IRS e-file Signature Authorization for an Exempt Organization

ONAG	NIA	1545-1878

Department of the Treasury

Do not send to the IRS. Keep for your records.

Internal Revenue Service	■ Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer	identification number
The Youth and	Family Center	43-0	652663
Name and title of officer			
Mary Pat Carl			
President			
Part Type of I	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879·EO and enter the applicable amount, if any, fro a, below, and the amount on that line for the return being filed with this form was blank, t ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	hen leave I	ine 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	587828.
2a Form 990-EZ check he	THE REPORT OF THE PARTY OF THE		
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here			
Part II Declarat	ion and Signature Authorization of Officer		
intermediate service provide (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later the processing of the electronic payment. I have selected a	count in Part I above is the amount shown on the copy of the organization's electronic returner, transmitter, or electronic return originator (ERO) to send the organization's return to the freceipt or reason for rejection of the transmission, (b) the reason for any delay in processople, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic account indicated in the tax preparation software for payment of the organization to debit the entry to this account. To revoke a payment, I must contact the U.S. Tan 2 business days prior to the payment (settlement) date. I also authorize the financial in compared to taxes to receive confidential information necessary to answer inquiries and personal identification number (PIN) as my signature for the organization's electronic retulectronic funds withdrawal.	ne IRS and ssing the re lectronic fu- tion's feder Treasury Fir stitutions in resolve issi	to receive from the IRS sturn or refund, and (c) nds withdrawal (direct all taxes owed on this nancial Agent at nvolved in the ues related to the
Officer's PIN: check one i	pox only		
X I authorize Th	ırman Brooks	to enter my	PIN 17790
	ERO firm name		Enter five numbers, but do not enter all zeros
is being filed with	on the organization's tax year 2018 electronically filed return. If I have indicated within this a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth the return's disclosure consent screen.		
indicated within t	ne organization, I will enter my PIN as my signature on the organization's tax year 2018 et his return that a copy of the return is being filed with a state agency(les) regulating charitate my PIN on the return's disclosure consent screen. Date	ies as part	of the IRS Fed/State
Part III Certificat	ion and Authentication	_	
	ur six-digit electronic filing identification your five-digit self-selected PIN. 43412217790 Do not enter all zeros		
	eric entry is my PIN, which is my signature on the 2018 electronically filed return for the or g this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) is Returns.		
ERO's signature	Date ▶ 09/	25/19	
	ERO Must Retain This Form - See Instructions	'n	

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

823051 10-26-18

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

	01 4	ie 20 to Cale idar year, or tax year beginning and	enaing		
В	Check is applicat	C Name of organization		D Employer identifi	ication number
	Addr	The Youth and Family Center			
	Nam chan	Doing business as		43-0	652663
	Initia retun	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final retur	W 010 Cass Avenue			231-1147
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	587828.
<u> </u>	Ame: retun	DE HOUTS, MO 03100		H(a) Is this a group r	
_	tion pend	F Name and address of principal omcer: Mary Pac Carr			s? Yes X No
	Tay or	818 Cass avenue, St Louis, MO 63106 kempt status: X 501(c)(3) 501(c) ()	. 🗆 ===	H(b) Are all subordinates I	
		xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) ite: ► N/A	or 527	It "No," attach a	list. (see instructions)
		of organization: X Corporation Trust Association Other	1 Vear		M State of legal domicile; MO
	art I	Summary	7 6 100	or toxthallon, = o o o r	er Otate of logal definanc, 440
-	1	Briefly describe the organization's mission or most significant activities: Help	ing fa	milies & ol	der adults
Activities & Governance		by providing social, educational and recr	eation	al resource	S.
E	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
o ve	3			3	
42	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	19 150
ž.	7.5	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		6 7a	
A	Ь,	Net unrelated business taxable income from Form 990-T, line 38		7b	
		The second secon		Prior Year	Current Year
en en	8	Contributions and grants (Part VIII, line 1h)		644442.	561122.
ğ	9	Program service revenue (Part VIII, line 2g)		21925.	21894.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9060.	4812.
4	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		675427.	587828.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		417765.	385150.
863	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25)	34.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		295810.	265301.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		713575.	650451.
_	19	Revenue less expenses. Subtract line 18 from line 12		-38148.	-62623.
SSets or			Ве	ginning of Current Year	End of Year
SSet	20	Total assets (Part X, line 16)		1229316.	1145178.
et	21 22	Total liabilities (Part X, line 26)		233578.	221847.
P		Net assets or fund balances. Subtract line 21 from line 20		995738.	923331.
		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the hest of my	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wi			, morrisage and sample to
Sig	n	Signature of officer		Date	
Her	e	Mary Pat Carl, President			
_		Type or print name and title	1.5	loto L. F	TET OTH
Dale		Print/Type preparer's name Preparer's signature			PTIN
Paid	arer	Thurman Brooks Firm's name Thurman L Brooks CPA LLC	ĮU	9/25/19 "self-employ	
	Only	Firm's address 2622 Salem Rd		Firm's EIN 🛌	47-3025227
	J.111	St Louis, MO 63144		Phone no 31	4-578-6458
May	the I	RS discuss this return with the preparer shown above? (see instructions)	**********	11 11036 110.02	Yes No
8330	11 12-2	1.18 I HA For Panaryork Reduction Act Notice and the concerts instruction			Form 990 (2018)

Form	990 (2018) The Youth and Family Center	43-0652663	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
4	Briefly describe the organization's mission:		
•	For over 130 years, the Youth and Family Center has provour community and has helped families, and older adults self-sustaining lives by providing social, educational, recreational resources while serving as an anchor in St.	attain and	
_		104151	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
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 othe revenue, if any, for each program service reported.		nd
4a			1
48	(Code:) (Expenses S including grants of S) (Rever Youth Development Program - An after school and summer p		/
	structured around basic activities related to social edu		
	recreational and cultural development for children ages	5 years to 1	1
	years.		
	A STATE OF THE STA		
			- 1,500
4b	Family Life - includes two programs: sickle cell disease education and awareness program and jazzy seniors, which congregate meal program designed to combat hunger while social interaction, health and wellness activities and a life concerns for adults 55 years and older.	support, is a providing	f
		- 110	
			-0.80
4c	(Code:) (Expenses 5 including grants of \$) (Rever	nie S)
	/(2000)		· · ·
	V-X- CHARLEY - SAMPERINE - WORK		
			4,023.00 (CO.879)
			0.000
		D'As O	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 505452 · including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 505452.		
		Form 9	90 (2018)

1 Is the organization described in section 501(5)(3) or 4947(8)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule (S. Schedule of Contributors? Joft the organization mappe in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? If "Yes," complete Schedule (C. Part I) 3	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 is the organization required to complete <i>Schedule of Contributors</i> ? 10 ist the organization engage in few circ infected political campaign activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part I was section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part I was section 501(h) 501(h),		If "Yes," complete Schedule A	_1_	$\overline{}$	
public office? If "Yes," complete Schedule C, Pert I Section SO (19(3) arganizations. Did the organization epage in lobbying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization action 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as definion in Revenue Procedure 19-819? If "Yes," complete Schedule C, Part III Did the organization in animatian any down advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide arotic on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization in amount in Part X, line 21, for escow or custodial account fability, 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 If the organization in animal report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V in the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V in the organization report an amount for rivestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V in the organization report an amount for other assets in Part X, line 10 part X,	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section S01(x)3) organizations. Did the organization engage in tobbying activities, or have a section S01(x)4) election in effect during the tax year? if "Yes," complete Schedule C, Part II 5 Is the organization a section S01(x)4(x), 501(x)5(x), or 501(x)5(x) organization that receives membership dues, assessments, or shifted amounts as defined in Revenue Procedure 96-187 if "Yes," complete Schedule C, Part II 6	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-	
during the tax year? If "Yes," complete Schedule C, Part II Site the organization a section Sol (S)(4)(5) 50(15)(5) or 50(16)(5) or 50		public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19 if y'es, "complete Schedule C, Part III 6 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such durisd or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such durisd or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such size or some passes, the environment, historic and areas, or historic structures? If y'es," complete Schedule D, Part II 7 5 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If y'es," complete Schedule D, Part II 8 8 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, cine Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 19 Art Y'es," complete Schedule D, Part IV 9 10 Did the organization induction of the right, and expenditure of the part X, line 10 11 Did the organization induction of the part X, line 10 12 Did the organization report an amount for land, buildings, and equipment 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 VIII 11 12 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 X 11 Did the organization seport an amount for other lassets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?	4				
similar amounts as defined in Revenue Procedure 98-197 (**)***, "complete Schedule C, Part II by 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (**)*** "Are "Complete Schedule D, Part II by the environment, historic land areas, or historic structure? (**)*** "If "Yes," "complete Schedule D, Part II by Did the organization maintain collections of works of art, historical treasures, or other similar assets? (**)** "Yes," "complete Schedule D, Part IV by 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? (**) "Yes," complete Schedule D, Part IV by Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? (**) "ex*, complete Schedule D, Part V by Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V by Did the organization report an amount for investments - organizer related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X by 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 167 if "Yes," complete Schedule D, Part X by Did the organization statements and amount for other liabilities in Part X, line 182 by "Yes," complete Schedule D, Part X by Did the organization statements for the tax year include a florotrote that addresses the organization is standard and amount for other liabilities in Pa		during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of whose of art, historical treasures, or other similar assets?" If "Yes," complete Schedule D, Part II Did the organization of 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization assets and the organization assets are provided in the organization assets and the organization assets and the organization assets and the organization report an amount for investments in the securities in Part X, line 107 If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments in the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments in program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI Did the organization report an amount for other resets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X II Did the organization report an amount for other insilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X II Did the orga	5				
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7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part III. 9 Did the organization of Part X, inc. 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. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 13 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. 14 Did the organization report an amount for investments or other securities 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. 15 Did the organization report an amount for other asset 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 VII. 16 Did the organization report an amount for other asset 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 X III. 17 Did the organization report an amount for other asset 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, Pa	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			6		<u> </u>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 9 Yes, "Complete Schedule D, Part V 9 Yes," to provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 Yes, "the complete Schedule D, Part V 10 Ut the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, III, X or X as applicable. If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11	7				
Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrew 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 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, IX, or X as applicable. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 12? If "Yes," complete Schedule D, Part VIII Did the organization an amount for other assets in Part X, line 12? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other liabilities in Part X, line 13? If "Yes," complete Schedule D, Part XIII Did the organization seport an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X III Did the organization seport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III Z Did the organization seport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization seport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III Z Did the organization seport an exparte, independent audited financial statements for the tax year? If Yes," complete Schedule D, Part X III Lib Did the organization seport and schedule D, Part X III Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, inves		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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 courseling, debt management, credit repair, or debt negotiation services? 10 Pid the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II 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. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI II bid the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI II bid the organization report an amount for investments - organizated 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 VIII II II line 13? If "Yes," complete Schedule D, Part VIII II II line 13? If "Yes," complete Schedule D, Part X II line 14. If II line 15? If "Yes," complete Schedule D, Part X II line 15? If "Yes," complete Schedule D, Part X II line 15? If "Yes," complete Schedule D, Part X II line X II line 15? If "Yes," complete Schedule D, Part X II line X II line X II line X II line 15? If "Yes," complete Schedule D, Part X II line	8	·			
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? ## 17'es, **complete Schedule D, Part IV** Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, parmanent endowments, or quasi-endowments? ## 17'es, **complete Schedule D, Part V** If the organization is answer to any of the following questions is "Yes, ** then complete Schedule D, Parts VI, VII, VIII, VX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #**Ps,** complete Schedule D, Part XI 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? #**Yes,** complete Schedule D, Part VIII 11b X 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? #*Yes,** complete Schedule D, Part VIII 11b X 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? #*Yes,** complete Schedule D, Part X 11c			8		<u>X</u>
If 'Yes,' complete Schedule D, Part IV 10 10 11 10 12 12 13 14 15 15 15 15 15 15 15	9	•			
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments of the 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 VIII 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 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 XIII Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization maintain an office, employees, or agents outside of the United States? Did the organization maintain an office, employees, or agents outside of the United States? Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of a					
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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? # "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	. 😅		40	$_{\rm x}$	
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII line 922 # *V *			
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		·	10		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
			200		
	- •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

Form 990 (2018) The Youth and Fami
Part IV | Checklist of Required Schedules (continued)

	(conunced)		T	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If *Yes, * complete			
	Schedule J	23		X
24 a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	}		
-	instructions for applicable filing thresholds, conditions, and exceptions):		v	-
h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	X
C	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_25_		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			32
27	If "Yes," complete Schedule R, Part V, line 2	_36	-	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>X</u> _
00	Black All Page 200 Plants and the second sec	20	x	
Par		38	A	—
	Check if Schedule O contains a response or note to any line in this Part V			
		77-11-11	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 in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	[
	(gambling) winnings to prize winners?	1c	Х	
832004	12-31-18	Form	990 (2018)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return 2a 19			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		77
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	_3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		X
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ŀ
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7t		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	_8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	-	-
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	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			
C	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	148 14b		-44
	Is the organization subject to the section 4950 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		$\overline{\mathbf{x}}$
	If "Yes," complete Form 4720, Schedule O.			<u> </u>
			000	(2018)

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The Youth and Family Center 43-0652663 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 11 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 11 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? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? X 7a 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? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If *No,* go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 None List the states with which a copy of this Form 990 is required to be filed 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. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records The Youth and Family Center - 314-231-1147

Form 990 (2018)

818 Cass Ave, St Louis, MO

Form 990 (2018) The Youth and Family Center 43-0 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	on nor any related	orga	niza	tion	СОП	прег	ısat	ed any current officer, d	rector, or trustee.	isi.
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	ído	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unie:	ss pe	rson i	is boti	an	compensation	compensation	amount of
	week	-		-	1	7003	100)	from	from related	other
	(list any hours for	rreck						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90.0	stee			satec		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	Individual trustee or director	Institutional frustee		Ě	E DE		(** = 1505 **********************************		and related
	below	victual	tution	34	Кеу етрюуте	este	5			organizations
	line)	- P	last	Officer	<u>ş</u>	Highest compensated employee	Ē			
(1) Paul Faber	40.00						į			
Executive Director		X				_		54807.	0.	0.
(2) Mary Pat Carl	4.00						_			
President		X		X				0.	0.	0.
(3) Michael W Mullins	4.00								_	
Vice President		X		X		<u> </u>	ļ	0.	0.	0.
(4) Leslye E Mitchell-Yancy	4.00							_	_	_
Secretary		X		X	_			0.	0.	0.
(5) Allan D Ivie	4.00									
Treasurer	4 00	X		X	_	_		0.	0.	0.
(6) Harvey Allen Director	4.00									
	4 00	X					<u> </u>	0.	0.	0.
(7) Joshura Davis Director	4.00	,,						10050		
(8) Kristin Ebert	4.00	X			_		<u> </u>	10850.	0.	0.
Director	4.00	v							0	0
(9) Charles Ellis	4.00	X			_		_	0.	0.	0.
Director	4.00	x						0.	0.,	0
(10) Jeanetta Hill	4.00	_		-		\vdash	_	0.	0.	0.
Director	4.00	X						0.	0.	0.
(11) Kimball R McMullin	4.00	Α.		-		Н	_	0.	0.	0.
Director	2.00	x						0.	0.	0.
		-						0.1	0.	
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832007 12-31-18

Form 990 (2018)

Form **990** (2018)

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	537-457		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Gifts, Grants llar Amounts	1 a	Federated campaigns	333256	389106.	ш			
6		Membership dues		44586.				
fts.	d	Fundraising events	1c	44300.				
20.5		Government grants (contribut		11970.			ļ	
캶	4	All other contributions, gifts, gran		11970.				
her		similar amounts not included abo		115460.				
흡증		Noncash contributions included in lines						
Contributions, Gift and Other Similar,	h	Total. Add lines 1a-1f	18-16.3		561122.	1		
		<u> </u>		Business Code				
e e	2 a	Rental Income		624100	21894.		21894.	
Program Service Revenue	b						_	
Segre	C							
E	d	<u> </u>					, i	
6	е							
<u>-</u>		All other program service reve						
	9	Total. Add lines 2a-2f			21894.			
	3	Investment income (including						
		other similar amounts)			4010			
	4	Income from investment of tax		- 1	4812.			4812.
-	5	Royalties						
	0 -	C	(i) Real	(ii) Personal				
i	6 a							
		Less: rental expenses						
		Net rental income or (loss)	ESS STOR					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(i) Oscanties	(ii) Other				
	Ь	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)						
		Gross income from fundraising	events (not		-		·	
Other Revenu		including \$ 445						
e.		contributions reported on line	-			ĺ		
a l		Part IV, line 18	аа	0.				
틝		Less: direct expenses		0.				
1		Net income or (loss) from fund			0.			
	у а	Gross income from gaming ac						İ
	ь	Part IV, line 19 Less: direct expenses	a					
		Net income or (loss) from gami						
		Gross sales of inventory, less r						
- 1	io a	and allowances						i
-	b	Less: cost of goods sold						
Ì		Net income or (loss) from sales						
Ī		Miscellaneous Revenue		Business Code				
	11 a							
İ	b							
	С							
	d	All other revenue						
	0	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			587828.	0.	21894.	4812.
832009	12-31-	18						Form 990 (2018)

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 (D) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 385150. 308120. 77030. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): 107444. a Management 85955. 21489. b Legal c Accounting _____ Lobbying _____ e Professional fundraising services. See Part IV. line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 32207. 10856. 2717. 18634. Office expenses 11403. 9122. Information technology 2281. 14 15 Royalties 62277. 49822. 12455. 16 Оссиралсу 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 5003. 4003. 1000. 8217. 6574. 1643. Interest Payments to affiliates 22083. Depreciation, depletion, and amortization 27604. 5521. 11146. 8917. 2229. Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) e All other expenses 650451. 505452. 126365. Total functional expenses. Add lines 1 through 24e 18634. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2018)

Check here if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or not	o to proct	ing in this Dod Y			
		Check it Schedule O contains a response of not	e to any ii	ine in this Part X	(A)	·····	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	90° 120	45034-735 (H-78), H-4-38	84006.	1	34059.
-	2	Savings and temporary cash investments	53		259948.	2	259316.
	3	Pledges and grants receivable, net			389106.	3	383151.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for				7	
- 1		trustees, key employees, and highest compensa		42			
ĺ		Part II of Schedule L	•	· · · · · -		5	
	6	Loans and other receivables from other disquali	fied perso	ns (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
<u>a</u>		employees' beneficiary organizations (see instr).				6	
21000	7	Notes and loans receivable, net				7	
2	8	Inventories for sale or use	***********			8	
	9	Prepaid expenses and deferred charges				9	
	10a		T T		·····		
		basis. Complete Part VI of Schedule D	10a	1284300.			
	b	Less: accumulated depreciation		815648.	496256.	10c	468652.
- [11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		·	14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal			1229316.	16	1145178
П	17	Accounts payable and accrued expenses			33578.	17	21847.
1	18	Grants payable				18	
	19	Deferred revenue	557			19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability, Complete I	Part IV of	Schedule D		21	
,	22	Loans and other payables to current and former					···
		key employees, highest compensated employee	s, and dis	qualified persons.			
CAMMAR		Complete Part II of Schedule L				22	
]	23	Secured mortgages and notes payable to unrela	ted third p	parties	200000.	23	200000.
	24	Unsecured notes and loans payable to unrelated	third par	ties		24	
	25	Other liabilities (including federal income tax, pages					
		parties, and other liabilities not included on lines	17-24). C	omplete Part X of			
		Schedule D				25	
4	26	Total liabilities. Add lines 17 through 25	***********		233578.	26	221847.
		Organizations that follow SFAS 117 (ASC 958)	, check h	nere 🕨 🗓 and			
a l		complete lines 27 through 29, and lines 33 and					
	27	Unrestricted net assets			606632.	27	544007.
	28	Temporarily restricted net assets			389106.	28	379324.
	29	Permanently restricted net assets		29			
		Organizations that do not follow SFAS 117 (AS	check here				
		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building, or eq				31	
2	32	Retained earnings, endowment, accumulated inc				32	
·	33	Total net assets or fund balances			995738.	33	923331.
	34	Total liabilities and net assets/fund balances			1229316.	34	1145178.

Form 990 (2018)

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part X, column (A), line 12) 2 Total expenses (must equal Part X, column (A), line 12) 3 Revenue less expenses. Subtract line 2 from line 1 4 99577 5 Net unmatized gains (bases) on investments 5 Investment expenses 6 Properties and use of facilities 7 Investment expenses 7 Properties adjustments 8 Prop period adjustments 8 Prop period adjustments 9 Other changes in net assets or fund balances (explain in Schedule C) 9 9 9 9 97 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	Паі	t XI Reconciliation of Net Assets		<u> 552663</u>		
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -626 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 9957 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 -97 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Separate basis Consolidated basis, or both: Separate basis Some of the consolidated pasis Both consolidated and separate basis 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: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis Both consolidated and separate basis If the organization changed either its oversight process or selection process during the tax yea		Check if Schedule O contains a response or note to any line in this Part XI				
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632012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

The Youth and Family Center

Employer identification number

43-0652663

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.)
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
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).
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 definition of a self-ed of a first stay of the a of operated by a governmental unit described in
section 170(b)(1)(A)(iv). (Complete Part II.)
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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.)
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
and a special an
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting
organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
control or management of the supporting organization vested in the same persons that control or manage the supported
organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).
(i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization listed (iv) Amount of monetary (iii) Amount of other
organization (described on lines 1-10 Involve governing occument) support (see instructions) is upport (see instructions)
above (see instructions)) Yes No opport (see instructions) apport (see instructions)
Total
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ, 832021 10-11-18. Schedule A (Form 990 or 990-EZ) 20

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.)

Se	ction A. Public Support		,	3/4			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		(4) = 0.10	10/2010	(0) 1.011	(6) 2010	(i) Total
	membership fees received. (Do not		J				
	include any "unusual grants.")	599095.	566259.	698022.	644442.	561162.	3068980.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	34454.	48030.	0.			82484.
4	Total. Add lines 1 through 3	633549.	614289.	698022.	644442.	561162.	3151464.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			į			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						3151464.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	633549.	614289.	698022.	644442.	561162.	3151464.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	6107	10050		0060	4040	20040
	and income from similar sources	6127.	10850.		9060.	4812.	30849.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital			i			
	assets (Explain in Part VI.)	94085.	98637.	ľ	l	1	192722.
14	Total support. Add lines 7 through 10	34003.	30037.				3375035.
	Gross receipts from related activities,	etc (see instruction	ne)	1		12	211284.
	First five years. If the Form 990 is for	•		fourth or fifth tax		2,544	211204.
	organization, check this box and stop				•	- * * *	▶ □
Sec	tion C. Computation of Public	Support Per	entage			11.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
14	Public support percentage for 2018 (lin	ne 6, column (f) div	ided by line 11, co	lumn (f)		14	93.38 %
15	Public support percentage from 2017	Schedule A, Part II	, line 14	5-9-5-000		15	93.28 %
	33 1/3% support test - 2018. If the o					ere, check this box	and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test	- 2018. If the orga	nization did not ch	eck a box on line	13, 16a, or 16b, ar	nd line 14 is 10% o	or more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	16b, 17a, or 17b,	check this box an	d see instructions	

Schedule A (Form 990 or 990-EZ) 2018

(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 (I.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		(0,000	(0) 20 (0	(4) 2017	(6/2010	(i) rotai
	membership fees received. (Do not						
	include any "unusual grants.")						
2							
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose				<u></u>		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-		1				
	ization's benefit and either paid to	ĺ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		ļ				
	the organization without charge	L					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ь	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	ļ	}				
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/6 Total
	Amounts from line 6	(4) 2017	(2) 2010	(0) 2010	(4)2017	(e) 2010	(f) Total
	Gross income from interest,						
	dividends, payments received on				İ		
	securities loans, rents, royalties, and income from similar sources						75
b	Unrelated business taxable income				 		
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b		<u> </u>			_	
11	Net income from unrelated business				-		
	activities not included in line 10b,			İ			
	whether or not the business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)			[
	Total support. (Add lines 9, 10c, 11, and 12.)			1.	<u> </u>		
	First five years. If the Form 990 is for				-		
	check this box and stop here	c Support Per	centace	***********************	***[***********************************		
	Public support percentage for 2018 (li			- (D)		l am	
	Public support percentage from 2017					15	%
Sec	tion D. Computation of Inves	tment Income	Percentage			16	<u>%</u>
	Investment income percentage for 20			10 (0)			
						17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	a, or 19b, check th			
JJ242.	3 10-11-18				Sch	edule A (Form 990	or 000_E7\ 2018

Part IV Supporting Organizations

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

Section	A. All	Supporting	Orgai	nizations

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

	Yes	No
	[
1	-	
	-	
2		<u> </u>
0-	-	
3a		
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3c		
4a	 	
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10a	\dashv	
10b		

Part IV Supporting Organizations accepted a gift or contribution from any of the following parsons? 11		edule A (Form 990 or 990-EZ) 2018 The Youth and Family Center	43-065266	3 P	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or influency controls, either action or together with persons described in (b) and (c) below, the governing body of a supported organization? 1 A family member of a person described in (a) to (b) above? A 548% controlled entity of a gurson described in (a) or (b) above? A 55% controlled entity of a gurson described in (a) or (b) above? B 54 year in a support or organization or the supported organizations have the porest to regularly appoint or elect at least a majority of the organizations described the repartition of the controlled organization or trustees at all times during the tax year? If 'No,' describe in Part VI now the supported organizations described all times during the tax year? If 'No,' describe in Part VI now the supported organization of the repartition of the supported organization of the supported organization of the supported organization of the trans the supported organization of the from the supported organization of the from the supported organization of the from the supported organization of the from the supported organization of the from the supported organization of the from the supported organization of the from the supported organization of the from the supported organization of the from the supported organization of the from the supported organization of the from the supported organization of the from the supported organization of the from the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization orga	Pa	rt IV Supporting Organizations (continued)			
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b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) to) above? # "Yes" to a. b. or c. provide detail in Pert VII. Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to require the controlled the organization of the organizations described in the organization of the organization have the power to require the organization of the organiza	a		44.		
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	b				
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Schedule A (Form 990 or 990 EZ) 2018 The Youth an Part V Type III Non-Functionally Integrated 50		mizations	43-0652663 Page 6
Check here if the organization satisfied the Integral F			in Part VIII See instructions /
other Type III non-functionally integrated supporting	organizations must complete 5	Sections A through E.	iir ait vi.) See iiisu uçuğiis. A
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for producti	on or		
collection of gross income or for management, conservatio			
maintenance of property held for production of income (see			
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line	4) 8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (s	99		
instructions for short tax year or assets held for part of year):		88
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		-
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a. 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use ass	ets 2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (f	or greater amount,		
see instructions)	4		1
5 Net value of non-exempt-use assets (subtract line 4 from lin	e 3) 5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		-	Current Year
1 Adjusted net income for prior year (from Section A, line 8, C	Column A) 1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8	, Column A) 3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless s	ubject to		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first	st as a non-functionally integra	ted Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990-EZ) 2018 The Youth and			13-0652663 Page 7
	Type in item t uncucrially integrated 509	(a)(3) Supporting Orga	inizations (continued)	
	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			<u> </u>
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
<u>b</u>	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			10.00
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
$\overline{}$	Carryover from 2013 not applied (see instructions)			
ī	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
•	line 7:	1		
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
3				
	any. Subtract lines 3g and 4a from line 2. For result greater	1		
-	than zero, explain in Part VI. See instructions.		· · · · · · · · · · · · · · · · · · ·	
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:		·	
	Excess from 2014			
<u>b</u>	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017	-		

Schedule A (Form 990 or 990-EZ) 2018

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D

D

e Excess from 2018

Schedule A (Form 990 or 990 EZ) 2018 The Youth and Family Center	43-0652663	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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; 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	r 17b; Part III, line 12; 1 and 2; Part IV, Section V. Section B. line 1e: Par	C
Part II Line 10 - Other Income Detail		
Supplemental Information		
2013 = \$18,562	<u> </u>	
2014 = \$94,085		
2015 = \$98,637		
TOTAL = \$211,284		
	K/ URbertilan	-

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number The Youth and Family Center 43-0652663 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 contributors. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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),

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

II, and III.

	B (Form 990, 990-EZ, or 990-PF) (2018)		Page
Name of	organization		Employer identification number
The Y	outh and Family Center		43-0652663
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	United Way of Greater St Louis		Person X
	910 N 11th Street	\$3891	
	St Louis, MO 63101		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2	St Louis Housing Authority		Person X
	3520 Page Blvd	s119	
	St Louis, MO 63106		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3	St Louis Optimist Club		Person X
	4494 Lindell Blvd	\$350	
	St Louis, MO 63108		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
			Person
		s	Payroll Noncash
		_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		_	Person
		s	Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
			Person
		\$	Payroll Noncash
- 1			(Complete Part It for

noncash contributions.)

Name of organization

Employer identification number

<u>The</u>	Youth	and	Family	Center

43-0652663

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
823453 11-08	-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

Name of o	organization		Employer identification number			
The Y	outh and Family Center		43-0652663			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	 through (e) and the following line entry charitable, etc., contributions of \$1,000 or let 	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ļ	(e) Transfer of gift					
	Transferee's name, address, ar	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZiP + 4	Relationship of transferor to transferee			

SCHEDULE D

(Form 990)

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.

18 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

The Youth and Family Center

Employer identification number

	The Youth and Family Center	43-0652663
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Other	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
4		(2) 1 31133 2113 31101 433331113
	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 fund	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferr	
	impermissible private benefit?	
Par		line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	inte (+
'		
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified hi	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	
	year >	Lation during the tex
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	
J	signature and antennament of the contract of t	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
_	Amenda de la companya del companya de la companya del companya de la companya de	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
_	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	anization's accounting for
	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	d balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	
	the text of the footnote to its financial statements that describes these items.	tallia ostrios, provido, irri catrini,
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	Janca shoot works of art, historical
_	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public sen	
		vice, provide the following amounts
	relating to these items:	.
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
	10-29-18	

	dule D (Form 990) 2018 The Yourt III Organizations Maintaining C	th and Fam	ily Cent	Er	or Othor	4:	3-065266	3 _F	age 2
3	Using the organization's acquisition, accessi	ion, and other record	is shock any a	f the fellowing th	or Oure	ificantura	155ELS (CONT)	nued)	
	(check all that apply):	on, and other record	is, check any o	trie tollowing ti	nat are a si	gnilicant use	OT ITS CORECTION	ıtem	3
а	Public exhibition		d Loan o						
b	Scholarly research	,		or exchange pro	_				
c	Preservation for future generations	•							
4	Provide a description of the organization's co	allostians and avalai	m lamer dame de cod		ـــــا حاد ــــــ		. D		
5	During the year, did the organization solicit of	v receive denetions	of act bistories	ner the organiza	llion's exen	npt purpose	IN Part XIII,		
•	to be sold to raise funds rather than to be m	aintained as ear of t	bo ereceization	treasures, or or	in e r sımılar	assets			٦
Pa	t IV Escrow and Custodial Arran	gements Compl	ne organization	I S CORECTION?	-1 8348	F 000 C	. Yes		No
	reported an amount on Form 990, Pa	rt X. line 21	ete ii ute organ	ization answere	o res on	Form 990, F	art IV, line 9, oi		
1a	Is the organization an agent, trustee, custod		lians for annish	diana ar athur		la aliceland			
								_	7
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fo	llewing table				Yes		_ No
_	" Too, oxplain ino arangement in Fait XIII	and complete the lo	nowing table:					4	
С	Beginning balance					4.	Amour	ıt	
d						1c			
e	Additions during the year					1d	· · · · · · · · · · · · · · · · · · ·		
•	Distributions during the year					1e			
29	Ending balance Did the organization include an amount on F	000 Dad V II	D4 6		. 10 . 10	1f			7
	If "Yes," explain the arrangement in Part XIII.					ity?	Yes	<u> </u>	_ No
Pai	t V Endowment Funds. Complete i	f the organization as	spianation has i	peen provided o	n Part XIII	0			
	Complete		l				1 1 1 1 1 1 1		4 .
45	Designation of control of	(a) Current year	(b) Prior ye	ar (c) Two y	ears back	(d) Three year	s back (e) Fou	r years	back
1a	Beginning of year balance								
þ	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships				_				
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
9	End of year balance								
2	Provide the estimated percentage of the curr		e (line 1g, colur	пл (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%.							
3a	Are there endowment funds not in the posses		tion that are he	eld and administ	ered for the	e organizatio	ก		
	by:	-						Yes	No
	(i) unrelated organizations	2508.2339					3a(i)		
	(ii) related organizations	***************************************					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Scheduk	R?			3b		
4	Describe in Part XIII the intended uses of the			***************************************			- CO		
Par						:			
	Complete if the organization answered	d "Yes" on Form 990	. Part IV. line 1	1a. See Form 99	0. Part X I	line 10.			
	Description of property	(a) Cost or o		Cost or other	4	cumulated	(d) Boo	c veli	
		basis (investr	1 , ,	asis (other)	1 ''	preciation	(0) 500	v AGREU	7
	Land		000.		1 361		-	104	00.
	Buildings	·· 	349.		-	525349		T.01	0.
C	Leasehold improvements		298.		+	158036		5420	
			653.		+	_			
	Equipment				-	132263	•	23	90.
	Other					-	4 4	.0.0	
1 O (2)	Add lines 1a through 1e. (Column (d) must ed	nual Form 990, Part)	X. column (B). li	ne 10c.)			40	586	34.

Schedule D (Form 990) 2018

D

	dule D (Form 990) 2018 THE FOURTH AND FAMILTY CO			
Pa	rt XI Reconciliation of Revenue per Audited Financial St		e per Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1			1	587828.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a	——————————————————————————————————————	
D	Donated services and use of facilities			
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		0
е 3	Add lines 2a through 2d			0. 587828.
4	Subtract line 2e from line 1		3	30/020.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1.4-1		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		40	0.
_	Total revenue Add lines 3 and 4c. (This must equal form 000, Fort I line 1)		4c	587828.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 of XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return.	3070201
	Complete if the organization answered "Yes" on Form 990, Part IV, I			
1	Total expenses and losses per audited financial statements			650451.
2	Amounts included on line 1 but not on Form 990. Part IX. line 25:			0501021
a	Donated services and use of facilities	2a		
ь	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			650451.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
С	Add lines 4a and 4b		4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.1	5	650451.
Pai	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; P	art V, line 4; Part X, lin	e 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	лу additional information.		
-				
_				
_				
_				
_		220 22		** (*****
_		22%		
		220		

000

D

00000000

SCHEDULE G

(Form 990 or 990-EZ)

(i) Name and address of individual

or entity (fundraiser)

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-F7

OMB No. 1545-0047

(vi) Amount paid to (or retained by)

organization

(v) Amount paid to (or retained by)

fundraiser

listed in col. (i)

Internal Revenue Service	Co to the profile and Co to be be belowed by		Inspection
	Go to www.irs.gov/Form990 for instructions and the latest inform	ation.	mapecaon
Name of the organization	1	Employer	identification number
	The Youth and Family Center	43-06	
Part I Fundrais	ing Activities. Complete if the organization answered "Yes" on Form 990, Part I	√. line 17. Form 990)-EZ filers are not
required to	complete this part.	•	
1 Indicate whether the	e organization raised funds through any of the following activities. Check all that app	ly.	
a Mail solicitat		-	
b Internet and	email solicitations f Solicitation of government grants		
c Phone solicit	tations g Special fundraising events		
d In-person sol	licitations		
2 a Did the organizatio	on have a written or oral agreement with any individual (including officers, directors, tr	ustees, or	
	ed in Form 990, Part VII) or entity in connection with professional fundraising services		Yes No
	highest paid individuals or entities (fundraisers) pursuant to agreements under which		o be
	ast \$5,000 by the organization.		

(ii) Activity

(iii) Did fundraiser have custody or control of contributions?

Yes No

(iv) Gross receipts

from activity

				<u>. </u>		
		ă				
			-	<u> </u>	<u>. </u>	
					4,5	
Total			•			
 List all states in which the organiz or ficensing. 				or has been notified	it is exempt from re	gistration
HA For Paperwork Reduction Act N	Notice see the Instructions	for Form 000 a	- 000 =	7 .	Sabadula C (Fa 0	00 000 E71 2045
and in or caberwork beanction WCf is	TOUCE, SEE THE HISTOCOOMS	IOI POIM 99U 0	AAA-F	4.	Schedule G (Form 9	80 of 990-EZ) 2018

Sch	edu art i	le G (Form 990 or 990-EZ) 2018 The You	th and Famil	y Center	43-	0652663 Page 2
	31 L I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising events.	18 organization answered	I "Yes" on Form 990, Pa	rt IV, line 18, or reported	more than \$15,000
_		or tortal asing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
				(4, = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1	None	(d) Total events
			Annual Gala			(add col. (a) through
02			(event type)	(event type)	(total number)	col. (c))
Revenue			44505			
é	1	Gross receipts	44586.			44586.
	2	Less: Contributions	44586.			44586.
	-					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes			1	·
	5	Noncash prizes				
တ္ဆ						
Sens	6	Rent/facility costs				ç
Ä	_					
Direct Expenses	7	Food and beverages				<u> </u>
۵	8	Entertainment		ļ		
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	of the seat of the			
1 45	11	Net income summary. Subtract line 10 from li			·	
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	#1-3 Dull take Contact	<u> </u>	CR Total control (cd)
ī.			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						(-, -, -, -, -, -, -, -, -, -, -, -, -, -
<u> </u>	1	Gross revenue		·		
88	2	Cash prizes		<u> </u>		
Expenses	3	Noncash prizes				
Ä		Noneast piles				
Direct	4	Rent/facility costs			<u></u>	
۵						
_	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	Yes%	
	0	Volunteer labor	No	No	No 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)		>	
	E-+					
		er the state(s) in which the organization condu he organization licensed to conduct gaming ac		rintor?		Yes No
		No," explain:				res No
	_					
	_					
		re any of the organization's gaming licenses re			year?	Yes No
Ь	If "\	Yes," explain:				
	_					
						<u> </u>
83208	2 10-	-03-18			Schedule G (For	m 990 or 990-EZ) 2018

11 l 12 l	dule G (Form 990 or 990-EZ) 2018 The Youth and Family Center 43-0		P
12	Does the organization conduct gaming activities with nonmembers?	Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	L
	Indicate the percentage of gaming activity conducted in:		
a 7	The organization's facility	13a	
b A	An outside facility	13b	
14 E	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
1	Name		
A	Address		
15a [Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
ы	if "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
C	of gaming revenue retained by the third party > \$		
	f "Yes," enter name and address of the third party:		
1	Name >		
F	Address		
6 0	Saming manager information:		
1	Name		
C	Saming manager compensation 🕨 \$		
_	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
7 N	Director/officer Employee Independent contractor Mandatory distributions:		
a Is	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to	Yes [
a Is	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Yes [
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		o, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		o, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pai		D, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		o, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pai		o, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 1, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		o, 1
als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		o, 1
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als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		0, 1
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als re bE	Mandatory distributions: s the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		o, 1
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Schedule G (Form 990 or 990 EZ) The Youth and Family Center Part IV Supplemental Information (continued)	43-0652663 Page 4
(continued)	
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	Schadule G /Form 990 or 990-F7)

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I | Questions Regarding Compensation

Department of the Treasury

The Youth and Family Center

Employer identification number 43-0652663

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	ŀ		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	22000		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any agency listed as Form CCO. Cont. W. Continue & Ford to with a second at the City		_	
*	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			X
	Receive a severance payment or change-of-control payment?			X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
Ç	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		
	The strong of three 44-c, list the persons and provide the applicable amounts for each term in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	***		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LHA		tule J (Forn	n 990)	2018

The Youth and Family Center

Page 2

Schedule J (Form 990) 2018 The Youth and Family Center 43-0652663

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title Davis	888888888	(B) Breakdown of (i) Base compensation 10850.	(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (fiii) Other reportable compensation 10850 0 0 0 10850 0 0 0	(iii) Other reportable compensation 0 .	(C) Retirement and other deferred compensation 0.	(D) Nontaxable benefits 0.00.	(E) Total of columns (B)(i)-(D) 10850.	(F) Compensation in column (B) reported as deferred on prior Form 990
	388888							
	8888							
	2 E E E E							
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Schedule J (Form 990) 2018

832113 10-26-18

SCHEDULE L

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

Transactions With Interested Persons

OMB No. 1545-0047

18

Department of the Treasury

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

Open To Public

Internal Revenue Service	►G	io to 1	www.irs.gov/Fo	orm99	0 for i	nstructions and the	late	est information.			Ir	spect	ion	
Name of the organization									Em	nlove	r ident	tificati	on nu	mher
Ť		ıth	and Fam	i la	Cei	nter					526			
Part I Excess E	enefit Trans	actio	ODS (section 5)	01/c)/3	l) sect	ion 501(c)(4), and 50	11/6	V/20) organization	1 42 0) — 0 0	720	0.0		
	ine organization					art IV, line 25a or 25l	b, or	r Form 990-EZ, Pa	art V,	line 40	lb.			
1 (a) Name of disquali	fied person	(b) F	Relationship bet			lified (e) D	escription of tran	sactio	ND.		(d)	Corre	cted?
			person and or	ganizi	ation	,						Y	es	No
				_										
														
												\neg		
2 Enter the amount of	tax incurred by	the o	rganization man	agers	or disc	ualified persons du	rina	the year under			·			
							_	-		S				
3 Enter the amount of	tax, if any, on lin	ne 2 :	above reimburs	ed hv	the on	nanization				▶ \$				
			45546, 1511115415	ca by	1110 OI §	gamzation				9				
Part II Loans to	and/or From	Inte	erested Pers	sons.									·	
							_							
						, Part V, line 38a or l	FOIΠ	n 990, Part IV, line	e 26; (or if th	e orga	ınizatio)n	
	amount on Form			V							Una An	orougal		
(a) Name of interested person	(b) Relation				an to or	(e) Original	(f) Balance due) In	i by bo	proved ard or	1 117 "	ritten
interested herson	with organia	duon	or loan	_	zation?	principal amount			0.015	ault?	cómn	nittee?	agree	ment?
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lotai Part III Grants oi	Assistance	Ren	efiting Inter	ester	Per	Rone \$					<u> </u>			
			_											
	the organization													
(a) Name of interes	ted person					(c) Amount of (d) Type assistance assistan						Purpose of		
			interested pers the organiza	on and		assistance		assistand	ce			assista	ınce	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

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Part IV Business Transactions Inv	_				
	ered "Yes" on Form 990, Part IV, line 28a, 28			f . h . m. l	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	atic
				Yes	N
oshura Davis	Board Member	10850.	Interim Man		X
		<u> </u>			_
Part V Supplemental Information.					
	esponses to questions on Schedule L (see in	etaictions)			
	soperiods to describing on Contesting E (ace in	ian donona).			
ch L, Part IV, Business	Transactions Involving	Intereste	d Persons:		
		-			
a) Name of Person: Josh	ura Davis				
d) Description of Trans	action: Interim Manager	ment			
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Name of the organization

The Youth and Family Center

Employer identification number 43-0652663

Form 990, Part VI, Section B, line 11b:	
The Board of Directors formally reviews the 990 with the outside	
Consultant.	
Form 990, Part VI, Section B, line 12:	
The conflict of interest policy is strictly adhered to.	
Form 990, Part VI, Section B, Line 15:	
The Board of Directors understands the employment market and uses	
comparable data to establish the salary of the Executive Director.	
Form 990, Part VI, Section C, Line 18:	
Documents are available upon request.	
Form 990, Part VI, Section C, Line 19:	
Governing documents are available for public viewing in accordance with th	<u>1e</u>
law.	
Form 990, Part XI, line 9, Changes in Net Assets:	
<u>Change in United Way Funding \$389,106 vs. \$379,324</u> -9782	2
Rounding -2	2.
Total to Form 990, Part XI, Line 9 -9784	<u>. </u>
Form 990 Part XII Line 2c	
There have been no significant changes in the process year over year.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)