

990
Form
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 private foundations) Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUTH & FAMILY SERVICES INC		D Employer identification number 46-6017085
	Doing business as		E Telephone number (605) 342-4195
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 2813	Room/suite	G Gross receipts \$ 14,948,676
	City or town, state or province, country, and ZIP or foreign postal code RAPID CITY, SD 577092813		
F Name and address of principal officer: TONYA JOHNSON		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.YOUTHANDFAMILYSERVICES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1966	M State of legal domicile: SD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE EXPLANATION OF PART III LINE 4A ON SCHEDULE 0.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	40
	4	Number of independent voting members of the governing body (Part VI, line 1b)	40
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	302
	6	Total number of volunteers (estimate if necessary)	2,115
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 39		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 13,211,988 Current Year: 13,455,045
	9	Program service revenue (Part VIII, line 2g)	1,723,607 1,296,861
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,607 21,146
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,309 42,059
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,162,511 14,815,111
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,850,756 9,472,661
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 616,975	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,098,938 3,509,814
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,228,620 13,597,599	
19	Revenue less expenses. Subtract line 18 from line 12	1,933,891 1,217,512	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 16,460,433 End of Year: 18,305,188
	21	Total liabilities (Part X, line 26)	3,804,369 4,420,801
	22	Net assets or fund balances. Subtract line 21 from line 20	12,656,064 13,884,387

Part II Signature Block

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

Sign Here	Signature of officer KARI WILLIAMS CFO		Date 2020-12-28	
	Type or print name and title			
	Print/Type preparer's name Preparer's signature		Date 2020-12-28	
Paid Preparer Use Only	Firm's name ▶ KETEL THORSTENSON LLP		Check <input type="checkbox"/> if self-employed	
	Firm's address ▶ PO BOX 3140 RAPID CITY, SD 577093140		PTIN P02055725	
			Firm's EIN ▶ 46-0257538 Phone no. (605) 342-5630	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 11,321,664 including grants of \$ 615,124) (Revenue \$ 1,296,861)

YOUTH & FAMILY SERVICES, INC. OFFERS EIGHT COMPREHENSIVE PROGRAMS WOVEN TOGETHER TO PROVIDE ASSISTANCE, SUPPORT, EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR MORE THAN 14,000 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, HANDS ON MATH AND SCIENCE ENRICHMENT ACTIVITIES, HOMEWORK HELP AND TUTORING, LITERACY, SUBSTANCE ABUSE PREVENTION, HEALTH CLASSES AND PREGNANCY PREVENTION. HEALTH CONNECTIONS, TARGETING AT-RISK GIRLS, AGES 5-15, IS AN INNOVATIVE, AWARD-WINNING GIRLS INC. PROGRAM THAT MEETS GIRLS' PHYSICAL, MENTAL, AND SOCIAL HEALTH NEEDS BY CONNECTING THEM WITH MEDICAL, DENTAL, AND MENTAL HEALTH SERVICE PROVIDERS IN THE COMMUNITY. THIS PAST YEAR, 67 GIRLS RECEIVED SERVICES THROUGH 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 THE PAST YEAR, 413 GIRLS PARTICIPATED IN GIRLS INC. PROGRAMMING. YFS CHILD DEVELOPMENT CENTER. OFFERS QUALITY CARE, A HIGHLY-QUALIFIED STAFF, REASONABLE RATES FOR LOW-INCOME FAMILIES, AND A WELCOMING ATMOSPHERE FOR CHILDREN, AGES FOUR WEEKS TO 14 YEARS. LAST YEAR, 79% OF FAMILIES WHO ENROLLED THEIR CHILDREN IN THIS PROGRAM WERE LOW-INCOME. YFS CHILD DEVELOPMENT CENTER 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, AND CHILDREN WHOSE PARENTS AREN'T ABLE TO MAKE A LONG-TERM COMMITMENT FOR CHILD CARE. MORE THAN 400 CHILDREN WERE SERVED LAST YEAR, INCLUDING INFANTS AND TODDLERS, PRESCHOOLERS, AND SCHOOL AGE CHILDREN. NUTRITIOUS MEALS AND SNACKS ARE SERVED. TRAINED DRIVERS TRANSPORT CHILDREN IN KINDERGARTEN THROUGH EIGHTH GRADE 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 DEVELOPMENT CENTER 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 DEVELOPMENT CENTER 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 MORE THAN 778,250 MEALS AND SNACKS TO CHILDREN WITHIN YFS PROGRAMS, COMMUNITY CHILDREN THROUGH THE SUMMER FOOD PROGRAM, AND CHILDREN IN FAMILY CHILD CARE SETTINGS IN 21 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. SINCE MID-MARCH 2020, YFS ALSO DISTRIBUTED 1,531 BASKETS OF GROCERIES TO FOOD-INSECURE FAMILIES HARD HIT BY THE PANDEMIC. YFS NUTRITION SERVICES STAFF ARE EXPERIENCED, DEDICATED, AND COMMITTED TO PROMOTING POSITIVE FOOD ATTITUDES, HEALTHY EATING HABITS, AND AWARENESS OF THE IMPORTANCE OF NUTRITION TO A CHILD'S PHYSICAL, MENTAL, AND SOCIAL HEALTH AND ABILITY TO LEARN. STAFF OFFER INDIVIDUAL 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, AND THE YOUTH TRAUMA CENTER INCREASES IDENTIFICATION OF YOUTH AND FAMILIES WHO EXPERIENCE TRAUMATIC STRESS AND SHORTENS THE TIME BEFORE ENTERING EFFECTIVE TREATMENT PROGRAMS. 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, AND COUNSELING SERVICES TO CHILDREN, YOUNG PEOPLE, AND THEIR FAMILIES FROM ALL WALKS OF LIFE. 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; PSYCHOEDUCATIONAL WORKSHOPS; PARENTING CLASSES; STATE-ACCREDITED 12-HOUR DUI CLASSES; AND MENTAL HEALTH CONSULTATIONS AND TRAININGS. THE YFS COUNSELING CENTER SERVED 600 UNDUPLICATED YOUTH AND THEIR FAMILY MEMBERS IN THE LAST YEAR THROUGH ASSESSMENT, COUNSELING, AND PSYCHOSOCIAL GROUP FACILITATION. IN THE PAST YEAR THE YOUTH TRAUMA CENTER COMPLETED 181 TRAUMA ASSESSMENTS AND PROVIDED TRAUMA-INFORMED TREATMENT TO 358 CHILDREN AND 20 PARENTS. THE INTENSIVE FAMILY SERVICES PROGRAM SERVED 33 PREVIOUSLY UNSERVED YOUTH AND THEIR FAMILIES. THE BOYS' HEALTH PROGRAM SERVED 126 BOYS THROUGH ITS EXTENSIVE AND INTENSIVE HEALTH ADVOCACY ACTIVITIES. THE STRONGER FAMILY PROGRAM INCREASES RELATIONSHIP SKILLS AND PROMOTES ECONOMIC STABILITY AND MOBILITY; AND THE INTENSIVE FAMILY SERVICES PROGRAM INCREASES THE NUMBER OF FAMILIES WHO DEVELOP THE SKILLS NECESSARY TO MAINTAIN A STABLE FAMILY ENVIRONMENT AND REDUCE THE NUMBER OF CHILDREN IN OUT-OF-HOME PLACEMENT. THE STRONGER FAMILY PROGRAM PROVIDED RELATIONSHIP EDUCATION TO 823 AREA HIGH SCHOOL STUDENTS AND 207 ADULTS AND CASE MANAGEMENT SERVICES TO 141 INDIVIDUALS. YFS 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. DURING THE 2019-20 SCHOOL YEAR, 829 CHILDREN, AGES 0-5, AND THEIR FAMILIES PARTICIPATED IN THE YFS PRENATAL TO FIVE HEAD START PROGRAMS: 575 IN HEAD START AND 254 IN EARLY HEAD START. 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 SEVERAL PROGRAM OPTIONS TO MEET THE NEEDS OF THE CHILDREN AND FAMILIES SERVED. 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, AND HEALTH AND DENTAL SCREENINGS ARE ALSO OFFERED. ALL SERVICES ARE FREE OF CHARGE FOR QUALIFYING PARTICIPANTS. YFS HOME-BASED 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 SEVEN COUNTIES IN WESTERN SOUTH DAKOTA (CUSTER, FALL RIVER, HAAKON, JACKSON, LAWRENCE, MEADE, AND PENNINGTON). INCOME GUIDELINES ARE ESTABLISHED BY THE FEDERAL GOVERNMENT EACH YEAR. YFS HOME-BASED HEAD START TEACHERS, CALLED FAMILY DEVELOPMENT SPECIALISTS, WORK WITH PARENTS AND CHILDREN IN THEIR HOMES TO PLAN AND SHARE ACTIVITIES THAT WILL BENEFIT THE EDUCATION AND DEVELOPMENT OF THEIR CHILDREN. PARENTS 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, AND 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 AND CERTIFIED PREVENTION SPECIALIST PROVIDE PREVENTION RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE TO SCHOOLS, COALITIONS, AND OTHER ORGANIZATIONS IN 22 COUNTIES IN WESTERN SOUTH DAKOTA. STAFF ASSIST STUDENTS, PARENTS, EDUCATORS, COMMUNITY GROUPS, SOCIAL SERVICE AND MENTAL HEALTH

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,321,664

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with various input fields and checkboxes. Includes sub-sections for Organizations that may receive deductible contributions, Sponsoring organizations, and Section 501(c)(7), (12), and (29) organizations.

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...

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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) SUSAN FEDELL CHIEF EXEC O	40.00			X			144,192	0	7,603	
(2) JANET GUNDERSEN-POWERS FORMER FINAN	40.00			X			93,502	0	5,448	
(3) DAVID MILLER ASSOC.EXE. D	40.00			X			96,000	0	10,056	
(4) CONNIE OLSON CHIEF DEVELO	40.00			X			93,778	0	4,680	
(5) TONYA JOHNSON PRESIDENT	1.00	X		X			0	0	0	
(6) DALE BERKEBILE VICE PRESIDE	1.00	X		X			0	0	0	
(7) JC JOYCE SECRETARY	1.00	X		X			0	0	0	
(8) GREG SCHWEISS TREASURER	1.00	X		X			0	0	0	
(9) STAN ADELSTEIN BOARD MEMBER	1.00	X					0	0	0	
(10) CHARLES ARBEITER BOARD MEMBER	1.00	X					0	0	0	
(11) SCOTT BARBOUR BOARD MEMBER	1.00	X					0	0	0	
(12) KYLE BLADA BOARD MEMBER	1.00	X					0	0	0	
(13) MALCOM CHAPMAN BOARD MEMBER	1.00	X					0	0	0	
(14) JEFF DENISON BOARD MEMBER	1.00	X					0	0	0	
(15) ANGIE DIETRICH BOARD MEMBER	1.00	X					0	0	0	
(16) GOGIE ENSTAD BOARD MEMBER	1.00	X					0	0	0	
(17) STEVE FLANERY BOARD MEMBER	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) PAM FRITZ BOARD MEMBER	1.00	X					0	0	0	
(19) JEFF FULLERTON BOARD MEMBER	1.00	X					0	0	0	
(20) SHAWN GAB BOARD MEMBER	1.00	X					0	0	0	
(21) PAT GOETZINGER BOARD MEMBER	1.00	X					0	0	0	
(22) KENNA HAGEN BOARD MEMBER	1.00	X					0	0	0	
(23) MARY HELLAND BOARD MEMBER	1.00	X					0	0	0	
(24) JOHN HEY BOARD MEMBER	1.00	X					0	0	0	
(25) APRIL HIX BOARD MEMBER	1.00	X					0	0	0	
(26) GREG HOLLIBAUGH BOARD MEMBER	1.00	X					0	0	0	
(27) ROGER JOHNSEN BOARD MEMBER	1.00	X					0	0	0	
(28) MARGO JULIUS BOARD MEMBER	1.00	X					0	0	0	
(29) LLOYD LACROIX BOARD MEMBER	1.00	X					0	0	0	
(30) GARY LARSON BOARD MEMBER	1.00	X					0	0	0	
(31) KATHY LETNER BOARD MEMBER	1.00	X					0	0	0	
(32) BILL MAY BOARD MEMBER	1.00	X					0	0	0	
(33) JUDEE OLDHAM BOARD MEMBER	1.00	X					0	0	0	
(34) CRAIG PFEIFLE BOARD MEMBER	1.00	X					0	0	0	
(35) KAREN RABEN BOARD MEMBER	1.00	X					0	0	0	
(36) RON REED BOARD MEMBER	1.00	X					0	0	0	
(37) MIKE STEC BOARD MEMBER	1.00	X					0	0	0	
(38) WILLIS SUTLIFF BOARD MEMBER	1.00	X					0	0	0	
(39) DAN WARREN BOARD MEMBER	1.00	X					0	0	0	
(40) JOHN WAY BOARD MEMBER	1.00	X					0	0	0	
(41) WILLIAM WHITE BOARD MEMBER	1.00	X					0	0	0	
(42) TERRY WHITING BOARD MEMBER	1.00	X					0	0	0	
(43) RAVEN OSBORN BOARD MEMBER	1.00	X					0	0	0	
(44) PHIL ZACHER BOARD MEMBER	1.00	X					0	0	0	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							427,472		27,787	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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>	Yes	
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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RCS CONSTRUCTION 1314 FOUNTAIN PLAZA DR RAPID CITY, SD 57702	CONSTRUCTION	272,805

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 1**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include: Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Total revenue.

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).
 Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	615,124	615,124		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	483,819	411,246	58,058	14,515
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	7,536,849	6,278,455	1,042,677	215,717
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	360,727	300,519	49,882	10,326
9 Other employee benefits	506,849	422,575	69,738	14,536
10 Payroll taxes	584,417	487,404	80,240	16,773
11 Fees for services (non-employees):				
a Management				
b Legal	7,270		7,270	
c Accounting	41,205		41,205	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,359	7,359		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	422,198		92,727	329,471
12 Advertising and promotion	75,591	53,427	22,164	
13 Office expenses	121,800	93,193	28,335	272
14 Information technology				
15 Royalties				
16 Occupancy	515,484	512,498	2,253	733
17 Travel	75,469	72,827	2,332	310
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	165,613	150,483	15,082	48
20 Interest	127,183		127,183	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	367,045	366,898		147
23 Insurance	179,951	169,365	10,586	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES/EXPENSES	921,930	898,575	9,228	14,127
b PROGRAM FOOD	462,949	462,949		
c MISCELLANEOUS	9,423	9,423		
d BAD DEBT PROVISION	9,344	9,344		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,597,599	11,321,664	1,658,960	616,975
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	2,000	1	1,500
	2 Savings and temporary cash investments	417,486	2	1,949,494
	3 Pledges and grants receivable, net	1,104,478	3	1,301,465
	4 Accounts receivable, net	156,587	4	60,871
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	8,646,417	7	8,646,417
	8 Inventories for sale or use	12,769	8	27,197
	9 Prepaid expenses and deferred charges	9,874	9	8,210
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,125,517		
	b Less: accumulated depreciation	10b 4,887,417	5,167,297	10c 5,238,100
	11 Investments—publicly traded securities	943,525	11	1,071,934
	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)	16,460,433	16	18,305,188	
Liabilities	17 Accounts payable and accrued expenses	1,489,247	17	1,385,916
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,315,122	23	1,235,703
	24 Unsecured notes and loans payable to unrelated third parties		24	1,799,182
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities: Add lines 17 through 25	3,804,369	26	4,420,801
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,207,428	27	13,487,308
	28 Net assets with donor restrictions	448,636	28	397,079
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	12,656,064	32	13,884,387
33 Total liabilities and net assets/fund balances	16,460,433	33	18,305,188	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,815,111
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,597,599
3	Revenue less expenses. Subtract line 2 from line 1	3	1,217,512
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,656,064
5	Net unrealized gains (losses) on investments	5	10,813
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	10	13,884,387

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 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	
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	

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	10,203,613	11,171,704	14,122,677	13,211,988	13,455,045	62,165,027
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..	225,236	223,192	222,255	216,542	209,191	1,096,416
4 Total. Add lines 1 through 3	10,428,849	11,394,896	14,344,932	13,428,530	13,664,236	63,261,443
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.						63,261,443

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	10,428,849	11,394,896	14,344,932	13,428,530	13,664,236	63,261,443
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,545	24,589	26,182	109,833	127,589	315,738
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 VI.). . .	162,055	164,961	155,470	209,289	58,552	750,327
11 Total support. Add lines 7 through 10						64,327,508
12 Gross receipts from related activities, etc. (see instructions)					12	4,408,293

13 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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.340 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	98.190 %

- 16a 33 1/3% support test—2019.** 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—2018.** If the organization did not check a 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—2019.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** 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 VI 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 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2018. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | | |
|--|----------|--|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	691,775

Additional Data

Return to Form

Software ID:
Software Version:

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2019

Name of the organization YOUTH & FAMILY SERVICES INC

Employer identification number 46-6017085

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: 501(c)() (enter number) organization, 4947(a)(1) nonexempt charitable trust not treated as a private foundation, 527 political organization. Form 990-PF: 501(c)(3) exempt private foundation, 4947(a)(1) nonexempt charitable trust treated as a private foundation, 501(c)(3) taxable private foundation.

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test... For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
YOUTH & FAMILY SERVICES INC

Employer identification number
46-6017085

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 YOUTH & FAMILY SERVICES INC

Employer identification number
 46-6017085

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization YOUTH & FAMILY SERVICES INC	Employer identification number 46-6017085
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 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? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? **Yes** **No**

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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 (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on 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 acquisition, 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 XIII.
- 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" on 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 XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	196,519	193,202	184,245	170,188	172,599
b Contributions					
c Net investment earnings, gains, and losses		3,714	10,273	15,679	-847
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		397	1,316	1,622	1,564
g End of year balance	196,519	196,519	193,202	184,245	170,188

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 74.560 %
 - b** Permanent endowment ▶ 25.440 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		744,468		744,468
b Buildings		5,825,928	2,548,033	3,277,895
c Leasehold improvements				
d Equipment		2,842,381	1,693,621	1,148,760
e Other		712,740	645,763	66,977
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				5,238,100

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	15,027,755
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	10,813	
b	Donated services and use of facilities	2b	209,191	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1	
e	Add lines 2a through 2d	2e	220,003	
3	Subtract line 2e from line 1	3	14,807,752	
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 XIII.)	4b	7,359	
c	Add lines 4a and 4b	4c	7,359	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,815,111	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	13,799,432
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	209,191	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1	
e	Add lines 2a through 2d	2e	209,192	
3	Subtract line 2e from line 1	3	13,590,240	
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 XIII.)	4b	7,359	
c	Add lines 4a and 4b	4c	7,359	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,597,599	

Part XIII Supplemental Information

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT EARNINGS ARE USED TO HELP FUND REGULAR PROGRAM OPERATIONS.
SCHEDULE D, PAGE 3, PART X	AT JUNE 30, 2020, THE ORGANIZATION BELIEVES NO SIGNIFICANT UNCERTAIN TAX POSITIONS OR LIABILITIES EXIST.
SCHEDULE D, PAGE 4, PART XI, LINE 2D	ROUNDING -1
SCHEDULE D, PAGE 4, PART XI, LINE 4B	BROKERAGE FEES 7,359
SCHEDULE D, PAGE 4, PART XII, LINE 2D	ROUNDING 1
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BROKERAGE FEES 7,359

Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>DINNER THEATRE</u> (event type)	<u>KIDS FAIR</u> (event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	68,352	11,500		79,852
2 Less: Contributions	9,800	11,500		21,300
3 Gross income (line 1 minus line 2)	58,552			58,552
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	18,825			18,825
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				18,825
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				39,727

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

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
2 Cash prizes				
3 Noncash 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. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ -----

Address ▶ -----

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

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.	
Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization YOUTH & FAMILY SERVICES INC

Employer identification number 46-6017085

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOOD ASSISTANCE	85	615,124			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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.

Additional Data

[Return to Form](#)

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Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization YOUTH & FAMILY SERVICES INC

Employer identification number

46-6017085

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

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Software ID:

Software Version:

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2019
Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service
Name of the organization
YOUTH & FAMILY SERVICES INC

Employer identification number
46-6017085

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>YOUTH & FAMILY SERVICES, INC. OFFERS EIGHT COMPREHENSIVE PROGRAMS WOVEN TOGETHER TO PROVIDE ASSISTANCE, SUPPORT, EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR MORE THAN 14,000 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, HANDS ON MATH AND SCIENCE ENRICHMENT ACTIVITIES, HOMEWORK HELP AND TUTORING, LITERACY, SUBSTANCE ABUSE PREVENTION, HEALTH CLASSES AND PREGNANCY PREVENTION. HEALTH CONNECTIONS, TARGETING AT-RISK GIRLS, AGES 5-15, IS AN INNOVATIVE, AWARD-WINNING GIRLS INC. PROGRAM THAT MEETS GIRLS' PHYSICAL, MENTAL, AND SOCIAL HEALTH NEEDS BY CONNECTING THEM WITH MEDICAL, DENTAL, AND MENTAL HEALTH SERVICE PROVIDERS IN THE COMMUNITY. THIS PAST YEAR, 67 GIRLS RECEIVED SERVICES THROUGH 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 THE PAST YEAR, 413 GIRLS PARTICIPATED IN GIRLS INC. PROGRAMMING. YFS CHILD DEVELOPMENT CENTER. OFFERS QUALITY CARE, A HIGHLY-QUALIFIED STAFF, REASONABLE RATES FOR LOW-INCOME FAMILIES, AND A WELCOMING ATMOSPHERE FOR CHILDREN, AGES FOUR WEEKS TO 14 YEARS. LAST YEAR, 79% OF FAMILIES WHO ENROLLED THEIR CHILDREN IN THIS PROGRAM WERE LOW-INCOME. YFS CHILD DEVELOPMENT CENTER 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, AND CHILDREN WHOSE PARENTS AREN'T ABLE TO MAKE A LONG-TERM COMMITMENT FOR CHILD CARE. MORE THAN 400 CHILDREN WERE SERVED LAST YEAR, INCLUDING INFANTS AND TODDLERS, PRESCHOOLERS, AND SCHOOL AGE CHILDREN. NUTRITIOUS MEALS AND SNACKS ARE SERVED. TRAINED DRIVERS TRANSPORT CHILDREN IN KINDERGARTEN THROUGH EIGHTH GRADE 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 DEVELOPMENT CENTER 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 DEVELOPMENT CENTER 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 MORE THAN 778,250 MEALS AND SNACKS TO CHILDREN WITHIN YFS PROGRAMS, COMMUNITY CHILDREN THROUGH THE SUMMER FOOD PROGRAM, AND CHILDREN IN FAMILY CHILD CARE SETTINGS IN 21 COUNTIES IN WESTERN SOUTH DAKOTA. YFS NUTRITION SERVICES IMPLEMENTS THE YFS SUMMER FOOD PROGRAM, OFFERING FREE BREAKFASTS AND LUNCHES TO CHILDREN UP TO AGE 18 IN RAPID CITY. SINCE MID-MARCH 2020, YFS ALSO DISTRIBUTED 1,531 BASKETS OF GROCERIES TO FOOD-INSECURE FAMILIES HARD HIT BY THE PANDEMIC. YFS NUTRITION SERVICES STAFF ARE EXPERIENCED, DEDICATED, AND COMMITTED TO PROMOTING POSITIVE FOOD ATTITUDES, HEALTHY EATING HABITS, AND AWARENESS OF THE IMPORTANCE OF NUTRITION TO A CHILD'S PHYSICAL, MENTAL, AND SOCIAL HEALTH AND ABILITY TO LEARN. STAFF OFFER INDIVIDUAL 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, AND THE YOUTH TRAUMA CENTER INCREASES IDENTIFICATION OF YOUTH AND FAMILIES WHO EXPERIENCE TRAUMATIC STRESS AND SHORTENS THE TIME BEFORE ENTERING EFFECTIVE TREATMENT PROGRAMS. 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, AND COUNSELING SERVICES TO CHILDREN, YOUNG PEOPLE, AND THEIR FAMILIES FROM ALL WALKS OF LIFE. 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; PSYCHOEDUCATIONAL WORKSHOPS; PARENTING CLASSES; STATE-ACCREDITED 12-HOUR DUI CLASSES; AND MENTAL HEALTH CONSULTATIONS AND TRAININGS. THE YFS COUNSELING CENTER SERVED 600 UNDUPLICATED YOUTH AND THEIR FAMILY MEMBERS IN THE LAST YEAR THROUGH ASSESSMENT, COUNSELING, AND PSYCHOSOCIAL GROUP FACILITATION. IN THE PAST YEAR THE YOUTH TRAUMA CENTER COMPLETED 181 TRAUMA ASSESSMENTS AND PROVIDED TRAUMA-INFORMED TREATMENT TO 358 CHILDREN AND 20 PARENTS. THE INTENSIVE FAMILY SERVICES PROGRAM SERVED 33 PREVIOUSLY UNSERVED YOUTH AND THEIR FAMILIES. THE BOYS' HEALTH PROGRAM SERVED 126 BOYS THROUGH ITS EXTENSIVE AND INTENSIVE HEALTH ADVOCACY ACTIVITIES. THE STRONGER FAMILY PROGRAM INCREASES RELATIONSHIP SKILLS AND PROMOTES ECONOMIC STABILITY AND MOBILITY; AND THE INTENSIVE FAMILY SERVICES PROGRAM INCREASES THE NUMBER OF FAMILIES WHO DEVELOP THE SKILLS NECESSARY TO MAINTAIN A STABLE FAMILY ENVIRONMENT AND REDUCE THE NUMBER OF CHILDREN IN OUT-OF-HOME PLACEMENT. THE STRONGER FAMILY PROGRAM PROVIDED RELATIONSHIP EDUCATION TO 823 AREA HIGH SCHOOL STUDENTS AND 207 ADULTS AND CASE MANAGEMENT SERVICES TO 141 INDIVIDUALS. YFS 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. DURING THE 2019-20 SCHOOL YEAR, 829 CHILDREN, AGES 0-5, AND THEIR FAMILIES PARTICIPATED IN THE YFS PRENATAL TO FIVE HEAD START PROGRAMS: 575 IN HEAD START AND 254 IN EARLY HEAD START. INCOME GUIDELINES ARE ESTABLISHED BY THE FEDERAL GOVERNMENT EACH YEAR. YFS RAPID CITY HEAD START PROVIDES SOCIAL COMPETENCY AND SCHOOL</p>

Return Reference	Explanation
	<p>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 SEVERAL PROGRAM OPTIONS TO MEET THE NEEDS OF THE CHILDREN AND FAMILIES SERVED. 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, AND HEALTH AND DENTAL SCREENINGS ARE ALSO OFFERED. ALL SERVICES ARE FREE OF CHARGE FOR QUALIFYING PARTICIPANTS. YFS HOME-BASED 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 SEVEN COUNTIES IN WESTERN SOUTH DAKOTA(CUSTER, FALL RIVER, HAAKON, JACKSON, LAWRENCE, MEADE, AND PENNINGTON). INCOME GUIDELINES ARE ESTABLISHED BY THE FEDERAL GOVERNMENT EACH YEAR. YFS HOME-BASED HEAD START TEACHERS, CALLED FAMILY DEVELOPMENT SPECIALISTS, WORK WITH PARENTS AND CHILDREN IN THEIR HOMES TO PLAN AND SHARE ACTIVITIES THAT WILL BENEFIT THE EDUCATION AND DEVELOPMENT OF THEIR CHILDREN. PARENTS 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, AND 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 AND CERTIFIED PREVENTION SPECIALIST PROVIDE PREVENTION RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE TO SCHOOLS, COALITIONS, AND OTHER ORGANIZATIONS IN 22 COUNTIES IN WESTERN SOUTH DAKOTA. STAFF ASSIST STUDENTS, PARENTS, EDUCATORS, COMMUNITY GROUPS, SOCIAL SERVICE AND MENTAL HEALT</p>
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.
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.
FORM 990, PAGE 6, PART VI, LINE 15A	<p>BY JULY 15 OF EACH YEAR, THE PRESIDENT OF THE BOARD OF DIRECTORS WILL ESTABLISH A COMMITTEE TO MEET WITH THE CHIEF EXECUTIVE OFFICER 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 CHIEF EXECUTIVE OFFICER 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 CHIEF EXECUTIVE OFFICER AND PLACED IN THE CHIEF EXECUTIVE OFFICER'S FILE.</p>
FORM 990, PAGE 6, PART VI, LINE 15B	THE FINANCE DIRECTOR RECEIVES AN ANNUAL EVALUATION. A SALARY SURVEY OF -LIKE" ORGANIZATIONS IS COMPLETED PERIODICALLY, BUT AT A MINIMUM OF EVERY TWO YEARS. THE HUMAN RESOURCES COMMITTEE REVIEWS ALL MERIT RAISES.
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.
FORM 990, PART XI, LINE 9	ROUNDING -1 BROKERAGE FEES -7,359 ROUNDING -1 BROKERAGE FEES 7,359 TOTAL -2

Additional Data

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Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. 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 entity?	
						Yes	No
(1) YOUTH & FAMILY SERVICES FOUNDATION PO BOX 2813 RAPID CITY, SD 57709 20-2142760	CHARITABLE	SD	3	12D	N/A		No
(2) YOUTH & FAMILY SERVICES QALICB PO BOX 2813 RAPID CITY, SD 57701 82-4804109	CHARITABLE	SD	3	12A	N/A		No

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	

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	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o		No
1p		No
1q	Yes	
1r		No
1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YOUTH & FAMILY SERVICES FOUNDATION	Q	85,692	CASH
(2) YOUTH & FAMILY SERVICES FOUNDATION	C	797,009	CASH
(3) YOUTH & FAMILY SERVICES QALICB	Q	51,274	CASH
(4) YOUTH & FAMILY SERVICES QALICB	E	12,655,000	ACCRUAL

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference

Explanation

Schedule R (Form 990) 2019

Additional Data[Return to Form](#)**Software ID:****Software Version:**