

Form **8879-TE**

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 2025

**2024**

Department of the Treasury  
Internal Revenue Service  
Name of filer

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

EIN or SSN  
**46-6017085**

Name and title of officer or person subject to tax  
**YOUTH & FAMILY SERVICES, INC**  
**KARI WILLIAMS**  
**CFO**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>15,358,421</u>
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize KETEL THORSTENSON, LLP to enter my PIN 17085 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 12/15/25

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**46157378150**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 12/15/25

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**Filing Instructions**  
**Youth & Family Services, Inc**  
**Exempt Organization / Private Foundation Tax Return(s)**  
**Taxable Year Ended June 30, 2025**

**Federal Filing Instructions**

Your Form 990 for the year ended 6/30/25 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Ketel Thorstenson, LLP  
PO Box 3140  
Rapid City, SD 57709-3140

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

**Youth & Family Services, Inc**  
**Rapid City, SD 57709-2813**

---

**2024 Exempt Organization Tax Return**

**STATEMENT THAT THIS IS A TAX RETURN  
NOT A FINANCIAL STATEMENT**

This federal income tax return has been prepared by us and does NOT constitute a financial statement. We have not audited or performed an accounting compilation or review of the accompanying income tax return, and accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with accounting principles generally accepted in the United States of America. Accordingly, it does not necessarily include all financial information or disclosures required by accounting principles generally accepted in the United States of America. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and changes in financial position. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

Youth & Family Services, Inc  
PO Box 2813  
Rapid City, SD 57709-2813

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027



Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**  
Open to Public Inspection

**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25**

<b>B</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	<b>C</b> Name of organization <b>YOUTH &amp; FAMILY SERVICES, INC</b>		<b>D</b> Employer identification number <b>46-6017085</b>
	Doing business as		<b>E</b> Telephone number <b>605-342-4195</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>PO BOX 2813</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>RAPID CITY SD 57709-2813</b>		<b>G</b> Gross receipts \$ <b>15,493,180</b>
<b>F</b> Name and address of principal officer: <b>WILLIS SUTLIFF PO BOX 283 RAPID CITY SD 57709</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> 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		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.YOUTHANDFAMILYSERVICES.ORG</b>		<b>L</b> Year of formation: <b>1966</b> <b>M</b> State of legal domicile: <b>SD</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE EXPLANATION OF PART III LINE 4A ON SCHEDULE 0.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>32</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>32</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>259</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2418</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>14,123,214</b>	<b>14,064,049</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,215,621</b>	<b>1,080,539</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>194,113</b>	<b>181,635</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>38,658</b>	<b>32,198</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>15,571,606</b>	<b>15,358,421</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>849,132</b>	<b>875,165</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>9,873,036</b>	<b>10,185,734</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>834,117</b>	<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,334,228</b>	<b>4,394,279</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>15,056,396</b>	<b>15,455,178</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>515,210</b>	<b>-96,757</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>18,898,922</b>	<b>18,905,415</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,156,491</b>	<b>1,115,160</b>
		<b>17,742,431</b>	<b>17,790,255</b>

**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.

<b>Sign Here</b>	Signature of officer <i>Kari Williams</i>		Date <i>1-26-26</i>	
	<b>KARI WILLIAMS</b> Type or print name and title		<b>CFO</b>	
<b>Paid Preparer Use Only</b>	Preparer's name <b>TRACI HANSON, CPA</b>	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed <b>P02055725</b>
	Firm's name <b>KETEL THORSTENSON, LLP</b>	Firm's EIN <b>46-0257538</b>		
	Firm's address <b>PO BOX 3140 RAPID CITY, SD 57709-3140</b>	Phone no. <b>605-342-5630</b>		

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 \$ **13,200,266** including grants of \$ **875,165** ) (Revenue \$ **1,080,539** )

**SEE SCHEDULE O**

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

**N/A**

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

**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **13,200,266**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>259</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?	<b>X</b>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on 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.

**KARI WILLIAMS**  
**RAPID CITY**

**PO BOX 2813**

**SD 57709**

**605-342-4195**

**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JOHN JULIUS ..... CEO	40.00 ..... 0.00			X				122,411	0	19,343
(2) DAVID MILLER ..... CHIEF PROGRAM OFF.	40.00 ..... 0.00			X				113,340	0	12,351
(3) CONNIE OLSON ..... CHIEF DEVELOPMENT	40.00 ..... 0.00			X				110,835	0	5,368
(4) KARI WILLIAMS ..... CFO	40.00 ..... 0.00			X				97,956	0	11,613
(5) SHARON ONEY ..... CHIEF GRANTS OFFICER	40.00 ..... 0.00			X				102,987	0	4,972
(6) WILLIS SUTLIFF ..... PRESIDENT	1.04 ..... 0.00	X		X				0	0	0
(7) MIKE HILDEBRANDT ..... VICE PRESIDENT	1.04 ..... 0.00	X		X				0	0	0
(8) JC JOYCE ..... SECRETARY	1.04 ..... 0.00	X		X				0	0	0
(9) GREG SCHWEISS ..... TREASURER	1.04 ..... 0.00	X		X				0	0	0
(10) STAN ADELSTEIN ..... BOARD MEMBER	1.04 ..... 0.00	X						0	0	0
(11) JARRETT APA ..... BOARD MEMBER	1.04 ..... 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(12) <b>CHARLES ARBEITER</b>										
(12) BOARD MEMBER	1.04 0.00			X				0	0	0
(13) <b>SCOTT BARBOUR</b>										
(13) BOARD MEMBER	1.04 0.00			X				0	0	0
(14) <b>AMY BEAUMONT</b>										
(14) BOARD MEMBER	1.04 0.00			X				0	0	0
(15) <b>DALE BERKEBILE</b>										
(15) BOARD MEMBER	1.04 0.00			X				0	0	0
(16) <b>SARAH BOCKELMANN</b>										
(16) BOARD MEMBER	1.04 0.00			X				0	0	0
(17) <b>SCOTT CARLSON</b>										
(17) BOARD MEMBER	1.04 0.00			X				0	0	0
(18) <b>CATHY CARPENTER-SNYDER</b>										
(18) BOARD MEMBER	1.04 0.00			X				0	0	0
(19) <b>MALCOM CHAPMAN</b>										
(19) BOARD MEMBER	1.04 0.00			X				0	0	0
<b>1b Subtotal</b>								<b>547,529</b>		<b>53,647</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>547,529</b>		<b>53,647</b>

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 **4**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
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? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**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

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 **0**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	74,500					
	<b>b</b> Membership dues	<b>1b</b>	33,826					
	<b>c</b> Fundraising events	<b>1c</b>	162,792					
	<b>d</b> Related organizations	<b>1d</b>	106,932					
	<b>e</b> Government grants (contributions)	<b>1e</b>	12,656,415					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,029,584					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 10,916					
	<b>h Total.</b> Add lines 1a-1f			14,064,049				
	<b>Program Service Revenue</b>	<b>2a</b> DAY CARE AND COUNSELING	Business Code	713990	994,551	994,551		
<b>b</b> CONTRACT SERVICE FEES			711110	85,988	85,988			
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f				1,080,539				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			181,635			181,635	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties			2,455			2,455	
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental inc. or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>						
<b>c</b> Gain or (loss)	<b>7c</b>							
<b>d</b> Net gain or (loss)								
<b>8a</b> Gross income from fundraising events (not including \$ 162,792 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		157,167					
		<b>b</b> Less: direct expenses	<b>8b</b>	134,759				
		<b>c</b> Net income or (loss) from fundraising events			22,408		22,408	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
		<b>b</b> Less: direct expenses	<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
		<b>b</b> Less: cost of goods sold	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b> MISCELLANEOUS INCOME	Business Code	900099	7,335	7,335			
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d			7,335				
<b>12 Total revenue.</b> See instructions			15,358,421	1,087,874	0	206,498		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>875,165</b>	<b>875,165</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>607,873</b>	<b>523,013</b>	<b>64,739</b>	<b>20,121</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>8,002,080</b>	<b>6,909,787</b>	<b>855,291</b>	<b>237,002</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>212,036</b>	<b>182,437</b>	<b>22,581</b>	<b>7,018</b>
<b>9</b> Other employee benefits	<b>733,361</b>	<b>633,909</b>	<b>78,465</b>	<b>20,987</b>
<b>10</b> Payroll taxes	<b>630,384</b>	<b>545,188</b>	<b>67,483</b>	<b>17,713</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>4,678</b>		<b>4,678</b>	
<b>c</b> Accounting	<b>49,035</b>		<b>49,035</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>10,927</b>		<b>10,927</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	<b>694,221</b>		<b>176,566</b>	<b>517,655</b>
<b>12</b> Advertising and promotion	<b>157,768</b>	<b>141,265</b>	<b>16,503</b>	
<b>13</b> Office expenses	<b>112,304</b>	<b>91,696</b>	<b>20,365</b>	<b>243</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>775,042</b>	<b>771,584</b>	<b>2,609</b>	<b>849</b>
<b>17</b> Travel	<b>79,347</b>	<b>76,895</b>	<b>2,164</b>	<b>288</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>265,793</b>	<b>251,734</b>	<b>14,015</b>	<b>44</b>
<b>20</b> Interest	<b>656</b>		<b>656</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>667,416</b>	<b>653,267</b>	<b>13,882</b>	<b>267</b>
<b>23</b> Insurance	<b>298,679</b>	<b>285,634</b>	<b>13,045</b>	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM SUPPLIES/EXPENSES	<b>937,569</b>	<b>917,848</b>	<b>7,791</b>	<b>11,930</b>
<b>b</b> PROGRAM FOOD	<b>313,450</b>	<b>313,450</b>		
<b>c</b> MISCELLANEOUS	<b>18,523</b>	<b>18,523</b>		
<b>d</b> BAD DEBT PROVISION	<b>8,871</b>	<b>8,871</b>		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>15,455,178</b>	<b>13,200,266</b>	<b>1,420,795</b>	<b>834,117</b>
<b>26</b> 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 X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	965,800	1	1,086,614
	2	Savings and temporary cash investments	411,859	2	496,132
	3	Pledges and grants receivable, net	1,323,566	3	1,175,276
	4	Accounts receivable, net	62,638	4	72,040
	5	Loans and other receivables from 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	8,646,587	7	8,646,667
	8	Inventories for sale or use	20,574	8	17,517
	9	Prepaid expenses and deferred charges	105,304	9	85,785
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,398,972		
	b	Less: accumulated depreciation	10b 6,752,618	10c	5,646,354
	11	Investments—publicly traded securities	1,508,701	11	1,679,030
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	18,898,922	16	18,905,415	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,138,170	17	1,072,624
	18	Grants payable		18	
	19	Deferred revenue	18,321	19	42,536
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	<b>Total liabilities.</b> Add lines 17 through 25	1,156,491	26	1,115,160
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	17,110,072	27	17,330,813
	28	Net assets with donor restrictions	632,359	28	459,442
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	17,742,431	32	17,790,255
33	<b>Total liabilities and net assets/fund balances</b>	18,898,922	33	18,905,415	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>15,358,421</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>15,455,178</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-96,757</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>17,742,431</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>144,575</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>6</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>17,790,255</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</b>	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 on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>X</b>	
<b>3b</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 on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(20) <b>ANGIE DIETRICH</b>										
(12) BOARD MEMBER	1.04 0.00			X				0	0	0
(21) <b>PAM FRITZ</b>										
(13) BOARD MEMBER	1.04 0.00			X				0	0	0
(22) <b>CAMERON FULLERTON</b>										
(14) BOARD MEMBER	1.04 0.00			X				0	0	0
(23) <b>JEFF FULLERTON</b>										
(15) BOARD MEMBER	1.04 0.00			X				0	0	0
(24) <b>PAT GOETZINGER</b>										
(16) BOARD MEMBER	1.04 0.00			X				0	0	0
(25) <b>MARY HELLAND</b>										
(17) BOARD MEMBER	1.04 0.00			X				0	0	0
(26) <b>JOHN HEY</b>										
(18) BOARD MEMBER	1.04 0.00			X				0	0	0
(27) <b>APRIL HIX</b>										
(19) BOARD MEMBER	1.04 0.00			X				0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> 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>		
<b>5</b> 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>		

**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

**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

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(28) <b>ROGER JOHNSEN</b>										
(12) BOARD MEMBER	1.04 0.00			X				0	0	0
(29) <b>TONYA JOHNSON</b>										
(13) BOARD MEMBER	1.04 0.00			X				0	0	0
(30) <b>LLOYD LACROIX</b>										
(14) BOARD MEMBER	1.04 0.00			X				0	0	0
(31) <b>KATHY LETNER</b>										
(15) BOARD MEMBER	1.04 0.00			X				0	0	0
(32) <b>LORI MIKLOS</b>										
(16) BOARD MEMBER	1.04 0.00			X				0	0	0
(33) <b>JUDEE OLDHAM</b>										
(17) BOARD MEMBER	1.04 0.00			X				0	0	0
(34) <b>KAREN RABEN</b>										
(18) BOARD MEMBER	1.04 0.00			X				0	0	0
(35) <b>RON REED</b>										
(19) BOARD MEMBER	1.04 0.00			X				0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> 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? If "Yes," complete Schedule J for such individual		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

**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

**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

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(36) <b>AMI SCULL-LARSON</b>										
(12) BOARD MEMBER	1.04 0.00			X				0	0	0
(37) <b>JOHN WAY</b>										
(13) BOARD MEMBER	1.04 0.00			X				0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> 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>		
<b>5</b> 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>		

**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

**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

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2024**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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).)
- 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 **section 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,409,905	12,971,582	13,572,471	14,123,214	14,064,049	69,141,221
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	196,093	155,646	165,411	76,039	74,589	667,778
<b>4 Total.</b> Add lines 1 through 3	14,605,998	13,127,228	13,737,882	14,199,253	14,138,638	69,808,999
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						69,808,999

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	14,605,998	13,127,228	13,737,882	14,199,253	14,138,638	69,808,999
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	125,736	128,433	139,116	168,584	184,090	745,959
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	51,659	55,743	25,194	22,437	22,408	177,441
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						70,732,399

**12** Gross receipts from related activities, etc. (see instructions) 12 5,323,476

**13** **First 5 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**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	98.69%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	98.71%
<b>16a 33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 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

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described on line 2, above, 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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described on line 2a, above, 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>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	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>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</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.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 .....			
<b>b</b> From 2020 .....			
<b>c</b> From 2021 .....			
<b>d</b> From 2022 .....			
<b>e</b> From 2023 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 .....			
<b>b</b> Excess from 2021 .....			
<b>c</b> Excess from 2022 .....			
<b>d</b> Excess from 2023 .....			
<b>e</b> Excess from 2024 .....			

**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.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

\$ 0

**Schedule B**  
**(Form 990)**  
(Rev. December 2024)  
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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**YOUTH & FAMILY SERVICES, INC**

**46-6017085**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (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 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<sup>1/3</sup>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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
1	<b>HEADSTART</b> 1961 STOUT STREET, ROOM 08-148 DENVER CO 80294	\$ 8,802,890	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>SD DEPARTMENT OF EDUCATION</b> 800 GOVERNORS DR PIERRE SD 57501	\$ 1,536,486	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>US DEPT OF HEALTH AND HUMAN SERVICES</b> 200 INDEPENDENCE AVE SW WASHINGTON DC 20201	\$ 1,217,972	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

Open to Public Inspection

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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. 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 FASB ASC 958 relating to these items.

**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 make 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 program
- 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.

- c Beginning balance .....
- d Additions during the year .....
- e Distributions during the year .....
- f Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance .....	258,538	233,603	196,519	196,519	196,519
<b>b</b> Contributions .....	23,540	45,784	68,406		
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....		20,849	31,322		
<b>g</b> End of year balance .....	282,078	258,538	233,603	196,519	196,519

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **82.27** %
- b** Permanent endowment **17.73** %
- c** Term 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:

- (i) Unrelated organizations? .....
- (ii) Related organizations? .....

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" on line 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
<b>1a</b> Land .....		744,468		744,468
<b>b</b> Buildings .....		6,589,027	3,567,132	3,021,895
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		4,528,662	2,706,420	1,822,242
<b>e</b> Other .....		536,815	479,066	57,749
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				5,646,354

**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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**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.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

**ENDOWMENT EARNINGS ARE USED TO HELP FUND REGULAR PROGRAM OPERATIONS.**

**PART X - FIN 48 FOOTNOTE**

**AT JUNE 30, 2025, THE ORGANIZATION BELIEVES NO SIGNIFICANT UNCERTAIN TAX POSITIONS OR LIABILITIES EXIST.**



**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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 nongovernment 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.

	(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
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....							

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DINNER THEATRE</u> (event type)	<u>KIDS FAIR</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	167,522	152,437	319,959
	2	Less: Contributions	162,792		162,792
	3	Gross income (line 1 minus line 2)	4,730	152,437	157,167
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	47,695	87,064	134,759
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				22,408

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**YOUTH & FAMILY SERVICES, INC**

Employer identification number

**46-6017085**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 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

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

Schedule I (Form 990) (Rev. 12-2024)

**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 <b>FOOD ASSISTANCE</b>	100	875,165			
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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
 THE GRANTS ADMINISTRATOR AND FINANCE DIRECTOR PROVIDE GUIDANCE AS TO GRANT  
 REQUIREMENTS. PROGRAM DIRECTORS, SENIOR PROGRAM DIRECTOR, EXECUTIVE  
 DIRECTOR, AND THE PROGRAM BOARD COMMITTEE PROVIDE OVERVIEW AND  
 IMPLEMENTATION OF GRANTS.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**YOUTH & FAMILY SERVICES, INC**

Employer identification number

**46-6017085****FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

YOUTH & FAMILY SERVICES (YFS) IS A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO SUPPORT CHILDREN AND THEIR FAMILIES IN BEING CAPABLE, CARING, AND CONTRIBUTING MEMBERS OF THE COMMUNITY. TO FULFILL THIS MISSION, YFS OFFERS NINE COMPREHENSIVE PROGRAMS TO CHILDREN, FROM BIRTH THROUGH AGE 18, AND THEIR FAMILIES. ANNUALLY, YFS SERVES MORE THAN 14,000 INDIVIDUALS IN RAPID CITY AND THROUGHOUT 31 COUNTIES IN WESTERN SOUTH DAKOTA.

YFS CHILD DEVELOPMENT CENTER OFFERS STATE-LICENSED, AFFORDABLE, QUALITY CHILD CARE SERVING CHILDREN, 4 WEEKS THROUGH THIRD GRADE. THE PROGRAM FOCUSES ON THE UNIQUE NEEDS OF LOW-INCOME FAMILIES. DURING THE 2024-2025 FISCAL YEAR, THIS PROGRAM SERVED 263 CHILDREN AND 80% OF FAMILIES WHO ENROLLED THEIR CHILDREN IN THIS PROGRAM WERE LOW-INCOME; 18% OF THE CHILDREN SERVED ARE FROM SINGLE PARENT HOUSEHOLDS.

YFS COUNSELING CENTER OFFERS CRISIS INTERVENTION, ASSESSMENTS, COUNSELING, AND TRAUMA TREATMENT SERVICES THAT HELP YOUNG PEOPLE AND THEIR FAMILIES OVERCOME CHALLENGES AND PAVE THE WAY FOR AN IMPROVED QUALITY OF LIFE. DURING THE 2024-2025 FISCAL YEAR, THIS PROGRAM PROVIDED COUNSELING SERVICES TO 337 UNDUPLICATED YOUTH AND ADULT. YFS' YOUTH TRAUMA CENTER AND COUNSELING CENTER COMPLETED 82 YOUTH INTAKE TRAUMA ASSESSMENTS, 55 ADULT ASSESSMENTS, AND 31 ASSESSMENTS OF ADULT PERPETRATORS OF DOMESTIC VIOLENCE. 65 YOUTH PARTICIPATED IN EQUINE THERAPY.

YFS COUNSELING CENTER PROVIDED ASSISTANCE AND SUPPORT AT NO COST TO 89 INDIVIDUALS WHO WERE VICTIMS OF CRIME. ADDITIONALLY, 58 MEN WERE TREATED USING THE DULUTH MODEL FOR PERPETRATORS OF DOMESTIC VIOLENCE.

YFS FAMILY SUPPORT AND ADVOCACY SERVICES IS COMPRISED OF SEVERAL PROGRAMS - BOYS' HEALTH PROGRAM, HEALTH CONNECTIONS, STRONGER FAMILY PROGRAM, STRONGER YOUTH PROGRAM, AND CONNECT - THAT OFFER SUPPORT, EDUCATION, MENTORING, COACHING, AND ACCESS TO NEEDED SERVICES AND RESOURCES FOR FAMILIES, BOTH PARENTS AND CHILDREN. DURING THE PAST FISCAL YEAR, 44 GIRLS AND BOYS RECEIVED SERVICES THROUGH YFS' HEALTH CONNECTIONS AND BOYS' HEALTH PROGRAM. THESE INNOVATIVE, REFERRAL-BASED, CASE MANAGEMENT PROGRAMS WORKED TO MEET THE PHYSICAL, MENTAL, AND SOCIAL HEALTH NEEDS OF AT-RISK CHILDREN, AGES 5 TO 18, BY CONNECTING THEM WITH MEDICAL, DENTAL AND MENTAL HEALTH SERVICE PROVIDERS IN THE COMMUNITY.

THE YFS' STRONGER YOUTH AND STRONGER FAMILY PROGRAM PROVIDED RELATIONSHIP EDUCATION CLASSES TO 235 NEW ADULTS AND 473 UNDUPLICATED HIGH SCHOOL AGE YOUTH DURING THE LAST YEAR.

YFS' CONNECT PROGRAM RESPONDS TO AND ADVOCATES FOR YOUTH AND YOUNG ADULTS, AGES 11 - 24, WHO HAVE BEEN AFFECTED BY SEXUAL VIOLENCE, DOMESTIC VIOLENCE, DATING VIOLENCE, STALKING, AND/OR TRAFFICKING. THIS PROGRAM PROVIDED CASE MANAGEMENT, MENTORING, AND TRAUMA INTERVENTION PROGRAMMING TO 37 YOUTH THIS PAST YEAR AND HEALTHY RELATIONSHIP EDUCATION, PREVENTION SERVICES, AND LEADERSHIP/POSITIVE BYSTANDER TRAINING TO 380 YOUTH.

YFS GIRLS INC. OF RAPID CITY OFFERS AWARD-WINNING EDUCATIONAL, RECREATIONAL, AND COMMUNITY ACTION PROGRAMMING THAT INSPIRES GIRLS, AGES 6 -11, TO BE STRONG, SMART, AND BOLD. THIS PAST FISCAL YEAR, 382 GIRLS PARTICIPATED IN PROGRAMMING TO IMPROVE THEIR LIFE SKILLS, GENDER EQUALITY, RELATIONSHIPS, AND MORE.

YFS PRENATAL TO FIVE HEAD START ® IS A FEDERALLY FUNDED, NO-COST, PARENT-

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**YOUTH & FAMILY SERVICES, INC**

Employer identification number

**46-6017085**

**FOCUSED PROGRAM THAT SERVES LOW-INCOME CHILDREN, AGES 0-5, AND THEIR FAMILIES. YFS OFFERS TWO HEAD START PROGRAMS:**

**YFS HOME-BASED HEAD START IS AN EARLY CHILDHOOD EDUCATION PROGRAM OFFERING IN-HOME SERVICES AND ACTIVITIES AND REGULARLY SCHEDULED SOCIALIZATION OPPORTUNITIES FOR CHILDREN IN SEVEN WESTERN SOUTH DAKOTA COUNTIES: PENNINGTON, MEADE, FALL RIVER, CUSTER, JACKSON, HAAKON, AND LAWRENCE. SERVICES FOR EXPECTANT PARENTS ARE ALSO AVAILABLE.**

**YFS RAPID CITY HEAD START OFFERS COMPREHENSIVE PROGRAMMING TO ENHANCE THE PHYSICAL, SOCIAL, EMOTIONAL, AND INTELLECTUAL DEVELOPMENT OF CHILDREN THROUGH CLASSROOM ACTIVITIES. DURING 2024-2025, YFS PROVIDED HEAD START PROGRAMMING TO 634 CHILDREN AND THEIR FAMILIES.**

**YFS MIDDLE SCHOOL PROGRAM OFFERED ENGAGING PROGRAMMING AND ACTIVITIES FOR 153 MIDDLE SCHOOL YOUTH IN A SAFE ENVIRONMENT THAT PROVIDES THE OPPORTUNITIES FOR ADULT MENTORSHIP, POSITIVE PEER-TO-PEER INTERACTIONS, STEM EDUCATION AND OTHER ACADEMIC ENRICHMENT, HOMEWORK HELP, AND MORE. YFS NUTRITION SERVICES OVERSEES THE PROVISION OF WELL-BALANCED MEALS AND SNACKS FOR CHILDREN WITHIN AGENCY PROGRAMS AND REGISTERED, IN-HOME CHILD CARE PROVIDERS IN 31 COUNTIES EACH YEAR. NUTRITION EDUCATION IS ALSO PROVIDED. THIS PAST YEAR, THE PROGRAM PROVIDED OR OVERSAW THE PROVISION OF 502,999 MEALS AND SNACKS TO CHILDREN.**

**YFS WESTERN PREVENTION RESOURCE CENTER OFFERS TRAINING AND ASSISTANCE IN THE PREVENTION OF VIOLENCE, TOBACCO USE, DRUG AND ALCOHOL ABUSE, AND MORE. AN EXTENSIVE LIBRARY OF VIDEOS AND MATERIALS ARE AVAILABLE FOR ANYONE TO CHECK OUT. CONSULTATIONS ALSO PROVIDED. TRAINING AND OUTREACH SERVICES AVAILABLE IN 23 WESTERN SOUTH DAKOTA COUNTIES. THIS PAST YEAR, YFS' WESTERN PREVENTION RESOURCE CENTER PROVIDED 9,651 INSTANCES OF DIRECT PREVENTION SERVICES THROUGH TECHNICAL ASSISTANCE, CONSULTATIONS, AND TRAINING'S TO MORE THAN 3,310 UNDUPLICATED INDIVIDUALS. THIS PROGRAM PROVIDED SUICIDE PREVENTION TRAINING TO 981 YOUTH AND 214 ADULTS.**

**WESTERN PREVENTION RESOURCE CENTER ACCEPTED A REQUEST FROM THE SOUTH DAKOTA DEPARTMENT OF HEALTH TO PROVIDE OVERSIGHT AND PARTICIPATE WITH COMMUNITIES THAT ARE GRANTEEES IN CUSTER AND FALL RIVER. THIS IMPACTED 13,930 PERSONS.**

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**  
**JEFF FULLERTON CAMERON FULLERTON**  
**BOARD MEMBER BOARD MEMBER**  
**FAMILY RELATIONSHIP**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 WAS PREPARED BY A CPA FIRM, AND REVIEWED WITH MANAGEMENT AND THE FINANCE COMMITTEE, BOTH BEFORE FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY 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, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL DURING FEBRUARY AND MARCH, THE HUMAN RESOURCES COMMITTEE WILL REVIEW THE**

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**YOUTH & FAMILY SERVICES, INC**

Employer identification number

**46-6017085**

JOB PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER (CEO). THE REVIEW CONDUCTED BY THIS COMMITTEE WILL BE SHARED WITH THE EXECUTIVE COMMITTEE FROM THE YOUTH & FAMILY SERVICES INC. BOARD. REPRESENTATIVES FROM THESE TWO COMMITTEES, USUALLY THE PRESIDENT AND VICE-PRESIDENT OF THE BOARD, WILL MEET WITH THE CEO TO DISCUSS THE RESULTS OF THE PERFORMANCE REVIEW. SALARY SURVEYS ARE COMPLETED PERIODICALLY FOR THE HUMAN RESOURCES COMMITTEES TO REFERENCE. SALARY INCREASE WILL BE CONSIDERED AND COLA IS APPLIED.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE FINANCE DIRECTOR RECEIVES AN ANNUAL EVALUATION. A SALARY SURVEY OF SIMILAR ORGANIZATIONS IS COMPLETED PERIODICALLY, AT A MINIMUM OF EVERY TWO YEARS. THE HUMAN RESOURCES COMMITTEE REVIEWS ALL MERIT RAISES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION 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 - OTHER CHANGES IN NET ASSETS EXPLANATION

KIDS FAIR EXPENSES	\$	87,064
ROUNDING	\$	-2
KIDS FAIR EXPENSES	\$	-87,064
ROUNDING	\$	8
<b>TOTAL</b>	<b>\$</b>	<b>6</b>

**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

**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
(1)					
(2)					
(3)					
(4)					
(5)					

**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) <b>YOUTH &amp; FAMILY SERVICES FOUNDATION</b> PO BOX 2813 20-2142760 RAPID CITY SD 57709	<b>CHARITABLE</b>	<b>SD</b>	<b>3</b>	<b>12D</b>	<b>N/A</b>		<b>X</b>
(2) <b>YOUTH &amp; FAMILY SERVICES QALICB</b> PO BOX 2813 82-4804109 RAPID CITY SD 57709	<b>CHARITABLE</b>	<b>SD</b>	<b>3</b>	<b>12A</b>	<b>N/A</b>		<b>X</b>
(3)							
(4)							
(5)							

**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 alloc.?		(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	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**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
(1) .....									
(2) .....									
(3) .....									
(4) .....									

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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	145,988	CASH
(2) YOUTH & FAMILY SERVICES FOUNDATION	C	106,932	CASH
(3) YOUTH & FAMILY SERVICES QALICB	D	12,655,000	ACCRUAL
(4) YOUTH & FAMILY SERVICES QALICB	K	158,456	CASH
(5) YOUTH & FAMILY SERVICES FOUNDATION	K	60,000	CASH
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



## Federal Statements

### Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

	Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
2021	TOYOTA SIENNA	8/12/21	100.00	\$ 39,167	\$ 20,967	5.0	200DBHY	\$ 3,019	\$
2021	TOYOTA SIENNA	9/21/21	100.00	39,617	21,417	5.0	200DBHY	3,084	
2023	SUBARU FORESTER	JF2SKACC3PH479428	100.00	29,483	29,483	7.0	S/L-	4,212	
2023	SUBARU FORESTER	JF2SKACC6PH496479	100.00	29,483	29,483	7.0	S/L-	4,212	
2025	TOYOTA SIENNA	5TDBSKFC5SS172234	100.00	49,021	49,021	7.0	S/L-	2,334	
2025	TOYOTA SIENNA	5TDBSKFC7SS175068	100.00	49,021	49,021	7.0	S/L-	2,334	
2013	FORD PICKUP	1FTNF1EF2DKE29741	100.00	10,916	10,916	7.0	S/L-	1,040	
2018	GMC TERRAIN	36KALVEV2JL213019	100.00	28,999		5.0	200DBHY		
2025	FORD ESCAPE	1FMCU9GN4SUA51788	100.00	33,403	33,403	7.0	S/L-	2,386	
2025	CHEVY EQUINOX	3GNAXPEG0SL264539	100.00	33,139	33,139	7.0	S/L-	1,578	
2025	SUBARU FORESTER	JF2SLDAC3SH501325	100.00	32,581	32,581	7.0	S/L-	1,939	
	TOTAL			\$ 374,830	\$ 309,431			\$ 26,138	\$ 0

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**

Attachment Sequence No. **179**

**YOUTH & FAMILY SERVICES, INC**

Identifying number  
**46-6017085**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>3,050,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>637,881</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	<b>3,397</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	<b>26,138</b>
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>667,416</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 24b If "Yes," is the evidence written? [ ] Yes [X] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25

26 Property used more than 50% in a qualified business use:

Table for Section 26 with columns for percentage, cost, and depreciation. Includes 'SEE STATEMENT 1' and values like 374,830, 309,431, 26,138.

27 Property used 50% or less in a qualified business use:

Table for Section 27 with columns for percentage, cost, and depreciation. Includes 'S/L-' values.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 26,138

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns for Vehicle 1 through 6 and rows for miles driven (30-33) and availability questions (34-36).

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table for Section C with rows 37-41 and Yes/No columns. Includes a note: Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2024 tax year (see instructions):

Table for Section 42 with columns for description, amount, and amortization.

43 Amortization of costs that began before your 2024 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1</b>												
<b>Group: Building</b>												
307		Plaza Building	5/22/2001	119,169.00	0.00	0.00	70,659.72	3,055.62	73,715.34	45,453.66	S/L	39.00
325		East Adams	5/30/2003	3,282,358.15	0.00	0.00	1,624,091.58	84,163.03	1,708,254.61	1,574,103.54	S/L	39.00
417		Fence 8 Ft Play Field CHC East Enc	8/16/2004	3,689.00	0.00	0.00	3,689.00	0.00	3,689.00	0.00	S/L	5.00
430		Adams Building - Construction final	11/30/2004	4,246.00	0.00	0.00	4,246.00	0.00	4,246.00	0.00	S/L	5.00
685		Plaza Building	3/01/1994	841,561.00	0.00	0.00	648,156.12	21,039.03	669,195.15	172,365.85	S/L	40.00
686		Plaza Building - costs closing 6/200	6/24/2009	3,053.88	0.00	0.00	1,842.54	122.16	1,964.70	1,089.18	S/L	25.00
693		Plaza Office Remodel (3 enclosed o	2/02/2011	13,000.38	0.00	0.00	6,976.90	520.02	7,496.92	5,503.46	S/L	25.00
694		Plaza Reception Area Remodel	12/30/2010	15,610.75	0.00	0.00	8,481.84	624.43	9,106.27	6,504.48	S/L	25.00
695		Monroe Kitchen Expansion Design `	12/30/2011	42,945.00	0.00	0.00	23,495.24	1,867.17	25,362.41	17,582.59	S/L	23.00
697		E. Adams Shade Structure Canopy	5/21/2012	5,000.00	0.00	0.00	4,055.53	333.33	4,388.86	611.14	S/L	15.00
723		Counseling Center Wall Addition	5/22/2013	5,674.00	0.00	0.00	2,534.39	226.96	2,761.35	2,912.65	S/L	25.00
742		Fullerton Property - Box Elder	10/29/2014	13,146.46	0.00	0.00	3,286.62	337.09	3,623.71	9,522.75	S/L	39.00
6950		Monroe Kitchen Expansion - 25 yea	12/30/2011	412,533.99	0.00	0.00	225,697.94	17,936.26	243,634.20	168,899.79	S/L	23.00
7995		Boilers - Adams	5/08/2023	177,390.13	0.00	0.00	29,565.02	25,341.45	54,906.47	122,483.66	S/L	7.00
7998		Monroe Vestibule Project (2 of 3) se	6/22/2021	16,685.68	0.00	0.00	3,337.14	1,112.38	4,449.52	12,236.16	S/L	15.00
7999		Monroe Vestibule Project (3 of 3) se	7/01/2022	5,429.32	0.00	0.00	723.90	361.95	1,085.85	4,343.47	S/L	15.00
<b>Building</b>				<u>4,961,492.74</u>	<u>0.00c</u>	<u>0.00</u>	<u>2,660,839.48</u>	<u>157,040.88</u>	<u>2,817,880.36</u>	<u>2,143,612.38</u>		
<b>Group: Construction in Progress</b>												
8031		High Tunnel	6/30/2025	8,357.11	0.00c	0.00	0.00	0.00	0.00	8,357.11	Memo	0.00
8032		Adams Kitchen Rooftop Unit	6/30/2025	11,880.00	0.00c	0.00	0.00	0.00	0.00	11,880.00	Memo	0.00
<b>Construction in Progress</b>				<u>20,237.11</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>20,237.11</u>		
<b>Group: Equi/Furnishings--Healthy</b>												
751		2016 Dodge Grand Caravan 2C4RE	12/01/2015	24,602.40	0.00	0.00	24,602.40	0.00	24,602.40	0.00	S/L	7.00
752		2016 Subaru Crosstrek JF2GPABC:	1/27/2016	24,232.19	0.00	0.00	24,232.19	0.00	24,232.19	0.00	S/L	7.00
754		2016 Dodge Journey 3C4PDDAG6	12/01/2015	26,502.00	0.00	0.00	26,502.00	0.00	26,502.00	0.00	S/L	7.00
758		2017 Subaru Forester JF2SJABCXI	8/24/2016	24,328.00	0.00	0.00	24,328.00	0.00	24,328.00	0.00	S/L	7.00
759		2016 Mitsubishi Outlander Sport JA	10/27/2016	21,414.60	0.00	0.00	21,414.60	0.00	21,414.60	0.00	S/L	7.00
760		2016 Mitsubishi Outlander Sport JA	10/27/2016	21,414.60	0.00	0.00	21,414.60	0.00	21,414.60	0.00	S/L	7.00
7984		2020 Kia Sorento - 5XYPGDA33L	9/20/2022	32,142.00	0.00	0.00	8,035.50	4,591.71	12,627.21	19,514.79	S/L	7.00
8005		Konica Copier-Adam-Serial#AA7N	8/17/2023	8,634.36	0.00	0.00	1,027.90	1,233.48	2,261.38	6,372.98	S/L	7.00
<b>Equi/Furnishings--Healthy</b>				<u>183,270.15</u>	<u>0.00c</u>	<u>0.00</u>	<u>151,557.19</u>	<u>5,825.19</u>	<u>157,382.38</u>	<u>25,887.77</u>		
<b>Group: Equip- SAMHSA</b>												
796		2017 Chevy Equinox 2GNFLEEK7	9/27/2019	19,134.96	0.00	0.00	13,212.25	2,733.57	15,945.82	3,189.14	S/L	7.00
<b>Equip- SAMHSA</b>				<u>19,134.96</u>	<u>0.00c</u>	<u>0.00</u>	<u>13,212.25</u>	<u>2,733.57</u>	<u>15,945.82</u>	<u>3,189.14</u>		
<b>Group: Equipment</b>												
38		30 Quart Mixer 11-1024-350	11/01/1994	6,688.00	0.00	0.00	6,688.00	0.00	6,688.00	0.00	S/L	5.00
43		Dish Machine/Dish Racks G161955	12/01/1994	8,984.00	0.00	0.00	8,984.00	0.00	8,984.00	0.00	S/L	5.00
332		Table Chairs for new building	5/30/2003	19,315.00	0.00	0.00	19,315.00	0.00	19,315.00	0.00	S/L	7.00
340		Alarms	5/30/2003	6,965.00	0.00	0.00	6,965.00	0.00	6,965.00	0.00	S/L	7.00
342		Walk in Cooler Freezer	5/30/2003	25,210.00	0.00	0.00	25,210.00	0.00	25,210.00	0.00	S/L	7.00
343		Mixer 40 Qt	5/30/2003	11,213.00	0.00	0.00	11,213.00	0.00	11,213.00	0.00	S/L	7.00

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: Equipment (continued)</b>												
344		Exhaust Hood Range	5/30/2003	10,550.00	0.00	0.00	10,550.00	0.00	10,550.00	0.00	S/L	7.00
347		Soiled Table SS Dishroom	5/30/2003	5,228.00	0.00	0.00	5,228.00	0.00	5,228.00	0.00	S/L	7.00
367		Kitchen Equipment-Salad Bar	5/30/2003	5,131.00	0.00	0.00	5,131.00	0.00	5,131.00	0.00	S/L	7.00
391		Carpet Extractor 614000-10177018	3/22/2004	4,047.00	0.00	0.00	4,047.00	0.00	4,047.00	0.00	S/L	7.00
393		Kitchen Equipment fm Hogg	6/30/2004	6,023.00	0.00	0.00	6,023.00	0.00	6,023.00	0.00	S/L	7.00
395		Cabinet Library	6/30/2004	2,400.00	0.00	0.00	2,400.00	0.00	2,400.00	0.00	S/L	7.00
612		Speaker System for Adams Gym	3/06/2006	2,370.00	0.00	0.00	2,370.00	0.00	2,370.00	0.00	S/L	7.00
614		Artwork - White Buffalo	3/08/2006	2,000.00	0.00	0.00	2,000.00	0.00	2,000.00	0.00	S/L	10.00
615		Artwork - Shade Tree	3/09/2006	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	0.00	S/L	10.00
632		Die Cut machine/Holiday lowercase	1/23/2007	1,950.40	0.00	0.00	1,950.40	0.00	1,950.40	0.00	S/L	7.00
642		Cabinets for GI Gameroom	6/29/2007	1,626.24	0.00	0.00	1,626.24	0.00	1,626.24	0.00	S/L	7.00
645		HVAC unit for dining room at E Ad	10/17/2006	10,253.00	0.00	0.00	10,253.00	0.00	10,253.00	0.00	S/L	7.00
650		Toaster Conveyor TRH-500 394719	6/30/2007	1,370.00	0.00	0.00	1,370.00	0.00	1,370.00	0.00	S/L	7.00
672		Change out pump for Boiler at Mon	9/25/2007	1,470.65	0.00	0.00	1,470.65	0.00	1,470.65	0.00	S/L	7.00
676		Storage Shed at E Adams	5/21/2008	1,225.76	0.00	0.00	1,225.76	0.00	1,225.76	0.00	S/L	7.00
692		Cleveland Convection Steamer 22C	6/18/2010	8,937.42	0.00	0.00	8,937.42	0.00	8,937.42	0.00	S/L	7.00
699		Serviing Counter Hot Food Electric	12/31/2011	6,516.19	0.00	0.00	6,516.19	0.00	6,516.19	0.00	S/L	7.00
710		Ricoh MPC5502 C30105975	3/29/2012	9,592.00	0.00	0.00	9,592.00	0.00	9,592.00	0.00	S/L	7.00
724		Ricoh Copier AFICIO MPC3502 C	6/11/2013	8,461.00	0.00	0.00	8,461.00	0.00	8,461.00	0.00	S/L	5.00
753	d	Ricoh MP C3503	1/28/2016	7,191.00	0.00	0.00	7,191.00	0.00	7,191.00	0.00	S/L	5.00
795		Train for Kids Fair and other events	10/30/2019	16,000.00	0.00	0.00	7,600.00	1,600.00	9,200.00	6,800.00	S/L	10.00
804		Convection Oven Blodgett Oven M	12/31/2011	9,640.02	0.00	0.00	9,640.02	0.00	9,640.02	0.00	S/L	7.00
807		Kettle Tilting Electric C519-cfc-7	12/31/2011	11,514.10	0.00	0.00	11,514.10	0.00	11,514.10	0.00	S/L	7.00
811		Ricoh Copier MPC5503 Serial C8	6/26/2015	9,851.35	0.00	0.00	9,851.35	0.00	9,851.35	0.00	S/L	5.00
861		Ricoh MPC6004 417453 MP6004	11/04/2016	9,700.00	0.00	0.00	9,700.00	0.00	9,700.00	0.00	S/L	5.00
6430		Fire/Security System Replacement	2/01/2007	14,081.07	0.00	0.00	14,081.07	0.00	14,081.07	0.00	S/L	7.00
6960		A/C Condensing Unit replacement	1/30/2011	5,102.58	0.00	0.00	5,102.58	0.00	5,102.58	0.00	S/L	12.00
7150		HVAC Software E. Adams Bldg	6/25/2013	7,644.00	0.00	0.00	7,644.00	0.00	7,644.00	0.00	S/L	5.00
7320		Plaza Office Remodel (remove & re	6/30/2014	1,994.00	0.00	0.00	797.60	79.76	877.36	1,116.64	S/L	25.00
7870		Plaza Phone System	2/27/2020	8,376.72	0.00	0.00	3,699.71	837.67	4,537.38	3,839.34	S/L	10.00
7940		#2 - Vision Screener Serial #213082	3/04/2020	465.00	0.00	0.00	287.86	66.43	354.29	110.71	S/L	7.00
7941		Playground - Crab Trap	6/18/2021	63,585.00	0.00	0.00	27,250.71	9,083.57	36,334.28	27,250.72	S/L	7.00
7945		Robotics equipment for Middle Sch	10/06/2020	20,354.93	0.00	0.00	15,266.21	4,070.99	19,337.20	1,017.73	S/L	5.00
7946		AHU-1 HVAC Chiller/DX Coil Repl	2/28/2021	135,300.00	0.00	0.00	45,100.00	13,530.00	58,630.00	76,670.00	S/L	10.00
7947		Marco Sharp Copier for Nutrition 5	10/27/2020	8,459.28	0.00	0.00	6,203.48	1,691.86	7,895.34	563.94	S/L	5.00
7948		A/V Equipment for High Tech Trair	5/01/2021	25,167.75	0.00	0.00	15,939.58	5,033.55	20,973.13	4,194.62	S/L	5.00
7968		Adams Make Up Air Replace (2 of 2	9/21/2021	110,000.00	0.00	110,000.00	110,000.00	0.00	110,000.00	0.00	200DB	7.0
7969		Global Plasma IMOD - PO10922 A	7/07/2020	10,874.51	0.00	0.00	8,699.60	2,174.91	10,874.51	0.00	S/L	5.00
7970		Global Plasma IMOD - PO 11139 A	9/25/2020	12,078.59	0.00	0.00	9,058.95	2,415.72	11,474.67	603.92	S/L	5.00
7976		Quito Playground Structure - CDC	12/20/2022	70,859.00	0.00	0.00	15,184.07	10,122.71	25,306.78	45,552.22	S/L	7.00
7988		#1 -Ricoh IM C6000 Copier Adams	3/18/2023	6,128.82	0.00	0.00	1,532.20	1,225.76	2,757.96	3,370.86	S/L	5.00
8011		Konica Copier-Plaza-Serial#AA7N0	3/24/2024	3,028.56	0.00	0.00	108.16	432.65	540.81	2,487.75	S/L	7.00
8013		Cart Caddy - Nutrition Part A	5/07/2024	1,838.25	0.00	0.00	30.64	183.83	214.47	1,623.78	S/L	10.00
8017		Irrigation System - Fullerton Farm	4/30/2024	24,365.53	0.00	0.00	406.09	2,436.55	2,842.64	21,522.89	S/L	10.00
8020		Playground - Oodle Swing - Adams	8/14/2024	8,965.00	0.00c	0.00	0.00	1,173.99	1,173.99	7,791.01	S/L	7.00
8022		Fire Alarm Control Panel - Adams	12/06/2024	80,980.87	0.00c	0.00	0.00	4,723.88	4,723.88	76,256.99	S/L	10.00
<b>Equipment</b>				852,072.59	0.00c	110,000.00	510,415.64	60,883.83	571,299.47	280,773.12		

**Tax Asset Detail 7/01/2024 - 6/30/2025**

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: Equipment (continued)</b>												
<b>*Less: Dispositions and Transfers</b>				7,191.00	0.00	0.00	7,191.00	0.00	7,191.00	0.00		
<b>Net Equipment</b>				<u>844,881.59</u>	<u>0.00c</u>	<u>110,000.00</u>	<u>503,224.64</u>	<u>60,883.83</u>	<u>564,108.47</u>	<u>280,773.12</u>		
<b>Group: Farm to School Equipment</b>												
8018		Irrigation System - Fullerton Farm	4/30/2024	1,156.30	0.00	0.00	19.27	115.63	134.90	1,021.40	S/L	10.00
<b>Farm to School Equipment</b>				<u>1,156.30</u>	<u>0.00c</u>	<u>0.00</u>	<u>19.27</u>	<u>115.63</u>	<u>134.90</u>	<u>1,021.40</u>		
<b>Group: Head Start Equipment/Vehi</b>												
29		Double stack Convection Oven 48l	8/16/1994	7,420.00	0.00	0.00	7,420.00	0.00	7,420.00	0.00	S/L	5.00
57		Landscaping	1/16/1995	8,208.00	0.00	0.00	6,196.76	210.46	6,407.22	1,800.78	S/L	39.00
58		Doorway Remodel (side door?)	2/27/1997	3,235.00	0.00	0.00	2,271.03	82.95	2,353.98	881.02	S/L	39.00
85		Restroom - ADA Monroe	12/15/1997	1,872.00	0.00	0.00	1,274.00	48.00	1,322.00	550.00	S/L	39.00
99		Sensory Garden walk	9/12/1997	9,055.00	0.00	0.00	6,215.41	232.18	6,447.59	2,607.41	S/L	39.00
104		Playground - Fall Zone	8/04/1997	5,943.00	0.00	0.00	4,093.29	152.38	4,245.67	1,697.33	S/L	39.00
305		Wet/Dry Vac W159E00029123BT	4/23/2001	12,410.00	0.00	0.00	12,410.00	0.00	12,410.00	0.00	S/L	10.00
308		Landscaping	2/19/2001	1,950.00	0.00	0.00	1,950.00	0.00	1,950.00	0.00	S/L	15.00
335		Kitchen Equipment-Tilting Kettle	5/30/2003	6,610.00	0.00	0.00	6,610.00	0.00	6,610.00	0.00	S/L	7.00
605		Cabinets for MC-1 & Big Room	1/19/2006	2,670.00	0.00	0.00	2,670.00	0.00	2,670.00	0.00	S/L	7.00
628		Cabinets for ChC	2/21/2007	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	0.00	S/L	7.00
643		Fire/Security System Replacement	2/01/2007	431.00	0.00	0.00	431.00	0.00	431.00	0.00	S/L	7.00
655		Parking Lot Improvement - Monroe	2/15/2008	4,284.00	0.00	0.00	1,867.40	109.85	1,977.25	2,306.75	S/L	39.00
679		Cabinets for Multi Purpose room	2/22/2008	3,430.00	0.00	0.00	3,430.00	0.00	3,430.00	0.00	S/L	7.00
681		2009 Honda CRV LX 5J6RE48309	2/10/2009	21,500.00	0.00	0.00	21,500.00	0.00	21,500.00	0.00	S/L	7.00
683		Monroe Site Work Move Transform	2/06/2009	17,395.00	0.00	0.00	6,876.25	446.03	7,322.28	10,072.72	S/L	39.00
696		A/C Condensing Unit replacement	1/30/2011	19,195.42	0.00	0.00	19,195.42	0.00	19,195.42	0.00	S/L	12.00
698		2010 Subaru Forrester JF2SH6BC6	8/26/2010	22,660.00	0.00	0.00	22,660.00	0.00	22,660.00	0.00	S/L	7.00
700		Convection Steamer for Monroe	9/02/2010	6,992.12	0.00	0.00	6,992.12	0.00	6,992.12	0.00	S/L	7.00
701		2010 Toyota RAV4 2T3BF4DV5A'	9/03/2010	23,534.47	0.00	0.00	23,534.47	0.00	23,534.47	0.00	S/L	7.00
702		2010 Toyota RAV4 2T3BF4DV0A'	9/10/2010	23,837.29	0.00	0.00	23,837.29	0.00	23,837.29	0.00	S/L	7.00
705		2010 Chevy Collins 30 passenger bu	2/22/2011	43,043.70	0.00	0.00	43,043.70	0.00	43,043.70	0.00	S/L	7.00
706		2012 Subaru Forrester 2.5x #334 JF	1/17/2012	23,763.46	0.00	0.00	23,763.46	0.00	23,763.46	0.00	S/L	7.00
708		2011 Toyota Rav-4 #44 2T3BF4D'	1/17/2012	24,383.65	0.00	0.00	24,383.65	0.00	24,383.65	0.00	S/L	7.00
709		2012 Chevy Collins 24 Passenger B	5/31/2012	48,734.67	0.00	0.00	48,734.67	0.00	48,734.67	0.00	S/L	7.00
713		Suresight Vision & Hearing Screene	9/28/2011	9,008.26	0.00	0.00	9,008.26	0.00	9,008.26	0.00	S/L	7.00
718		2012 Chrysler Town & Country 2C	11/29/2012	24,488.25	0.00	0.00	24,488.25	0.00	24,488.25	0.00	S/L	7.00
729		2015 Subaru Forrester JF2SJABC9l	6/11/2014	24,720.00	0.00	0.00	24,720.00	0.00	24,720.00	0.00	S/L	7.00
732		Plaza Office Remodel (remove & re	6/30/2014	22,931.00	0.00	0.00	9,172.40	917.24	10,089.64	12,841.36	S/L	25.00
737		2015 Dodge Caravan 2C4RDGBG5	3/06/2015	24,118.00	0.00	0.00	24,118.00	0.00	24,118.00	0.00	S/L	7.00
738		2015 Dodge caravan 2C4RDGBZFJ	3/09/2015	23,580.00	0.00	0.00	23,580.00	0.00	23,580.00	0.00	S/L	7.00
739		2015 Jeep Patriot 1C4NJRBBOFD	3/10/2015	22,277.10	0.00	0.00	22,277.10	0.00	22,277.10	0.00	S/L	7.00
747		2016 Dodge Grand Caravan 2C4RE	2/22/2016	24,602.00	0.00	0.00	24,602.00	0.00	24,602.00	0.00	S/L	7.00
750		2016 Jeep Patriot 1C4NJRBBOGD	2/22/2016	23,400.16	0.00	0.00	23,400.16	0.00	23,400.16	0.00	S/L	7.00
761		30 passenger school bus 1HA6GUE	12/01/2017	59,862.00	0.00	0.00	56,298.77	3,563.23	59,862.00	0.00	S/L	7.00
762		2018 Chevy Equinox 2GNAXREV	1/26/2018	23,741.00	0.00	0.00	22,045.21	1,695.79	23,741.00	0.00	S/L	7.00
763		2017 Jeep Compass 3C4NJDAB6H	1/26/2018	23,280.40	0.00	0.00	21,617.51	1,662.89	23,280.40	0.00	S/L	7.00
764		2018 Jeep Cherokee 1C4PJM CB3JI	1/26/2018	23,744.08	0.00	0.00	22,048.07	1,696.01	23,744.08	0.00	S/L	7.00
765		2018 Jeep Cherokee 1C4PJM CB3JI	1/26/2018	23,526.72	0.00	0.00	21,846.24	1,680.48	23,526.72	0.00	S/L	7.00
766		2017 Nissan Rogue JN18J1CR3HW	1/26/2018	25,023.36	0.00	0.00	23,236.00	1,787.36	25,023.36	0.00	S/L	7.00

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: Head Start Equipment/Vehi (continued)</b>												
769		2018 Honda CRV AWD 2HKRW6	6/15/2018	25,013.56	0.00	0.00	21,737.99	3,275.57	25,013.56	0.00	S/L	7.00
773		Spot Vision Screener - 1000299250	2/27/2019	6,551.88	0.00	0.00	5,069.90	935.98	6,005.88	546.00	S/L	7.00
774		30 pass school bus Chevy 1HA6GU	8/28/2019	56,800.64	0.00	0.00	39,895.70	8,114.38	48,010.08	8,790.56	S/L	7.00
775		Vision Screener	2/12/2019	6,510.62	0.00	0.00	5,037.99	930.09	5,968.08	542.54	S/L	7.00
776		2019 Chevy Equinox	4/08/2019	24,226.40	0.00	0.00	18,169.78	3,460.91	21,630.69	2,595.71	S/L	7.00
777		2019 Chevy Equinox	4/08/2019	24,226.40	0.00	0.00	18,169.78	3,460.91	21,630.69	2,595.71	S/L	7.00
778		Vision Screener S/N (21) 32768	2/12/2019	6,510.62	0.00	0.00	5,037.99	930.09	5,968.08	542.54	S/L	7.00
779		2018 Nissan Rogue	2/01/2019	24,791.00	0.00	0.00	19,183.51	3,541.57	22,725.08	2,065.92	S/L	7.00
780		2019 Subaru Forester	2/01/2019	25,064.56	0.00	0.00	19,395.19	3,580.65	22,975.84	2,088.72	S/L	7.00
781		2018 Toyota RAV 4 JTMFREVOJJ	4/24/2019	25,728.22	0.00	0.00	19,296.16	3,675.46	22,971.62	2,756.60	S/L	7.00
782		27 pass school bus Chevy 1HA6GU	2/28/2019	61,300.32	0.00	0.00	52,543.14	8,757.18	61,300.32	0.00	S/L	7.00
784		Monroe Phone System	7/01/2019	21,650.00	0.00	0.00	12,990.00	2,165.00	15,155.00	6,495.00	S/L	10.00
785		2019 Dodge Grande Caravan	2/28/2018	25,211.12	0.00	0.00	21,609.54	3,601.58	25,211.12	0.00	S/L	7.00
786		2019 Chevy Collins 1HA6GUBG7F	10/29/2019	62,027.28	0.00	0.00	42,089.94	8,861.04	50,950.98	11,076.30	S/L	7.00
787		Plaza Phone System	2/27/2020	29,699.28	0.00	0.00	13,117.19	2,969.93	16,087.12	13,612.16	S/L	10.00
788		2019 Chevy Collins 1JHA6GUBG3	4/09/2020	64,459.20	0.00	0.00	39,135.95	9,208.46	48,344.41	16,114.79	S/L	7.00
789		Cowboy Up Play Structure	3/11/2020	7,644.00	0.00	0.00	4,732.00	1,092.00	5,824.00	1,820.00	S/L	7.00
790		Shade Structure	3/18/2020	27,345.68	0.00	0.00	16,928.30	3,906.53	20,834.83	6,510.85	S/L	7.00
791		2014 Ford F150 1FTMF1EM3EKE	3/04/2020	8,853.00	0.00	0.00	5,480.41	1,264.71	6,745.12	2,107.88	S/L	7.00
792		Sharp Copier 9305058Y	3/30/2020	6,459.28	0.00	0.00	3,998.58	922.75	4,921.33	1,537.95	S/L	7.00
793		Sharp Copier 9305049Y	3/30/2020	6,459.28	0.00	0.00	3,998.58	922.75	4,921.33	1,537.95	S/L	7.00
794		#1 - Vision Screener Serial #213082	3/04/2020	6,106.88	0.00	0.00	3,780.44	872.41	4,652.85	1,454.03	S/L	7.00
797		ZONOS Sanitizer	2/22/2020	20,077.00	0.00	0.00	8,867.34	2,007.70	10,875.04	9,201.96	S/L	10.00
799		Playground	6/30/2020	260,050.00	0.00	0.00	34,673.32	8,668.33	43,341.65	216,708.35	S/L	30.00
812		2014 Collins Chevy 30 Passenger B	6/30/2014	49,761.00	0.00	0.00	49,761.00	0.00	49,761.00	0.00	S/L	7.00
813		2014 Dodge Journey For RCHS EH	6/30/2014	23,193.35	0.00	0.00	23,193.35	0.00	23,193.35	0.00	S/L	7.00
814		2015 Jeep patriot for RHS EHS 1C	1/31/2015	24,729.53	0.00	0.00	24,729.53	0.00	24,729.53	0.00	S/L	7.00
815		2015 Dodge Caravan 2C4RDGBG3	1/31/2015	24,683.88	0.00	0.00	24,683.88	0.00	24,683.88	0.00	S/L	7.00
816		2019 Honda CRV 2NKRW6H32KF	2/01/2019	25,654.96	0.00	0.00	19,852.04	3,664.99	23,517.03	2,137.93	S/L	7.00
6550		Parking Lot Improvement - Monroe	3/01/2008	72,516.00	0.00	0.00	31,609.52	1,859.38	33,468.90	39,047.10	S/L	39.00
7330		Tax for 2014 Collins Chevy 30 Pass	6/30/2014	1,492.83	0.00	0.00	1,492.83	0.00	1,492.83	0.00	S/L	7.00
7740		Safegarrd Star Restraints for Bus	8/28/2019	3,668.00	0.00	0.00	2,751.00	524.00	3,275.00	393.00	S/L	7.00
7820		27 passenger school bus additional ti	8/28/2019	197.71	0.00	0.00	138.85	28.24	167.09	30.62	S/L	7.00
7850		Safegarrd Star Restraints for Bus	2/28/2019	3,537.00	0.00	0.00	2,526.45	505.29	3,031.74	505.26	S/L	7.00
7944		Monroe HVAC Compressor Replac	6/30/2021	14,895.00	0.00	0.00	4,468.50	1,489.50	5,958.00	8,937.00	S/L	10.00
7949		2021 Subaru Forester CVT 5315	2/25/2021	26,202.64	0.00	0.00	17,468.43	5,240.53	22,708.96	3,493.68	S/L	5.00
7950		2019 Ford Flex 2FMHK6086KBA2	2/23/2021	28,935.76	0.00	0.00	19,290.50	5,787.15	25,077.65	3,858.11	S/L	5.00
7951		2021 Subaru Forester CVT 0880	2/25/2021	26,202.64	0.00	0.00	17,468.43	5,240.53	22,708.96	3,493.68	S/L	5.00
7952		2021 Honda CR-V	2/16/2021	28,406.96	0.00	0.00	18,937.97	5,681.39	24,619.36	3,787.60	S/L	5.00
7953		2021 Jeep Cherokee 9599	2/09/2021	31,788.24	0.00	0.00	21,721.97	6,357.65	28,079.62	3,708.62	S/L	5.00
7954		2021 Chrysler Pacifica Mini-Van 91	2/09/2021	39,608.06	0.00	0.00	27,065.50	7,921.61	34,987.11	4,620.95	S/L	5.00
7955		2021 Chrysler Pacifica Mini-Van 85	2/16/2021	34,949.00	0.00	0.00	23,299.33	6,989.80	30,289.13	4,659.87	S/L	5.00
7957		Shady Days playground structures	2/16/2021	39,512.65	0.00	0.00	18,815.53	5,644.66	24,460.19	15,052.46	S/L	7.00
7958		Walk-in Cooler Freezer	1/25/2021	64,400.00	0.00	0.00	31,433.33	9,200.00	40,633.33	23,766.67	S/L	7.00
7959		Vision Screener - 32915	12/31/2020	7,600.00	0.00	0.00	5,320.00	1,520.00	6,840.00	760.00	S/L	5.00
7960		Adams Make Up Air Replace HS (1	9/21/2021	89,800.00	0.00	89,800.00	89,800.00	0.00	89,800.00	0.00	200DB	7.0
7961		Zonos Sanitizer Cabinet M1	8/28/2020	21,777.00	0.00	0.00	16,695.70	4,355.40	21,051.10	725.90	S/L	5.00
7962		Zonos Sanitizer Cabinet A2 Ser ZI	8/28/2020	21,777.00	0.00	0.00	16,695.70	4,355.40	21,051.10	725.90	S/L	5.00
7963		Zonos Sanitizer Cabinet PI	8/28/2020	21,777.00	0.00	0.00	16,695.70	4,355.40	21,051.10	725.90	S/L	5.00

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: Head Start Equipment/Vehi (continued)</b>												
7964		Global Plasma IMOD - PO 10920 R	7/10/2020	12,100.02	0.00	0.00	9,680.00	2,420.02	12,100.02	0.00	S/L	5.00
7965		Global Plasma IMOD - PO 10919 R	7/10/2020	12,100.02	0.00	0.00	9,680.00	2,420.02	12,100.02	0.00	S/L	5.00
7966		Global Plasma IMOD - PO 10922 A	7/07/2020	11,278.96	0.00	0.00	9,023.16	2,255.80	11,278.96	0.00	S/L	5.00
7972		2021 Toyota Sienna	8/12/2021	39,167.16	0.00	18,200.00	31,618.98	3,019.27	34,638.25	4,528.91	200DB	5.0
7973		2021 Toyota Sienna	9/21/2021	39,617.16	0.00	18,200.00	31,906.98	3,084.07	34,991.05	4,626.11	200DB	5.0
7974		ZONOS Sanitizer - Innovative Heal	11/03/2021	23,300.00	0.00	11,412.24	11,412.24	3,396.50	14,808.74	8,491.26	200DB	7.0
7975		A/V Equip - KTC Adams Comm Rc	3/01/2022	15,961.93	0.00	0.00	15,961.93	0.00	15,961.93	0.00	S/L	7.00
7977		ZONOS sanitizer - Monroe	8/29/2022	24,800.00	0.00	0.00	6,495.24	3,542.86	10,038.10	14,761.90	S/L	7.00
7978		Ricoh IM C6000 Copier - Monroe -	7/19/2022	8,752.27	0.00	0.00	3,355.03	1,750.45	5,105.48	3,646.79	S/L	5.00
7979		Water Heater	2/08/2023	17,236.72	0.00	0.00	3,488.39	2,462.39	5,950.78	11,285.94	S/L	7.00
7983		Ricoh IM C6000 Copier - PLAZA -	11/30/2022	8,523.53	0.00	0.00	2,699.12	1,704.71	4,403.83	4,119.70	S/L	5.00
7986		#1- 2023 Polaris Ranger - 3NSMA	4/06/2023	17,423.43	0.00	0.00	3,111.33	2,489.06	5,600.39	11,823.04	S/L	7.00
7987		Vision Screener - 10003284919	4/28/2023	6,906.52	0.00	0.00	1,151.09	986.65	2,137.74	4,768.78	S/L	7.00
7989		Hearing Screener - GI1008963	5/08/2023	5,565.38	0.00	0.00	927.56	795.05	1,722.61	3,842.77	S/L	7.00
7992		2023 Subaru Forester - JF2SKACC	6/27/2023	29,531.04	0.00	0.00	4,218.72	4,218.72	8,437.44	21,093.60	S/L	7.00
7996		#2 -Ricoh IM C6000 Copier Adams	3/18/2023	4,085.88	0.00	0.00	1,021.47	817.18	1,838.65	2,247.23	S/L	5.00
8000		2023 Subaru Forester JF2SKACC3I	7/11/2023	29,483.37	0.00	0.00	4,211.91	4,211.91	8,423.82	21,059.55	S/L	7.00
8001		2023 Subaru Forester JF2SKACC6I	8/02/2023	29,483.37	0.00	0.00	3,860.92	4,211.91	8,072.83	21,410.54	S/L	7.00
8002		2023 Chevy 30 Pass Bus IHA6GUI	10/27/2023	95,159.43	0.00	0.00	9,062.80	13,594.20	22,657.00	72,502.43	S/L	7.00
8003		2023 Chevy 30 Pass Bus IHA6GUI	10/27/2023	95,159.43	0.00	0.00	9,062.80	13,594.20	22,657.00	72,502.43	S/L	7.00
8004		2024 Chevy 30 Pass Bus IHA6GUI	11/27/2023	105,222.50	0.00	0.00	8,768.54	15,031.79	23,800.33	81,422.17	S/L	7.00
8006		Automatic Door Opener-Adams Dbl	2/27/2024	8,000.00	0.00	0.00	266.67	800.00	1,066.67	6,933.33	S/L	10.00
8007		2024 Subaru Forester JF2SKABC7I	3/11/2024	30,475.91	0.00	0.00	1,451.23	4,353.70	5,804.93	24,670.98	S/L	7.00
8008		2024 Chevy Equinox 3GNAXSEG4	3/11/2024	30,883.00	0.00	0.00	1,470.62	4,411.86	5,882.48	25,000.52	S/L	7.00
8010		Monroe Playground Fence 2023/20	11/14/2023	17,494.02	0.00	0.00	1,666.10	2,499.15	4,165.25	13,328.77	S/L	7.00
8012		Konica Copier-Plaza-Serial#AA7N0	3/24/2024	5,100.00	0.00	0.00	182.14	728.57	910.71	4,189.29	S/L	7.00
8014		Cart Caddy - Nutrition Part B	5/07/2024	5,514.75	0.00	0.00	91.91	551.48	643.39	4,871.36	S/L	10.00
8015		Mini-split Inverter - Adams IT Roor	4/03/2024	5,879.00	0.00	0.00	146.98	587.90	734.88	5,144.12	S/L	10.00
8016		Adams Playground Fence Ard Clim	5/16/2024	18,516.00	0.00	0.00	220.43	2,645.14	2,865.57	15,650.43	S/L	7.00
8019		Playground I/T Artificial Turf MNT	7/31/2023	107,000.00	0.00	0.00	9,808.33	10,700.00	20,508.33	86,491.67	S/L	10.00
8021		2025 Foreman Bus 1FD4FN1SD	9/19/2024	112,039.86	0.00c	0.00	0.00	12,004.27	12,004.27	100,035.59	S/L	7.00
8023		Keyless Door Access - 5 ext. doors -	2/12/2025	13,000.27	0.00c	0.00	0.00	541.68	541.68	12,458.59	S/L	10.00
8024		2025 Toyota Sienna 5TDBSKFC5S	3/13/2025	49,021.28	0.00c	0.00	0.00	2,334.35	2,334.35	46,686.93	S/L	7.00
8025		2025 Toyota Sienna 5TDBSKFC7S	3/13/2025	49,021.28	0.00c	0.00	0.00	2,334.35	2,334.35	46,686.93	S/L	7.00
8026		2025 Ford Escape 1FMCU9GN4SU	1/06/2025	33,402.81	0.00c	0.00	0.00	2,385.91	2,385.91	31,016.90	S/L	7.00
8027		2025 Chevy Equinox 3GNAXPEG	3/07/2025	33,139.00	0.00c	0.00	0.00	1,578.05	1,578.05	31,560.95	S/L	7.00
8028		2025 Subaru Forester JF2SLDAC3	1/29/2025	32,581.40	0.00c	0.00	0.00	1,939.37	1,939.37	30,642.03	S/L	7.00
8029		2 Shade Structures - Adams Playgro	5/03/2025	16,600.00	0.00c	0.00	0.00	395.24	395.24	16,204.76	S/L	7.00

**Head Start Equipment/Vehi** 3,480,219.24 0.00c 137,612.24 1,831,694.27 318,929.53 2,150,623.80 1,329,595.44

**Group: HS/EHS Building Federal I**

689		Monroe Office Addition (lease start	9/01/2009	8,601.00	0.00	0.00	4,599.17	358.38	4,957.55	3,643.45	S/L	24.00
690		Monroe Office Addition (lease start	2/26/2010	33,490.00	0.00	0.00	17,907.86	1,395.42	19,303.28	14,186.72	S/L	24.00
808		Monroe Office Addition	2/22/2011	439,702.81	0.00	0.00	245,806.08	18,320.95	264,127.03	175,575.78	S/L	24.00
809		Monroe Parking Lot Lights	5/21/2012	15,327.00	0.00	0.00	8,107.76	666.39	8,774.15	6,552.85	S/L	23.00
3250		East Adams 120 HS/EHS portion	5/30/2003	566,820.00	0.00	0.00	306,399.55	14,533.85	320,933.40	245,886.60	S/L	39.00
7967		Monroe Vestibule Project	6/22/2021	249,586.00	0.00	0.00	49,917.21	16,639.07	66,556.28	183,029.72	S/L	15.00
7980		Monroe Cabling Upgrades	9/01/2022	24,350.00	0.00	0.00	6,377.38	3,478.57	9,855.95	14,494.05	S/L	7.00

**Tax Asset Detail 7/01/2024 - 6/30/2025**

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: HS/EHS Building Federal I (continued)</b>												
7981		Plaza Cabling Upgrades	11/22/2022	37,176.41	0.00	0.00	8,408.95	5,310.92	13,719.87	23,456.54	S/L	7.00
7982		Adams Cabling Upgrades	11/22/2022	17,150.41	0.00	0.00	3,879.26	2,450.06	6,329.32	10,821.09	S/L	7.00
7985		New Roof - Monroe - 2023	2/21/2023	170,692.00	0.00	0.00	15,172.63	11,379.47	26,552.10	144,139.90	S/L	15.00
7990		LED Lights - Plaza	2/14/2023	21,478.61	0.00	0.00	4,346.86	3,068.37	7,415.23	14,063.38	S/L	7.00
7991		LED Lights - Monroe	2/14/2023	21,160.24	0.00	0.00	4,282.43	3,022.89	7,305.32	13,854.92	S/L	7.00
7994		Boilers - Adams	5/08/2023	22,000.00	0.00	0.00	3,666.67	3,142.86	6,809.53	15,190.47	S/L	7.00
<b>HS/EHS Building Federal I</b>				<u>1,627,534.48</u>	<u>0.00c</u>	<u>0.00</u>	<u>678,871.81</u>	<u>83,767.20</u>	<u>762,639.01</u>	<u>864,895.47</u>		
<b>Group: Land</b>												
431		Land East Adams	5/30/2003	465,714.00	0.00	0.00	0.00	0.00	0.00	465,714.00	Land	0.00
743		Fullerton Property - Box Elder	12/31/2014	78,753.54	0.00	0.00	0.00	0.00	0.00	78,753.54	Land	0.00
802		Land Plaza Site	6/30/2009	200,000.00	0.00	0.00	0.00	0.00	0.00	200,000.00	Land	0.00
<b>Land</b>				<u>744,467.54</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>744,467.54</u>		
<b>Group: YFS Vehicles</b>												
201		Bus Mini Chevy 2000 1GBJB31R5	2/04/2000	36,899.00	0.00	0.00	36,899.00	0.00	36,899.00	0.00	S/L	5.00
618		Bus 2004 Bluebird 65 passanger 1B	1/19/2006	61,025.00	0.00	0.00	61,025.00	0.00	61,025.00	0.00	S/L	7.00
647		Ford Collins Bus (DOT) 2006 1FD	1/31/2007	56,447.00	0.00	0.00	56,447.00	0.00	56,447.00	0.00	S/L	5.00
682		2009 Toyota Rav-4 2T3BF33V49W	1/23/2009	21,124.00	0.00	0.00	21,124.00	0.00	21,124.00	0.00	S/L	7.00
684		2009 Chevrolet/Champion Transit B	6/04/2009	70,310.00	0.00	0.00	70,310.00	0.00	70,310.00	0.00	S/L	7.00
707		2012 Subaru Forrester 2.5x #335 JF	1/17/2012	23,763.46	0.00	0.00	23,763.46	0.00	23,763.46	0.00	S/L	7.00
712		2010 Ford E-350 15 Pass Van 1FB	3/05/2012	20,676.37	0.00	0.00	20,676.37	0.00	20,676.37	0.00	S/L	7.00
727		2013 Kia Sorento 5XYKUDA29DC	5/01/2014	26,160.97	0.00	0.00	26,160.97	0.00	26,160.97	0.00	S/L	7.00
728		2014 Chevy Express 3500 Van 1G	6/23/2015	30,750.00	0.00	0.00	30,750.00	0.00	30,750.00	0.00	S/L	7.00
736		New Engine in Ford Collins Bus (D	10/19/2014	15,860.46	0.00	0.00	15,860.46	0.00	15,860.46	0.00	S/L	5.00
745		2014 Chevy Express 3500 Van - Ta	7/29/2015	1,230.00	0.00	0.00	1,230.00	0.00	1,230.00	0.00	S/L	7.00
767		2015 Mitsubishi Outlander JA4JZ4	3/03/2017	22,098.00	0.00	0.00	22,098.00	0.00	22,098.00	0.00	S/L	7.00
772		2018 Ford Transit Van 1FBZX2YG	6/06/2019	32,805.93	0.00	0.00	23,823.35	4,686.56	28,509.91	4,296.02	S/L	7.00
7910		2014 Ford F150 1FTMF1EM3EKE	3/04/2020	9,230.50	0.00	0.00	5,714.11	1,318.64	7,032.75	2,197.75	S/L	7.00
7956		2021 Honda Odyssey 5FNRL6H78L	4/20/2021	39,336.96	0.00	0.00	24,913.40	7,867.39	32,780.79	6,556.17	S/L	5.00
7971		2018 GMC Terrain 36KALVEV2JL	10/19/2021	28,999.00	0.00	28,999.00	28,999.00	0.00	28,999.00	0.00	200DB	5.0
7997		#2 -2023 Polaris Ranger - 3NSMA	4/06/2023	2,375.92	0.00	0.00	424.27	339.42	763.69	1,612.23	S/L	7.00
8009		2011 Dodge Ram 3D7JV1EP3BG5	2/05/2024	6,568.62	0.00	0.00	390.99	938.37	1,329.36	5,239.26	S/L	7.00
8030		2013 Ford Pickup 1FTNF1EF2DKF	10/24/2024	10,916.00	0.00c	0.00	0.00	1,039.62	1,039.62	9,876.38	S/L	7.00
<b>YFS Vehicles</b>				<u>516,577.19</u>	<u>0.00c</u>	<u>28,999.00</u>	<u>470,609.38</u>	<u>16,190.00</u>	<u>486,799.38</u>	<u>29,777.81</u>		
<b>Form 990, Page 1</b>				12,406,162.30	0.00c	276,611.24	6,317,219.29	645,485.83	6,962,705.12	5,443,457.18		
<b>*Less: Dispositions and Transfers</b>				7,191.00	0.00	0.00	7,191.00	0.00	7,191.00	0.00		
<b>Net Form 990, Page 1</b>				<u>12,398,971.30</u>	<u>0.00c</u>	<u>276,611.24</u>	<u>6,310,028.29</u>	<u>645,485.83</u>	<u>6,955,514.12</u>	<u>5,443,457.18</u>		
<b>Grand Total</b>				12,406,162.30	0.00c	276,611.24	6,317,219.29	645,485.83	6,962,705.12	5,443,457.18		
<b>Less: Dispositions and Transfers</b>				7,191.00	0.00	0.00	7,191.00	0.00	7,191.00	0.00		
<b>Net Grand Total</b>				<u>12,398,971.30</u>	<u>0.00c</u>	<u>276,611.24</u>	<u>6,310,028.29</u>	<u>645,485.83</u>	<u>6,955,514.12</u>	<u>5,443,457.18</u>		

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1</b>											
<b>Group: Building</b>											
307	Plaza Building	5/22/2001	119,169.00	0.00	0.00	73,715.34	3,055.62	76,770.96	42,398.04	S/L	39.00
325	East Adams	5/30/2003	3,282,358.15	0.00	0.00	1,708,254.61	84,163.03	1,792,417.64	1,489,940.51	S/L	39.00
417	Fence 8 Ft Play Field CHC East Enc	8/16/2004	3,689.00	0.00	0.00	3,689.00	0.00	3,689.00	0.00	S/L	5.00
430	Adams Building - Construction final	11/30/2004	4,246.00	0.00	0.00	4,246.00	0.00	4,246.00	0.00	S/L	5.00
685	Plaza Building	3/01/1994	841,561.00	0.00	0.00	669,195.15	21,039.03	690,234.18	151,326.82	S/L	40.00
686	Plaza Building - costs closing 6/200	6/24/2009	3,053.88	0.00	0.00	1,964.70	122.16	2,086.86	967.02	S/L	25.00
693	Plaza Office Remodel (3 enclosed o	2/02/2011	13,000.38	0.00	0.00	7,496.92	520.02	8,016.94	4,983.44	S/L	25.00
694	Plaza Reception Area Remodel	12/30/2010	15,610.75	0.00	0.00	9,106.27	624.43	9,730.70	5,880.05	S/L	25.00
695	Monroe Kitchen Expansion Design	12/30/2011	42,945.00	0.00	0.00	25,362.41	1,867.17	27,229.58	15,715.42	S/L	23.00
697	E. Adams Shade Structure Canopy	5/21/2012	5,000.00	0.00	0.00	4,388.86	333.33	4,722.19	277.81	S/L	15.00
723	Counseling Center Wall Addition	5/22/2013	5,674.00	0.00	0.00	2,761.35	226.96	2,988.31	2,685.69	S/L	25.00
742	Fullerton Property - Box Elder	10/29/2014	13,146.46	0.00	0.00	3,623.71	337.09	3,960.80	9,185.66	S/L	39.00
6950	Monroe Kitchen Expansion - 25 yea	12/30/2011	412,533.99	0.00	0.00	243,634.20	17,936.26	261,570.46	150,963.53	S/L	23.00
7995	Boilers - Adams	5/08/2023	177,390.13	0.00	0.00	54,906.47	25,341.45	80,247.92	97,142.21	S/L	7.00
7998	Monroe Vestibule Project (2 of 3) sc	6/22/2021	16,685.68	0.00	0.00	4,449.52	1,112.38	5,561.90	11,123.78	S/L	15.00
7999	Monroe Vestibule Project (3 of 3) sc	7/01/2022	5,429.32	0.00	0.00	1,085.85	361.95	1,447.80	3,981.52	S/L	15.00
<b>Building</b>			<u>4,961,492.74</u>	<u>0.00</u>	<u>0.00</u>	<u>2,817,880.36</u>	<u>157,040.88</u>	<u>2,974,921.24</u>	<u>1,986,571.50</u>		
<b>Group: Construction in Progress</b>											
8031	High Tunnel	6/30/2025	8,357.11	0.00	0.00	0.00	0.00	0.00	8,357.11	Memo	0.00
8032	Adams Kitchen Rooftop Unit	6/30/2025	11,880.00	0.00	0.00	0.00	0.00	0.00	11,880.00	Memo	0.00
<b>Construction in Progress</b>			<u>20,237.11</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>20,237.11</u>		
<b>Group: Equi/Furnishings--Healthy</b>											
751	2016 Dodge Grand Caravan 2C4RE	12/01/2015	24,602.40	0.00	0.00	24,602.40	0.00	24,602.40	0.00	S/L	7.00
752	2016 Subaru Crosstrek JF2GPABC	1/27/2016	24,232.19	0.00	0.00	24,232.19	0.00	24,232.19	0.00	S/L	7.00
754	2016 Dodge Journey 3C4PDDAG6	12/01/2015	26,502.00	0.00	0.00	26,502.00	0.00	26,502.00	0.00	S/L	7.00
758	2017 Subaru Forester JF2SJABCXI	8/24/2016	24,328.00	0.00	0.00	24,328.00	0.00	24,328.00	0.00	S/L	7.00
759	2016 Mitsubishi Outlander Sport JA	10/27/2016	21,414.60	0.00	0.00	21,414.60	0.00	21,414.60	0.00	S/L	7.00
760	2016 Mitsubishi Outlander Sport JA	10/27/2016	21,414.60	0.00	0.00	21,414.60	0.00	21,414.60	0.00	S/L	7.00
7984	2020 Kia Sorento - 5XYPGDA33L	9/20/2022	32,142.00	0.00	0.00	12,627.21	4,591.71	17,218.92	14,923.08	S/L	7.00
8005	Konica Copier-Adam-Serial#AA7N	8/17/2023	8,634.36	0.00	0.00	2,261.38	1,233.48	3,494.86	5,139.50	S/L	7.00
<b>Equi/Furnishings--Healthy</b>			<u>183,270.15</u>	<u>0.00</u>	<u>0.00</u>	<u>157,382.38</u>	<u>5,825.19</u>	<u>163,207.57</u>	<u>20,062.58</u>		
<b>Group: Equip- SAMHSA</b>											
796	2017 Chevy Equinox 2GNFLEEK7	9/27/2019	19,134.96	0.00	0.00	15,945.82	2,733.57	18,679.39	455.57	S/L	7.00
<b>Equip- SAMHSA</b>			<u>19,134.96</u>	<u>0.00</u>	<u>0.00</u>	<u>15,945.82</u>	<u>2,733.57</u>	<u>18,679.39</u>	<u>455.57</u>		
<b>Group: Equipment</b>											
38	30 Quart Mixer 11-1024-350	11/01/1994	6,688.00	0.00	0.00	6,688.00	0.00	6,688.00	0.00	S/L	5.00
43	Dish Machine/Dish Racks G161955	12/01/1994	8,984.00	0.00	0.00	8,984.00	0.00	8,984.00	0.00	S/L	5.00
332	Table Chairs for new building	5/30/2003	19,315.00	0.00	0.00	19,315.00	0.00	19,315.00	0.00	S/L	7.00
340	Alarms	5/30/2003	6,965.00	0.00	0.00	6,965.00	0.00	6,965.00	0.00	S/L	7.00
342	Walk in Cooler Freezer	5/30/2003	25,210.00	0.00	0.00	25,210.00	0.00	25,210.00	0.00	S/L	7.00
343	Mixer 40 Qt	5/30/2003	11,213.00	0.00	0.00	11,213.00	0.00	11,213.00	0.00	S/L	7.00

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: Equipment (continued)</b>											
344	Exhaust Hood Range	5/30/2003	10,550.00	0.00	0.00	10,550.00	0.00	10,550.00	0.00	S/L	7.00
347	Soiled Table SS Dishroom	5/30/2003	5,228.00	0.00	0.00	5,228.00	0.00	5,228.00	0.00	S/L	7.00
367	Kitchen Equipment-Salad Bar	5/30/2003	5,131.00	0.00	0.00	5,131.00	0.00	5,131.00	0.00	S/L	7.00
391	Carpet Extractor 614000-10177018	3/22/2004	4,047.00	0.00	0.00	4,047.00	0.00	4,047.00	0.00	S/L	7.00
393	Kitchen Equipment fm Hogg	6/30/2004	6,023.00	0.00	0.00	6,023.00	0.00	6,023.00	0.00	S/L	7.00
395	Cabinet Library	6/30/2004	2,400.00	0.00	0.00	2,400.00	0.00	2,400.00	0.00	S/L	7.00
612	Speaker System for Adams Gym	3/06/2006	2,370.00	0.00	0.00	2,370.00	0.00	2,370.00	0.00	S/L	7.00
614	Artwork - White Buffalo	3/08/2006	2,000.00	0.00	0.00	2,000.00	0.00	2,000.00	0.00	S/L	10.00
615	Artwork - Shade Tree	3/09/2006	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	0.00	S/L	10.00
632	Die Cut machine/Holiday lowercase	1/23/2007	1,950.40	0.00	0.00	1,950.40	0.00	1,950.40	0.00	S/L	7.00
642	Cabinets for GI Gameroom	6/29/2007	1,626.24	0.00	0.00	1,626.24	0.00	1,626.24	0.00	S/L	7.00
645	HVAC unit for dining room at E Ad	10/17/2006	10,253.00	0.00	0.00	10,253.00	0.00	10,253.00	0.00	S/L	7.00
650	Toaster Conveyor TRH-500 394719	6/30/2007	1,370.00	0.00	0.00	1,370.00	0.00	1,370.00	0.00	S/L	7.00
672	Change out pump for Boiler at Mon	9/25/2007	1,470.65	0.00	0.00	1,470.65	0.00	1,470.65	0.00	S/L	7.00
676	Storage Shed at E Adams	5/21/2008	1,225.76	0.00	0.00	1,225.76	0.00	1,225.76	0.00	S/L	7.00
692	Cleveland Convection Steamer 22C	6/18/2010	8,937.42	0.00	0.00	8,937.42	0.00	8,937.42	0.00	S/L	7.00
699	Servicing Counter Hot Food Electric	12/31/2011	6,516.19	0.00	0.00	6,516.19	0.00	6,516.19	0.00	S/L	7.00
710	Ricoh MPC5502 C30105975	3/29/2012	9,592.00	0.00	0.00	9,592.00	0.00	9,592.00	0.00	S/L	7.00
724	Richo Copier AFICIO MPC3502 C	6/11/2013	8,461.00	0.00	0.00	8,461.00	0.00	8,461.00	0.00	S/L	5.00
795	Train for Kids Fair and other events	10/30/2019	16,000.00	0.00	0.00	9,200.00	1,600.00	10,800.00	5,200.00	S/L	10.00
804	Convection Oven Blodgett Oven M	12/31/2011	9,640.02	0.00	0.00	9,640.02	0.00	9,640.02	0.00	S/L	7.00
807	Kettle Tilting Electric C519-cfc-7	12/31/2011	11,514.10	0.00	0.00	11,514.10	0.00	11,514.10	0.00	S/L	7.00
811	Ricoh Copier MPC5503 Serial C8	6/26/2015	9,851.35	0.00	0.00	9,851.35	0.00	9,851.35	0.00	S/L	5.00
861	Ricoh MPC6004 417453 MP6004	11/04/2016	9,700.00	0.00	0.00	9,700.00	0.00	9,700.00	0.00	S/L	5.00
6430	Fire/Security System Replacement	2/01/2007	14,081.07	0.00	0.00	14,081.07	0.00	14,081.07	0.00	S/L	7.00
6960	A/C Condensing Unit replacement	1/30/2011	5,102.58	0.00	0.00	5,102.58	0.00	5,102.58	0.00	S/L	12.00
7150	HVAC Software E. Adams Bldg	6/25/2013	7,644.00	0.00	0.00	7,644.00	0.00	7,644.00	0.00	S/L	5.00
7320	Plaza Office Remodel (remove & re	6/30/2014	1,994.00	0.00	0.00	877.36	79.76	957.12	1,036.88	S/L	25.00
7870	Plaza Phone System	2/27/2020	8,376.72	0.00	0.00	4,537.38	837.67	5,375.05	3,001.67	S/L	10.00
7940	#2 - Vision Screener Serial #213082	3/04/2020	465.00	0.00	0.00	354.29	66.43	420.72	44.28	S/L	7.00
7941	Playground - Crab Trap	6/18/2021	63,585.00	0.00	0.00	36,334.28	9,083.57	45,417.85	18,167.15	S/L	7.00
7945	Robotics equipment for Middle Sch	10/06/2020	20,354.93	0.00	0.00	19,337.20	1,017.73	20,354.93	0.00	S/L	5.00
7946	AHU-1 HVAC Chiller/DX Coil Repl	2/28/2021	135,300.00	0.00	0.00	58,630.00	13,530.00	72,160.00	63,140.00	S/L	10.00
7947	Marco Sharp Copier for Nutrition 5	10/27/2020	8,459.28	0.00	0.00	7,895.34	563.94	8,459.28	0.00	S/L	5.00
7948	A/V Equipment for High Tech Trair	5/01/2021	25,167.75	0.00	0.00	20,973.13	4,194.62	25,167.75	0.00	S/L	5.00
7968	Adams Make Up Air Replce (2 of 2	9/21/2021	110,000.00	0.00	0.00	110,000.00	0.00	110,000.00	0.00	200DB	7.0
7969	Global Plasma IMOD - PO10922 A	7/07/2020	10,874.51	0.00	0.00	10,874.51	0.00	10,874.51	0.00	S/L	5.00
7970	Global Plasma IMOD - PO 11139 A	9/25/2020	12,078.59	0.00	0.00	11,474.67	603.92	12,078.59	0.00	S/L	5.00
7976	Quito Playground Structure - CDC	12/20/2022	70,859.00	0.00	0.00	25,306.78	10,122.71	35,429.49	35,429.51	S/L	7.00
7988	#1 -Ricoh IM C6000 Copier Adams	3/18/2023	6,128.82	0.00	0.00	2,757.96	1,225.76	3,983.72	2,145.10	S/L	5.00
8011	Konica Copier-Plaza-Serial#AA7N0	3/24/2024	3,028.56	0.00	0.00	540.81	432.65	973.46	2,055.10	S/L	7.00
8013	Cart Caddy - Nutrition Part A	5/07/2024	1,838.25	0.00	0.00	214.47	183.83	398.30	1,439.95	S/L	10.00
8017	Irrigation System - Fullerton Farm	4/30/2024	24,365.53	0.00	0.00	2,842.64	2,436.55	5,279.19	19,086.34	S/L	10.00
8020	Playground - Oodle Swing - Adams	8/14/2024	8,965.00	0.00	0.00	1,173.99	1,280.71	2,454.70	6,510.30	S/L	7.00
8022	Fire Alarm Control Panel - Adams	12/06/2024	80,980.87	0.00	0.00	4,723.88	8,098.09	12,821.97	68,158.90	S/L	10.00
<b>Equipment</b>			<b>844,881.59</b>	<b>0.00</b>	<b>0.00</b>	<b>564,108.47</b>	<b>55,357.94</b>	<b>619,466.41</b>	<b>225,415.18</b>		

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1 (continued)</b>											
<b>Group: Farm to School Equipment</b>											
8018	Irrigation System - Fullerton Farm	4/30/2024	1,156.30	0.00	0.00	134.90	115.63	250.53	905.77	S/L	10.00
<b>Farm to School Equipment</b>			<u>1,156.30</u>	<u>0.00</u>	<u>0.00</u>	<u>134.90</u>	<u>115.63</u>	<u>250.53</u>	<u>905.77</u>		
<b>Group: Head Start Equipment/Vehi</b>											
29	Double stack Convection Oven 481	8/16/1994	7,420.00	0.00	0.00	7,420.00	0.00	7,420.00	0.00	S/L	5.00
57	Landscaping	1/16/1995	8,208.00	0.00	0.00	6,407.22	210.46	6,617.68	1,590.32	S/L	39.00
58	Doorway Remodel (side door?)	2/27/1997	3,235.00	0.00	0.00	2,353.98	82.95	2,436.93	798.07	S/L	39.00
85	Restroom - ADA Monroe	12/15/1997	1,872.00	0.00	0.00	1,322.00	48.00	1,370.00	502.00	S/L	39.00
99	Sensory Garden walk	9/12/1997	9,055.00	0.00	0.00	6,447.59	232.18	6,679.77	2,375.23	S/L	39.00
104	Playground - Fall Zone	8/04/1997	5,943.00	0.00	0.00	4,245.67	152.38	4,398.05	1,544.95	S/L	39.00
305	Wet/Dry Vac W159E00029123BT	4/23/2001	12,410.00	0.00	0.00	12,410.00	0.00	12,410.00	0.00	S/L	10.00
308	Landscaping	2/19/2001	1,950.00	0.00	0.00	1,950.00	0.00	1,950.00	0.00	S/L	15.00
335	Kitchen Equipment-Tilting Kettle	5/30/2003	6,610.00	0.00	0.00	6,610.00	0.00	6,610.00	0.00	S/L	7.00
605	Cabinets for MC-1 & Big Room	1/19/2006	2,670.00	0.00	0.00	2,670.00	0.00	2,670.00	0.00	S/L	7.00
628	Cabinets for ChC	2/21/2007	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	0.00	S/L	7.00
643	Fire/Security System Replacement	2/01/2007	431.00	0.00	0.00	431.00	0.00	431.00	0.00	S/L	7.00
655	Parking Lot Improvement - Monroe	2/15/2008	4,284.00	0.00	0.00	1,977.25	109.85	2,087.10	2,196.90	S/L	39.00
679	Cabinets for Multi Purpose room	2/22/2008	3,430.00	0.00	0.00	3,430.00	0.00	3,430.00	0.00	S/L	7.00
681	2009 Honda CRV LX 5J6RE48309	2/10/2009	21,500.00	0.00	0.00	21,500.00	0.00	21,500.00	0.00	S/L	7.00
683	Monroe Site Work Move Transform	2/06/2009	17,395.00	0.00	0.00	7,322.28	446.03	7,768.31	9,626.69	S/L	39.00
696	A/C Condensing Unit replacement	1/30/2011	19,195.42	0.00	0.00	19,195.42	0.00	19,195.42	0.00	S/L	12.00
698	2010 Subaru Forrester JF2SH6BC6	8/26/2010	22,660.00	0.00	0.00	22,660.00	0.00	22,660.00	0.00	S/L	7.00
700	Convection Steamer for Monroe	9/02/2010	6,992.12	0.00	0.00	6,992.12	0.00	6,992.12	0.00	S/L	7.00
701	2010 Toyota RAV4 2T3BF4DV5A'	9/03/2010	23,534.47	0.00	0.00	23,534.47	0.00	23,534.47	0.00	S/L	7.00
702	2010 Toyota RAV4 2T3BF4DV0A'	9/10/2010	23,837.29	0.00	0.00	23,837.29	0.00	23,837.29	0.00	S/L	7.00
705	2010 Chevy Collins 30 passenger bt	2/22/2011	43,043.70	0.00	0.00	43,043.70	0.00	43,043.70	0.00	S/L	7.00
706	2012 Subaru Forrester 2.5x #334 JF	1/17/2012	23,763.46	0.00	0.00	23,763.46	0.00	23,763.46	0.00	S/L	7.00
708	2011 Toyota Rav-4 #44 2T3BF4D'	1/17/2012	24,383.65	0.00	0.00	24,383.65	0.00	24,383.65	0.00	S/L	7.00
709	2012 Chevy Collins 24 Passenger B	5/31/2012	48,734.67	0.00	0.00	48,734.67	0.00	48,734.67	0.00	S/L	7.00
713	Suresight Vision & Hearing Screene	9/28/2011	9,008.26	0.00	0.00	9,008.26	0.00	9,008.26	0.00	S/L	7.00
718	2012 Chrysler Town & Country 2C	11/29/2012	24,488.25	0.00	0.00	24,488.25	0.00	24,488.25	0.00	S/L	7.00
729	2015 Subaru Forrester JF2SJABC9J	6/11/2014	24,720.00	0.00	0.00	24,720.00	0.00	24,720.00	0.00	S/L	7.00
732	Plaza Office Remodel (remove & re	6/30/2014	22,931.00	0.00	0.00	10,089.64	917.24	11,006.88	11,924.12	S/L	25.00
737	2015 Dodge Caravan 2C4RDGBG5	3/06/2015	24,118.00	0.00	0.00	24,118.00	0.00	24,118.00	0.00	S/L	7.00
738	2015 Dodge caravan 2C4RDGBZFI	3/09/2015	23,580.00	0.00	0.00	23,580.00	0.00	23,580.00	0.00	S/L	7.00
739	2015 Jeep Patriot 1C4NJRBBOFD'	3/10/2015	22,277.10	0.00	0.00	22,277.10	0.00	22,277.10	0.00	S/L	7.00
747	2016 Dodge Grand Caravan 2C4RI	2/22/2016	24,602.00	0.00	0.00	24,602.00	0.00	24,602.00	0.00	S/L	7.00
750	2016 Jeep Patriot 1C4NJRBBOGD'	2/22/2016	23,400.16	0.00	0.00	23,400.16	0.00	23,400.16	0.00	S/L	7.00
761	30 passenger school bus 1HA6GUE	12/01/2017	59,862.00	0.00	0.00	59,862.00	0.00	59,862.00	0.00	S/L	7.00
762	2018 Chevy Equinox 2GNAXREV'	1/26/2018	23,741.00	0.00	0.00	23,741.00	0.00	23,741.00	0.00	S/L	7.00
763	2017 Jeep Compass 3C4NJDB6H	1/26/2018	23,280.40	0.00	0.00	23,280.40	0.00	23,280.40	0.00	S/L	7.00
764	2018 Jeep Cherokee 1C4PJMCB3JI	1/26/2018	23,744.08	0.00	0.00	23,744.08	0.00	23,744.08	0.00	S/L	7.00
765	2018 Jeep Cherokee 1C4PJMCB3JI	1/26/2018	23,526.72	0.00	0.00	23,526.72	0.00	23,526.72	0.00	S/L	7.00
766	2017 Nissan Rogue JN18J1CR3HW	1/26/2018	25,023.36	0.00	0.00	25,023.36	0.00	25,023.36	0.00	S/L	7.00
769	2018 Honda CRV AWD 2HKRW6	6/15/2018	25,013.56	0.00	0.00	25,013.56	0.00	25,013.56	0.00	S/L	7.00
773	Spot Vision Screener - 1000299250	2/27/2019	6,551.88	0.00	0.00	6,005.88	546.00	6,551.88	0.00	S/L	7.00
774	30 pass school bus Chevy 1HA6GU	8/28/2019	56,800.64	0.00	0.00	48,010.08	8,114.38	56,124.46	676.18	S/L	7.00

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: Head Start Equipment/Vehi (continued)</b>											
775	Vision Screener	2/12/2019	6,510.62	0.00	0.00	5,968.08	542.54	6,510.62	0.00	S/L	7.00
776	2019 Chevy Equinox	4/08/2019	24,226.40	0.00	0.00	21,630.69	2,595.71	24,226.40	0.00	S/L	7.00
777	2019 Chevy Equinox	4/08/2019	24,226.40	0.00	0.00	21,630.69	2,595.71	24,226.40	0.00	S/L	7.00
778	Vision Screener S/N (21) 32768	2/12/2019	6,510.62	0.00	0.00	5,968.08	542.54	6,510.62	0.00	S/L	7.00
779	2018 Nissan Rogue	2/01/2019	24,791.00	0.00	0.00	22,725.08	2,065.92	24,791.00	0.00	S/L	7.00
780	2019 Subaru Forester	2/01/2019	25,064.56	0.00	0.00	22,975.84	2,088.72	25,064.56	0.00	S/L	7.00
781	2018 Toyota RAV 4 JTMFREVOJJ	4/24/2019	25,728.22	0.00	0.00	22,971.62	2,756.60	25,728.22	0.00	S/L	7.00
782	27 pass school bus Chevy IHA6GU	2/28/2019	61,300.32	0.00	0.00	61,300.32	0.00	61,300.32	0.00	S/L	7.00
784	Monroe Phone System	7/01/2019	21,650.00	0.00	0.00	15,155.00	2,165.00	17,320.00	4,330.00	S/L	10.00
785	2019 Dodge Grande Caravan	2/28/2018	25,211.12	0.00	0.00	25,211.12	0.00	25,211.12	0.00	S/L	7.00
786	2019 Chevy Collins IHA6GUBG7H	10/29/2019	62,027.28	0.00	0.00	50,950.98	8,861.04	59,812.02	2,215.26	S/L	7.00
787	Plaza Phone System	2/27/2020	29,699.28	0.00	0.00	16,087.12	2,969.93	19,057.05	10,642.23	S/L	10.00
788	2019 Chevy Collins 1JHA6GUBG3	4/09/2020	64,459.20	0.00	0.00	48,344.41	9,208.46	57,552.87	6,906.33	S/L	7.00
789	Cowboy Up Play Structure	3/11/2020	7,644.00	0.00	0.00	5,824.00	1,092.00	6,916.00	728.00	S/L	7.00
790	Shade Structure	3/18/2020	27,345.68	0.00	0.00	20,834.83	3,906.53	24,741.36	2,604.32	S/L	7.00
791	2014 Ford F150 1FTMF1EM3EKE	3/04/2020	8,853.00	0.00	0.00	6,745.12	1,264.71	8,009.83	843.17	S/L	7.00
792	Sharp Copier 9305058Y	3/30/2020	6,459.28	0.00	0.00	4,921.33	922.75	5,844.08	615.20	S/L	7.00
793	Sharp Copier 9305049Y	3/30/2020	6,459.28	0.00	0.00	4,921.33	922.75	5,844.08	615.20	S/L	7.00
794	#1 - Vision Screener Serial #213082	3/04/2020	6,106.88	0.00	0.00	4,652.85	872.41	5,525.26	581.62	S/L	7.00
797	ZONOS Sanitizer	2/22/2020	20,077.00	0.00	0.00	10,875.04	2,007.70	12,882.74	7,194.26	S/L	10.00
799	Playground	6/30/2020	260,050.00	0.00	0.00	43,341.65	8,668.33	52,009.98	208,040.02	S/L	30.00
812	2014 Collins Chevy 30 Passenger B	6/30/2014	49,761.00	0.00	0.00	49,761.00	0.00	49,761.00	0.00	S/L	7.00
813	2014 Dodge Journey For RCHS EH	6/30/2014	23,193.35	0.00	0.00	23,193.35	0.00	23,193.35	0.00	S/L	7.00
814	2015 Jeep patriot for RHS EHS 1C	1/31/2015	24,729.53	0.00	0.00	24,729.53	0.00	24,729.53	0.00	S/L	7.00
815	2015 Dodge Caravan 2C4RDGBG3	1/31/2015	24,683.88	0.00	0.00	24,683.88	0.00	24,683.88	0.00	S/L	7.00
816	2019 Honda CRV 2NKRW6H32K1	2/01/2019	25,654.96	0.00	0.00	23,517.03	2,137.93	25,654.96	0.00	S/L	7.00
6550	Parking Lot Improvement - Monroe	3/01/2008	72,516.00	0.00	0.00	33,468.90	1,859.38	35,328.28	37,187.72	S/L	39.00
7330	Tax for 2014 Collins Chevy 30 Pass	6/30/2014	1,492.83	0.00	0.00	1,492.83	0.00	1,492.83	0.00	S/L	7.00
7740	Safegarrd Star Restraints for Bus	8/28/2019	3,668.00	0.00	0.00	3,275.00	393.00	3,668.00	0.00	S/L	7.00
7820	27 passenger school bus additional ti	8/28/2019	197.71	0.00	0.00	167.09	28.24	195.33	2.38	S/L	7.00
7850	Safegarrd Star Restraints for Bus	2/28/2019	3,537.00	0.00	0.00	3,031.74	505.26	3,537.00	0.00	S/L	7.00
7944	Monroe HVAC Compressor Replac	6/30/2021	14,895.00	0.00	0.00	5,958.00	1,489.50	7,447.50	7,447.50	S/L	10.00
7949	2021 Subaru Forester CVT 5315	2/25/2021	26,202.64	0.00	0.00	22,708.96	3,493.68	26,202.64	0.00	S/L	5.00
7950	2019 Ford Flex 2FMHK6086KBA2	2/23/2021	28,935.76	0.00	0.00	25,077.65	3,858.11	28,935.76	0.00	S/L	5.00
7951	2021 Subaru Forester CVT 0880	2/25/2021	26,202.64	0.00	0.00	22,708.96	3,493.68	26,202.64	0.00	S/L	5.00
7952	2021 Honda CR-V	2/16/2021	28,406.96	0.00	0.00	24,619.36	3,787.60	28,406.96	0.00	S/L	5.00
7953	2021 Jeep Cherokee 9599	2/09/2021	31,788.24	0.00	0.00	28,079.62	3,708.62	31,788.24	0.00	S/L	5.00
7954	2021 Chrysler Pacifica Mini-Van 91	2/09/2021	39,608.06	0.00	0.00	34,987.11	4,620.95	39,608.06	0.00	S/L	5.00
7955	2021 Chrysler Pacifica Mini-Van 85	2/16/2021	34,949.00	0.00	0.00	30,289.13	4,659.87	34,949.00	0.00	S/L	5.00
7957	Shady Days playground structures	2/16/2021	39,512.65	0.00	0.00	24,460.19	5,644.66	30,104.85	9,407.80	S/L	7.00
7958	Walk-in Cooler Freezer	1/25/2021	64,400.00	0.00	0.00	40,633.33	9,200.00	49,833.33	14,566.67	S/L	7.00
7959	Vision Screener - 32915	12/31/2020	7,600.00	0.00	0.00	6,840.00	760.00	7,600.00	0.00	S/L	5.00
7960	Adams Make Up Air Replace HS (1	9/21/2021	89,800.00	0.00	0.00	89,800.00	0.00	89,800.00	0.00	200DB	7.0
7961	Zonos Sanitizer Cabinet M1	8/28/2020	21,777.00	0.00	0.00	21,051.10	725.90	21,777.00	0.00	S/L	5.00
7962	Zonos Sanitizer Cabinet A2 Ser ZI	8/28/2020	21,777.00	0.00	0.00	21,051.10	725.90	21,777.00	0.00	S/L	5.00
7963	Zonos Sanitizer Cabinet P1	8/28/2020	21,777.00	0.00	0.00	21,051.10	725.90	21,777.00	0.00	S/L	5.00
7964	Global Plasma IMOD - PO 10920 R	7/10/2020	12,100.02	0.00	0.00	12,100.02	0.00	12,100.02	0.00	S/L	5.00
7965	Global Plasma IMOD - PO 10919 R	7/10/2020	12,100.02	0.00	0.00	12,100.02	0.00	12,100.02	0.00	S/L	5.00
7966	Global Plasma IMOD - PO 10922 A	7/07/2020	11,278.96	0.00	0.00	11,278.96	0.00	11,278.96	0.00	S/L	5.00

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: Head Start Equipment/Vehi (continued)</b>											
7972	2021 Toyota Sienna	8/12/2021	39,167.16	0.00	0.00	34,638.25	3,019.27	37,657.52	1,509.64	200DB	5.0
7973	2021 Toyota Sienna	9/21/2021	39,617.16	0.00	0.00	34,991.05	3,084.07	38,075.12	1,542.04	200DB	5.0
7974	ZONOS Sanitizer - Innovative Heal	11/03/2021	23,300.00	0.00	0.00	14,808.74	2,515.93	17,324.67	5,975.33	200DB	7.0
7975	A/V Equip - KTC Adams Comm Rc	3/01/2022	15,961.93	0.00	0.00	15,961.93	0.00	15,961.93	0.00	S/L	7.00
7977	ZONOS sanitizer - Monroe	8/29/2022	24,800.00	0.00	0.00	10,038.10	3,542.86	13,580.96	11,219.04	S/L	7.00
7978	Ricoh IM C6000 Copier - Monroe -	7/19/2022	8,752.27	0.00	0.00	5,105.48	1,750.45	6,855.93	1,896.34	S/L	5.00
7979	Water Heater	2/08/2023	17,236.72	0.00	0.00	5,950.78	2,462.39	8,413.17	8,823.55	S/L	7.00
7983	Ricoh IM C6000 Copier - PLAZA -	11/30/2022	8,523.53	0.00	0.00	4,403.83	1,704.71	6,108.54	2,414.99	S/L	5.00
7986	#1- 2023 Polaris Ranger - 3NSMA	4/06/2023	17,423.43	0.00	0.00	5,600.39	2,489.06	8,089.45	9,333.98	S/L	7.00
7987	Vision Screener - 10003284919	4/28/2023	6,906.52	0.00	0.00	2,137.74	986.65	3,124.39	3,782.13	S/L	7.00
7989	Hearing Screener - G11008963	5/08/2023	5,565.38	0.00	0.00	1,722.61	795.05	2,517.66	3,047.72	S/L	7.00
7992	2023 Subaru Forester - JF2SKACC	6/27/2023	29,531.04	0.00	0.00	8,437.44	4,218.72	12,656.16	16,874.88	S/L	7.00
7996	#2 -Ricoh IM C6000 Copier Adams	3/18/2023	4,085.88	0.00	0.00	1,838.65	817.18	2,655.83	1,430.05	S/L	5.00
8000	2023 Subaru Forester JF2SKACC3l	7/11/2023	29,483.37	0.00	0.00	8,423.82	4,211.91	12,635.73	16,847.64	S/L	7.00
8001	2023 Subaru Forester JF2SKACC6l	8/02/2023	29,483.37	0.00	0.00	8,072.83	4,211.91	12,284.74	17,198.63	S/L	7.00
8002	2023 Chevy 30 Pass Bus 1HA6GUL	10/27/2023	95,159.43	0.00	0.00	22,657.00	13,594.20	36,251.20	58,908.23	S/L	7.00
8003	2023 Chevy 30 Pass Bus 1HA6GUL	10/27/2023	95,159.43	0.00	0.00	22,657.00	13,594.20	36,251.20	58,908.23	S/L	7.00
8004	2024 Chevy 30 Pass Bus 1HA6GUL	11/27/2023	105,222.50	0.00	0.00	23,800.33	15,031.79	38,832.12	66,390.38	S/L	7.00
8006	Automatic Door Opener-Adams Dbl	2/27/2024	8,000.00	0.00	0.00	1,066.67	800.00	1,866.67	6,133.33	S/L	10.00
8007	2024 Subaru Forester JF2SKABC7l	3/11/2024	30,475.91	0.00	0.00	5,804.93	4,353.70	10,158.63	20,317.28	S/L	7.00
8008	2024 Chevy Equinox 3GNAXSEG4	3/11/2024	30,883.00	0.00	0.00	5,882.48	4,411.86	10,294.34	20,588.66	S/L	7.00
8010	Monroe Playground Fence 2023/20	11/14/2023	17,494.02	0.00	0.00	4,165.25	2,499.15	6,664.40	10,829.62	S/L	7.00
8012	Konica Copier-Plaza-Serial#AA7N0	3/24/2024	5,100.00	0.00	0.00	910.71	728.57	1,639.28	3,460.72	S/L	7.00
8014	Cart Caddy - Nutrition Part B	5/07/2024	5,514.75	0.00	0.00	643.39	551.48	1,194.87	4,319.88	S/L	10.00
8015	Mini-split Inverter - Adams IT Roor	4/03/2024	5,879.00	0.00	0.00	734.88	587.90	1,322.78	4,556.22	S/L	10.00
8016	Adams Playground Fence Ard Clim	5/16/2024	18,516.00	0.00	0.00	2,865.57	2,645.14	5,510.71	13,005.29	S/L	7.00
8019	Playground I/T Artificial Turf MNT	7/31/2023	107,000.00	0.00	0.00	20,508.33	10,700.00	31,208.33	75,791.67	S/L	10.00
8021	2025 Foreman Bus 1FDFE4FN1SD	9/19/2024	112,039.86	0.00	0.00	12,004.27	16,005.69	28,009.96	84,029.90	S/L	7.00
8023	Keyless Door Access - 5 ext. doors -	2/12/2025	13,000.27	0.00	0.00	541.68	1,300.03	1,841.71	11,158.56	S/L	10.00
8024	2025 Toyota Sienna 5TDBSKFC5S	3/13/2025	49,021.28	0.00	0.00	2,334.35	7,003.04	9,337.39	39,683.89	S/L	7.00
8025	2025 Toyota Sienna 5TDBSKFC7S	3/13/2025	49,021.28	0.00	0.00	2,334.35	7,003.04	9,337.39	39,683.89	S/L	7.00
8026	2025 Ford Escape 1FMCU9GN4SU	1/06/2025	33,402.81	0.00	0.00	2,385.91	4,771.83	7,157.74	26,245.07	S/L	7.00
8027	2025 Chevy Equinox 3GNAXPEGC	3/07/2025	33,139.00	0.00	0.00	1,578.05	4,734.14	6,312.19	26,826.81	S/L	7.00
8028	2025 Subaru Forester JF2SLDAC3l	1/29/2025	32,581.40	0.00	0.00	1,939.37	4,654.49	6,593.86	25,987.54	S/L	7.00
8029	2 Shade Structures - Adams Playgro	5/03/2025	16,600.00	0.00	0.00	395.24	2,371.43	2,766.67	13,833.33	S/L	7.00
<b>Head Start Equipment/Vehi</b>			<b>3,480,219.24</b>	<b>0.00</b>	<b>0.00</b>	<b>2,150,623.80</b>	<b>271,878.84</b>	<b>2,422,502.64</b>	<b>1,057,716.60</b>		
<b>Group: HS/EHS Building Federal I</b>											
689	Monroe Office Addition (lease start	9/01/2009	8,601.00	0.00	0.00	4,957.55	358.38	5,315.93	3,285.07	S/L	24.00
690	Monroe Office Addition (lease start	2/26/2010	33,490.00	0.00	0.00	19,303.28	1,395.42	20,698.70	12,791.30	S/L	24.00
808	Monroe Office Addition	2/22/2011	439,702.81	0.00	0.00	264,127.03	18,320.95	282,447.98	157,254.83	S/L	24.00
809	Monroe Parking Lot Lights	5/21/2012	15,327.00	0.00	0.00	8,774.15	666.39	9,440.54	5,886.46	S/L	23.00
3250	East Adams 120 HS/EHS portion	5/30/2003	566,820.00	0.00	0.00	320,933.40	14,533.85	335,467.25	231,352.75	S/L	39.00
7967	Monroe Vestibule Project	6/22/2021	249,586.00	0.00	0.00	66,556.28	16,639.07	83,195.35	166,390.65	S/L	15.00
7980	Monroe Cabling Upgrades	9/01/2022	24,350.00	0.00	0.00	9,855.95	3,478.57	13,334.52	11,015.48	S/L	7.00
7981	Plaza Cabling Upgrades	11/22/2022	37,176.41	0.00	0.00	13,719.87	5,310.92	19,030.79	18,145.62	S/L	7.00
7982	Adams Cabling Upgrades	11/22/2022	17,150.41	0.00	0.00	6,329.32	2,450.06	8,779.38	8,371.03	S/L	7.00
7985	New Roof - Monroe - 2023	2/21/2023	170,692.00	0.00	0.00	26,552.10	11,379.47	37,931.57	132,760.43	S/L	15.00

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Group: HS/EHS Building Federal I (continued)</b>											
7990	LED Lights - Plaza	2/14/2023	21,478.61	0.00	0.00	7,415.23	3,068.37	10,483.60	10,995.01	S/L	7.00
7991	LED Lights - Monroe	2/14/2023	21,160.24	0.00	0.00	7,305.32	3,022.89	10,328.21	10,832.03	S/L	7.00
7994	Boilers - Adams	5/08/2023	22,000.00	0.00	0.00	6,809.53	3,142.86	9,952.39	12,047.61	S/L	7.00
<b>HS/EHS Building Federal I</b>			<u>1,627,534.48</u>	<u>0.00</u>	<u>0.00</u>	<u>762,639.01</u>	<u>83,767.20</u>	<u>846,406.21</u>	<u>781,128.27</u>		
<b>Group: Land</b>											
431	Land East Adams	5/30/2003	465,714.00	0.00	0.00	0.00	0.00	0.00	465,714.00	Land	0.00
743	Fullerton Property - Box Elder	12/31/2014	78,753.54	0.00	0.00	0.00	0.00	0.00	78,753.54	Land	0.00
802	Land Plaza Site	6/30/2009	200,000.00	0.00	0.00	0.00	0.00	0.00	200,000.00	Land	0.00
<b>Land</b>			<u>744,467.54</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>744,467.54</u>		
<b>Group: YFS Vehicles</b>											
201	Bus Mini Chevy 2000 1GBJB31R5	2/04/2000	36,899.00	0.00	0.00	36,899.00	0.00	36,899.00	0.00	S/L	5.00
618	Bus 2004 Bluebird 65 passanger 1B	1/19/2006	61,025.00	0.00	0.00	61,025.00	0.00	61,025.00	0.00	S/L	7.00
647	Ford Collins Bus (DOT) 2006 1FD	1/31/2007	56,447.00	0.00	0.00	56,447.00	0.00	56,447.00	0.00	S/L	5.00
682	2009 Toyota Rav-4 2T3BF33V49W	1/23/2009	21,124.00	0.00	0.00	21,124.00	0.00	21,124.00	0.00	S/L	7.00
684	2009 Chevrolet/Champion Transit B	6/04/2009	70,310.00	0.00	0.00	70,310.00	0.00	70,310.00	0.00	S/L	7.00
707	2012 Subaru Forrester 2.5x #335 JF	1/17/2012	23,763.46	0.00	0.00	23,763.46	0.00	23,763.46	0.00	S/L	7.00
712	2010 Ford E-350 15 Pass Van 1FB	3/05/2012	20,676.37	0.00	0.00	20,676.37	0.00	20,676.37	0.00	S/L	7.00
727	2013 Kia Sorento 5XYKUDA29DC	5/01/2014	26,160.97	0.00	0.00	26,160.97	0.00	26,160.97	0.00	S/L	7.00
728	2014 Chevy Express 3500 Van 1G	6/23/2015	30,750.00	0.00	0.00	30,750.00	0.00	30,750.00	0.00	S/L	7.00
736	New Engine in Ford Collins Bus (D	10/19/2014	15,860.46	0.00	0.00	15,860.46	0.00	15,860.46	0.00	S/L	5.00
745	2014 Chevy Express 3500 Van - Ta	7/29/2015	1,230.00	0.00	0.00	1,230.00	0.00	1,230.00	0.00	S/L	7.00
767	2015 Mitsubishi Outlander JA4JZ4	3/03/2017	22,098.00	0.00	0.00	22,098.00	0.00	22,098.00	0.00	S/L	7.00
772	2018 Ford Transit Van 1FBZX2YG	6/06/2019	32,805.93	0.00	0.00	28,509.91	4,296.02	32,805.93	0.00	S/L	7.00
7910	2014 Ford F150 1FTMF1EM3EKE	3/04/2020	9,230.50	0.00	0.00	7,032.75	1,318.64	8,351.39	879.11	S/L	7.00
7956	2021 Honda Odyssey 5FNRL6H78	4/20/2021	39,336.96	0.00	0.00	32,780.79	6,556.17	39,336.96	0.00	S/L	5.00
7971	2018 GMC Terrain 36KALVEV2JL	10/19/2021	28,999.00	0.00	0.00	28,999.00	0.00	28,999.00	0.00	200DB	5.0
7997	#2 -2023 Polaris Ranger - 3NSMA	4/06/2023	2,375.92	0.00	0.00	763.69	339.42	1,103.11	1,272.81	S/L	7.00
8009	2011 Dodge Ram 3D7JV1EP3BG5	2/05/2024	6,568.62	0.00	0.00	1,329.36	938.37	2,267.73	4,300.89	S/L	7.00
8030	2013 Ford Pickup 1FTNF1EF2DKF	10/24/2024	10,916.00	0.00	0.00	1,039.62	1,559.43	2,599.05	8,316.95	S/L	7.00
<b>YFS Vehicles</b>			<u>516,577.19</u>	<u>0.00</u>	<u>0.00</u>	<u>486,799.38</u>	<u>15,008.05</u>	<u>501,807.43</u>	<u>14,769.76</u>		
<b>Form 990, Page 1</b>			<u>12,398,971.30</u>	<u>0.00</u>	<u>0.00</u>	<u>6,955,514.12</u>	<u>591,727.30</u>	<u>7,547,241.42</u>	<u>4,851,729.88</u>		
<b>Grand Total</b>			<u>12,398,971.30</u>	<u>0.00</u>	<u>0.00</u>	<u>6,955,514.12</u>	<u>591,727.30</u>	<u>7,547,241.42</u>	<u>4,851,729.88</u>		