS, AND SOCIALIZATION EVENTS FUNDED ENROLLMENT IS 528 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 3 5 HOUR SESSIONS, FOUR DAYS PER WEEK FOR CHILDREN, AGES 3-5 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 ACTIVITIES, ALCOHOL AND DRUG DEPENDENCY PREVENTION, HEALTH AND DENTAL SCREENINGS ARE ALSO OFFERED ALL SERVICES ARE FREE OF CHARGE FOR QUALIFYING PARTICIPANTS YFS RURAL PRENATAL TO FIVE HEAD START A PARENT-FOCUSED EARLY CHILDHOOD EDUCATION PROGRAM OFFERS HOME VISITS AND IN-HOME ACTIVITIES FOR LOW-INCOME FAMILIES WITH CHILDREN, AGES 0-5, IN EIGHT COUNTIES IN WESTERN SOUTH DAKOTA (BUTTE, CUSTER, FALL RIVER, HAAKON, JACKSON, LAWRENCE, MEADE, AND PENNINGTON) FUNDED ENROLLMENT IS 149 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 DEVELOPMENT OF THEIR CHILDREN PARENTS ARE ABLE TO CONTINUE TEACHING EDUCATIONAL ACTIVITIES BETWEEN THE WEEKLY HOME VISITS SOCIALIZATION OPPORTUNITIES ARE OFFERED TWICE EACH 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 ACTIVITIES, ALCOHOL AND DRUG DEPENDENCY PREVENTION, HEALTH AND DENTAL SCREENINGS ARE ALSO OFFERED ALL SERVICES ARE FREE OF CHARGE FOR QUALIFYING PARTICIPANTS YFS WESTERN PREVENTION RESOURCE CENTER (WPRC) A COMMUNITY RESOURCE LIBRARY PROVIDING PREVENTION RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE TO SCHOOLS, COALITIONS, AND OTHER ORGANIZATIONS IN 27 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 WP

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 \$ 145,105 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 9,145,502

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 (see instruction)? | | 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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | | No |
| 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 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a | 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> | Yes | |
| b | 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> | | No |
| c | 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> | | No |
| d | 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> | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | No |
| f | 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> | Yes | |
| 12a | 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 |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then 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 |
| b | 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, Parts I and IV.</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, Parts II and IV.</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, Parts III and IV.</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 (see instructions).</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 |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

Part IV Checklist of Required Schedules *(continued)*

| | | | | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| 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"/> | 21 | | No |
| 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"/> | 22 | Yes | |
| 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> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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"/> | 25a | | No |
| 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"/> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/> | 26 | | No |
| 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"/> | 27 | | No |
| 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) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/> | 28a | | No |
| 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"/> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/> | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 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"/> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | No |
| a | Did the organization receive any payment from or engage in any transaction with 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"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 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"/> | 36 | | No |
| 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"/> | 37 | | No |
| 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 | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | | |
| 1a | 22 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | |
| 1b | 0 | | |
| 1c | 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 | 281 | | |
| 2b | 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 (see instructions). | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | No |
| 3b | 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 instructions for 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 |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| 5c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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 |
| 6b | 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). | | |
| 7a | 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 | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | Yes | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year. | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12. | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders. | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | | |
| 13c | Enter the amount of reserves on hand. | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | |

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | 1a 46 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 46 | | |
| 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 governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant 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 |
| b | 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 | | |
| a | The governing body? | Yes | |
| b | 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.)

| | | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | | No |
| b | 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? | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | No |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| c | 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? | | |
| a | The organization's CEO, Executive Director, or top management official | Yes | |
| b | Other officers or key employees of the organization | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | |
| 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 |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 244,848 | | 11,366 | |

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 **▶** 1

| | 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> | | 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> | | No |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | 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 | 188,265 | | | | |
| | b Membership dues 1b | 14,773 | | | | |
| | c Fundraising events 1c | | | | | |
| | d Related organizations 1d | 40,000 | | | | |
| | e Government grants (contributions) 1e | 8,344,181 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | 600,158 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h Total. Add lines 1a-1f ▼ | | 9,187,377 | | | |
| | Program Service Revenue | 2a DAY CARE AND COUNSELING | 713990 | 1,316,970 | 1,316,970 | |
| b CONTRACT SERVICE FEES | | 711110 | 86,195 | 86,195 | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f ▼ | | | 1,403,165 | | | |
| Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) ▼ | | 13,964 | | 13,964 | |
| | 4 Income from investment of tax-exempt bond proceeds ▼ | | | | | |
| | 5 Royalties ▼ | | | | | |
| | 6a Gross Rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) ▼ | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | 1,601 | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | 8,033 | | |
| | | c Gain or (loss) | | -6,432 | | |
| d Net gain or (loss) ▼ | | -6,432 | | -6,432 | | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a | | 116,048 | | | | |
| | b Less direct expenses b | 40,490 | | | | |
| | c Net income or (loss) from fundraising events ▼ | | 75,558 | | 75,558 | |
| 9a Gross income from gaming activities See Part IV, line 19 a | | | | | | |
| | b Less direct expenses b | | | | | |
| | c Net income or (loss) from gaming activities ▼ | | | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | | |
| | b Less cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of inventory ▼ | | | | | |
| Miscellaneous Revenue | 11a MISCELLANEOUS | 900099 | 1,456 | | 1,456 | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d ▼ | | 1,456 | | | |
| 12 Total revenue. See Instructions ▼ | | 10,675,088 | 1,403,165 | | 84,546 | |

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 | 1,000,228 | 1,000,228 | | |
| 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 | 256,214 | | 256,214 | |
| 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 | 5,697,310 | 5,070,106 | 369,154 | 258,050 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 160,354 | 147,680 | 6,314 | 6,360 |
| 9 | Other employee benefits | 459,746 | 395,382 | 50,572 | 13,792 |
| 10 | Payroll taxes | 464,578 | 396,595 | 47,872 | 20,111 |
| a | Fees for services (non-employees) | | | | |
| | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 31,268 | 25,014 | 6,254 | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 8,309 | | 8,309 | |
| g | Other | 112,187 | 99,680 | 6,110 | 6,397 |
| 12 | Advertising and promotion | 30,595 | 18,081 | 12,514 | |
| 13 | Office expenses | 193,100 | 156,174 | 32,313 | 4,613 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 483,131 | 449,587 | 28,095 | 5,449 |
| 17 | Travel | 314,400 | 304,543 | 8,746 | 1,111 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 121,065 | 110,169 | 9,685 | 1,211 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 288,551 | 277,846 | 9,551 | 1,154 |
| 23 | Insurance | 26,968 | 20,411 | 6,422 | 135 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | PROGRAM SUPPLIES/EXPENSES | 661,432 | 642,776 | 4,035 | 14,621 |
| b | BAD DEBT | 31,230 | 31,230 | | |
| c | MISCELLANEOUS | 342 | | 342 | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 10,341,008 | 9,145,502 | 862,502 | 333,004 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 | 1,350 |
| | 2 Savings and temporary cash investments | 399,465 | 2 | 286,170 |
| | 3 Pledges and grants receivable, net | 644,372 | 3 | 714,292 |
| | 4 Accounts receivable, net | 81,223 | 4 | 62,811 |
| | 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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 14,834 | 8 | 17,378 |
| | 9 Prepaid expenses and deferred charges | 32,557 | 9 | 26,162 |
| | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 8,877,897 | | |
| | b Less accumulated depreciation | 3,136,513 | 10c | 5,741,384 |
| | 11 Investments—publicly traded securities | 790,555 | 11 | 846,964 |
| | 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) | 7,258,244 | 16 | 7,696,511 | |
| Liabilities | 17 Accounts payable and accrued expenses | 923,310 | 17 | 904,609 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | 8,511 |
| | 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 | 923,310 | 26 | 913,120 |
| 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 | 6,001,800 | 27 | 6,530,194 |
| | 28 Temporarily restricted net assets | 283,134 | 28 | 203,197 |
| | 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 | 6,334,934 | 33 | 6,783,391 | |
| 34 Total liabilities and net assets/fund balances | 7,258,244 | 34 | 7,696,511 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|----------|---------------------------------------------------------------------------------------------------------------|----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,675,088 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 10,341,008 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 334,080 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6,334,934 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 114,377 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 6,783,391 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | 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 |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | 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 | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated 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 | |
| b | 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

2010

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 described in **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 Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 7,494,043 | 7,516,408 | 7,717,035 | 7,999,014 | 9,187,377 | 39,913,877 |
| 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 | 7,494,043 | 7,516,408 | 7,717,035 | 7,999,014 | 9,187,377 | 39,913,877 |
| 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 | | | | | | 39,913,877 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 7,494,043 | 7,516,408 | 7,717,035 | 7,999,014 | 9,187,377 | 39,913,877 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 26,149 | 50,354 | 34,291 | 22,720 | 13,964 | 147,478 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | 40,061,355 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 5,866,597 |

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 2010 (line 6 column (f) divided by line 11 column (f)) | 14 | 99.630% |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 | 99.480% |

16a 33 1/3% support test—2010. 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 section 501(c)(3) organization, check this box and **stop here** 


Section C. Computation of Public Support Percentage


| | | |
|------------------------------------------------------------------------------------------------|-----------|--|
| 15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|------------------------------------------------------------------------------------------------------------|-----------|--|
| 17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
|-------------------------------------|

| |
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| |
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| |
|--|

Additional Data

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

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 |
| KAREN RABEN 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 |
| DAN WARREN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARGO JULIUS SECRETARY | 1 00 | X | | | | | | 0 | 0 | 0 |
| SUSAN WHITE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| SHANNON CASEY-BALLARD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARY HELLAND VICE PRESIDE | 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 BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| RON REED 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 |
| KYLE BLADA 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 |
| SCOTT BARBOUR BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JUDEE OLDHAM BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| SUSAN FEDELL EXEC DIRECT | 40 00 | | | X | | | | 100,243 | 0 | 4,739 |
| JANET GUNDERSEN-POWERS FINANCE | 40 00 | | | X | | | | 79,362 | 0 | 3,642 |
| DAVID MILLER INTERIM EXE | 40 00 | | | X | | | | 65,243 | 0 | 2,985 |

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

| 4d. Other program services | | | |
|--------------------------------------------------------------------|----------------|---------|--------------------------------------|
| (Code |) (Expenses \$ | 145,105 | including grants of \$ (Revenue \$) |
| DONATION TO YOUTH & FAMILY SERVICES FOUNDATION (501-C-3) (509-A-3) | | | |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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: 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 include 1a-1g.

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

- a Board designated or quasi-endowment 60.000%, b Permanent endowment 40.000%, 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: Description (3a(i), 3a(ii), 3b), Yes, No

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

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

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 include 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 | 10,675,088 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 10,341,008 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 334,080 |
| 4 | Net unrealized gains (losses) on investments | 4 | 114,377 |
| 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 | 114,377 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 448,457 |

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 | 10,995,069 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 114,377 |
| b | Donated services and use of facilities | 2b | 165,114 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 40,490 |
| e | Add lines 2a through 2d | 2e | 319,981 |
| 3 | Subtract line 2e from line 1 | 3 | 10,675,088 |
| 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 | 10,675,088 |

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

| | | | |
|----------|------------------------------------------------------------------------------------------------------------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 10,546,612 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 165,114 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | 40,490 |
| e | Add lines 2a through 2d | 2e | 205,604 |
| 3 | Subtract line 2e from line 1 | 3 | 10,341,008 |
| 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 | 10,341,008 |

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 |
|------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INTENDED USES FOR ENDOWMENT FUNDS | SCHEDULE D, PAGE 2, PART V, LINE 4 | ENDOWMENT FUND FUTURE EARNINGS WILL BE USED TO OPERATE PROGRAM ACTIVITIES |
| LIABILITY UNDER FIN 48 FOOTNOTE | SCHEDULE D, PAGE 3, PART X | ACCOUNTING STANDARDS PRESCRIBE A RECOGNITION THRESHOLD OF MORE LIKELY THAN NOT, AND A MEASUREMENT ATTRIBUTE FOR ALL TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN AT JUNE 30, 2011, THE ORGANIZATION BELIEVES NO SIGNIFICANT UNCERTAIN TAX POSITIONS OR LIABILITIES EXIST IN ACCORDANCE WITH THE APPLICABLE STATUE OF LIMITATIONS, THE ORGANIZATION TAX RETURNS COULD BE AUDITED BY THE INTERNAL REVENUE SERVICE FOR THE YEARS ENDED JUNE 30, 2008 TO 2011 |
| RECONCILIATION OF CHANGES - OTHER | SCHEDULE D, PAGE 4, PART XI, LINE 8 | KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN 40,490 KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN -40,490 |
| REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER | SCHEDULE D, PAGE 4, PART XII, LINE 2D | KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN 40,490 |
| EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER | SCHEDULE D, PAGE 4, PART XIII, LINE 2D | KID'S FAIR EXPENSE NET AGAINST REVENUE ON RETURN 40,490 |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. 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 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities... a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers)...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

Part II 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 | 74,964 | 41,084 | | 116,048 |
| | 2 Less Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 74,964 | 41,084 | | 116,048 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 40,490 | | | 40,490 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 40,490 |
| 11 Net income summary Combine lines 3 and 10 in column (d) ▶ | | | | 75,558 | |

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 and 7 in column (d) ▶ | | | | | |

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? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 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? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2010

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. Part II can be duplicated 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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------------------------------------|---------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|
| (1) FOOD ASSISTANCE | 188 | 1,000,228 | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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 |
| (1) WESTEN DAKOTA INSURERS | INSURANCE PROV | 75,572 | INSURANCE COVERAGE | | No |
| | | | | | |
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| | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
YOUTH & FAMILY SERVICES INC

Employer identification number

46-6017085

| Identifier | Return Reference | Explanation |
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| FIRST ACHIEVEMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4A | <p>PROVIDERS IN THE COMMUNITY LAST YEAR, 104 GIRLS ENROLLED IN THE PROGRAM GIRLS INC OPERATION SMART (SCIENCE, MATH, AND RELEVANT 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 THROUGH HANDS-ON ACTIVITIES, MENTORING EXPERIENCES, AND LABORATORY EXPERIMENTATION IN 2010, 1,372 GIRLS PARTICIPATED IN GIRLS INC PROGRAMMING YFS CHILD CARE OFFERS QUALITY CARE, A HIGHLY-QUALIFIED STAFF, REASONABLE RATES FOR LOW-INCOME FAMILIES, AND A WELCOMING ATMOSPHERE FOR MORE THAN 400 CHILDREN, AGES FOUR WEEKS TO 14 YEARS LAST YEAR, 71% OF FAMILIES WHO ENROLLED THEIR CHILDREN IN THIS PROGRAM WERE LOW-INCOME YFS CHILD CARE IS OPEN MONDAY THROUGH FRIDAY YEAR ROUND AND 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 444 CHILDREN SERVED LAST YEAR, UP TO 24 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 A GYMNASIUM, COMPUTER LABORATORY, LIBRARY AND TEACHING KITCHEN, IN ADDITION TO AN OUTDOOR PLAYGROUND AND THEIR CLASSROOMS THE INTEGRATION 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 OFFICE OF CHILD CARE SERVICES DISCOUNTED RATES ARE AVAILABLE FOR FAMILIES WITH MORE THAN ONE CHILD ENROLLED AND FAMILIES WHO MEET INCOME GUIDELINES YFS NUTRITION SERVICES PROVIDES OR OVERSEES THE PROVISION OF NEARLY 1.03 MILLION NUTRITIOUS MEALS AND SNACKS TO CHILDREN WITHIN YFS PROGRAMS, COMMUNITY CHILDREN THROUGH THE SUMMER FOOD PROGRAM, AND CHILDREN IN FAMILY CHILD CARE SETTINGS IN 18 COUNTIES IN WESTERN SOUTH DAKOTA YFS NUTRITION SERVICES IMPLEMENTS THE YFS SUMMER FOOD PROGRAM, OFFERING FREE BREAKFASTS AND LUNCHESES TO CHILDREN UP TO AGE 18 IN RAPID CITY NEARLY 34,300 FREE BREAKFASTS AND LUNCHESES WERE PROVIDED TO CHILDREN DURING THE SUMMER IN 2010 YFS NUTRITION SERVICES STAFF ARE EXPERIENCED, DEDICATED, AND COMMITTED TO PROMOTING POSITIVE FOOD ATTITUDES, HEALTHY EATING HABITS, AND AWARENESS OF THE IMPORTANCE OF NUTRITION IN A CHILD'S PHYSICAL, MENTAL, AND SOCIAL HEALTH AND 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 THEY USE AN EXTENSIVE LIBRARY OF NUTRITION AND WELLNESS RESOURCES AND IMPLEMENT THE "I AM MOVING, I AM LEARNING" APPROACH DESIGNED TO INCREASE TIME SPENT IN MODERATE TO VIGOROUS PHYSICAL ACTIVITY, THE QUALITY OF INTENTIONAL STRUCTURED MOVEMENT, AND HEALTHY FOOD CHOICES EVERY DAY YFS COUNSELING CENTER PROVIDES ASSESSMENT, PREVENTION AND COUNSELING SERVICES FOR AREA YOUTH AND THEIR FAMILIES, AS WELL AS A HEALTH ADVOCACY PROGRAM FOR AT-RISK BOYS, AGES 4-17, AND THE FATHERHOOD FIRST PROGRAM, WHICH PROMOTES POSITIVE FATHER INVOLVEMENT IN THEIR CHILDREN'S LIVES 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 CHILDREN, 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, PSYCHO-EDUCATIONAL WORKSHOPS, PARENTING CLASSES, ADHD SUPPORT GROUPS, BOYS' HEALTH ADVOCACY SERVICES, FATHERHOOD PROGRAMMING, STATE-ACCREDITED 12-HOUR DUI CLASSES, AND MENTAL HEALTH CONSULTATIONS AND TRAININGS THE YFS COUNSELING CENTER SERVED 576 CHILDREN, FAMILIES, AND INDIVIDUALS IN 2010 OF THAT NUMBER, AT LEAST 133 WERE VICTIMS OF A CRIME (CURRENT OR PAST) OR WITNESSED AN ACT OF VIOLENCE OUTREACH EDUCATION AT GIRLS INCORPORATED AND IN SEVERAL LOCAL SCHOOLS IMPACTED OVER 1,000 STUDENTS IN 2010 TWENTY-TWO PARENTS PARTICIPATED IN THE LOVE AND LOGIC PARENTING CLASSES IN 2010, 24 PARENTS AND 25 BOYS ATTENDED ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) CLASSES, AND 32 TEACHERS RECEIVED ADHD TRAINING NINETEEN CHILDREN AND SEVERAL PARENTS WERE SERVED THROUGH THE CHILDREN'S GRIEF CAMP, A COLLABORATIVE EFFORT OF THE COUNSELING CENTER AND HOSPICE OF THE HILLS THE BOYS' HEALTH PROGRAM SERVED 72 BOYS, AGES 4-18, WITH CAS</p> |

| Identifier | Return Reference | Explanation |
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| FIRST ACHIEVEMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4A | <p>E MANAGEMENT AND ADVOCACY SERVICES THE FATHERHOOD FIRST PROGRAM PROVIDED TRAINING TO AT L EAST 40 PROFESSIONALS AND EDUCATION AND OUTREACH ACTIVITIES TO ABOUT 700 FATHERS, 500 MOTH ERS, 100 TEENS, AND 600 CHILDREN IN 2010 YFS RAPID CITY PRENATAL TO FIVE HEAD START A CO MPREHENSIVE, FEDERALLY- FUNDED PROGRAM THAT ENHANCES THE PHYSICAL, SOCIAL, EMOTIONAL, AND INTELLECTUAL DEVELOPMENT OF CHILDREN, AGES 0 TO 5, FROM LOW-INCOME FAMILIES THROUGH CLASSR OOM ACTIVITIES, HOME VISITS, AND SOCIALIZATION EVENTS FUNDED ENROLLMENT IS 528 INCOME GU IDELINES ARE ESTABLISHED BY THE FEDERAL GOVERNMENT EACH YEAR YFS RAPID CITY HEAD START PR OVIDES SOCIAL COMPETENCY AND SCHOOL READINESS ACTIVITIES IN A PRESCHOOL ENVIRONMENT TEACH ERS 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 CL ASSROOM SETTING, BOOSTING THEIR SELF-CONFIDENCE AND PREPARING THEM FOR A LIFETIME OF LEARN ING YFS RAPID CITY HEAD START OFFERS 3 5 HOUR SESSIONS, FOUR DAYS PER WEEK FOR CHILDREN, AGES 3-5 MORNING OR AFTERNOON OPTIONS ARE AVAILABLE A NUTRITIOUS BREAKFAST, LUNCH, AND/O R SNACK ARE OFFERED IN ALL SESSIONS IN ADDITION, SCREENING AND DEVELOPMENTAL TESTING, TRA NSPORTATION, SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES, RESOURCES FOR FAM ILY-ORIENTED COUNSELING, EDUCATIONAL OPPORTUNITIES, FAMILY LITERACY ACTIVITIES, ALCOHOL AN D DRUG DEPENDENCY PREVENTION, HEALTH AND DENTAL SCREENINGS ARE ALSO OFFERED ALL SERVICES ARE FREE OF CHARGE FOR QUALIFYING PARTICIPANTS YFS RURAL PRENATAL TO FIVE HEAD START A P ARENT-FOCUSED EARLY CHILDHOOD EDUCATION PROGRAM OFFERS HOME VISITS AND IN-HOME ACTIVITIES FOR LOW-INCOME FAMILIES WITH CHILDREN, AGES 0-5, IN EIGHT COUNTIES IN WESTERN SOUTH DAKOTA (BUTTE, CUSTER, FALL RIVER, HAAKON, JACKSON, LAWRENCE, MEADE, AND PENNINGTON) FUNDED ENR OLLMENT IS 149 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 DEVELOPMENT OF THEI R CHILDREN PARENTS ARE ABLE TO CONTINUE TEACHING EDUCATIONAL ACTIVITIES BETWEEN THE WEEKL Y HOME VISITS SOCIALIZATION OPPORTUNITIES ARE OFFERED TWICE EACH MONTH TO ALLOW CHILDREN ENROLLED IN THE PROGRAM TO PLAY AND INTERACT WITH OTHERS THEIR AGE DEVELOPMENTAL SCREENIN GS, SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES, RESOURCES FOR FAMILY- ORIE NTED COUNSELING, EDUCATIONAL OPPORTUNITIES, FAMILY LITERACY ACTIVITIES, ALCOHOL AND DRUG D EPENDENCY PREVENTION, HEALTH AND DENTAL SCREENINGS ARE ALSO OFFERED ALL SERVICES ARE FREE OF CHARGE FOR QUALIFYING PARTICIPANTS YFS WESTERN PREVENTION RESOURCE CENTER (WPRC) A C OMMUNITY RESOURCE LIBRARY PROVIDING PREVENTION RESEARCH, TRAINING, AND TECHNICAL ASSISTANC E TO SCHOOLS, COALITIONS, AND OTHER ORGANIZATIONS IN 27 COUNTIES IN WESTERN SOUTH DAKOTA STAFF ASSIST STUDENTS, PARENTS, EDUCATORS, COMMUNITY GROUPS, SOCIAL SERVICE AND MENTAL HEA LTH AGENCIES, CHEMICAL DEPENDENCY SERVICE PROVIDERS, AND LAW ENFORCEMENT PERSONNEL IN DEVE LOPING AND IMPLEMENTING PREVENTION PROGRAMS IN WESTERN SOUTH DAKOTA LAST YEAR, THE WPRC S PONSORED OR COLLABORATED WITH OTHER AGENCIES ON RETREATS, WORKSHOPS, CLASSES AND OTHER EVE NTS THAT REACHED MORE THAN 30,000 PEOPLE WPRC STAFF PROCESSED MORE THAN 2,500 REQUESTS FO R EDUCATIONAL MATERIALS AND DISTRIBUTED THOUSANDS OF FREE BROCHURES ON A VARIETY OF TOPICS INCLUDING SUBSTANCE ABUSE, VIOLENCE PREVENTION, BULLYING, BODY IMAGE, AND SIMILAR ISSUES</p> |

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

| Identifier | Return Reference | Explanation |
|------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 | FORM 990, PAGE 6, PART VI, LINE 11B | THE 990 WAS PREPARED BY A CPA FIRM, REVIEWED WITH MANAGEMENT AND THE FINANCE COMMITTEE, BOTH BEFORE FILING |

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

| Identifier | Return Reference | Explanation |
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| 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 VICE PRESIDENT OF THE BOARD OF DIRECTORS, AND THE CHAIR OF THE HUMAN RESOURCES COMMITTEE, AND OTHER MEMBERS OF THE HUMAN RESOURCES 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 COMPENSATION 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 SALARY INCREASE, WITH THE EXCEPTION OF COLA. THIS PAY INCREASE WILL TYPICALLY BE RETROACTIVE TO THE BEGINNING OF THE FISCAL YEAR. APPROPRIATE PAPERWORK WILL BE SIGNED BY THE PRESIDENT AND EXECUTIVE DIRECTOR AND PLACED IN THE EXECUTIVE DIRECTOR'S FILE. |

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

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

Identifier

Return Reference

Explanation

OTHER CHANGES IN NET ASSETS EXPLANATION

FORM 990, PART XI, LINE 5

UNREALIZED GAIN ON INVESTMENTS OF 114,377

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**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 | (g) Section 512(b)(13) controlled organization | |
|--------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|---------------------------------------------------|----|
| | | | | | | Yes | No |
| (1) YOUTH & FAMILY SERVICES FOUNDTION PO BOX 2813 RAPID CITY, SD 57709 20-2142760 | CHARITABLE | SD | 3 | 11 | N/A | | No |
| | | | | | | | |
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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? | | (k) Percentage ownership |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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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, 35A, 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?

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

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

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

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

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

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

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

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|------------------------------|------------------------|----------------------------------------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
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