	Extended to M	ay	15, 2017						
Form <b>990-T</b>	)-T Exempt Organization Business Income Tax Return OMB No. 1545-0587								
	(and proxy tax under section 6033(e))								
	For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016.								
Department of the Treasury	▶ Information about Form 990-T and its instruc	tions is	avallable at www.irs.g	ov/form990t.	_ L	2010			
Internal Revenue Service	Do not enter SSN numbers on this form as it may			ation is a 501(c)(3).		poin to Podite inspection for O t(c)(3) Organizations Only			
A Check box if address changed	Name of organization ( Check box if name c	hanged	and see instructions.)		(Empte	yer Identification number bysss' trust, see			
	and dank and fam Wanth and		!!! +		Instructions.)				
B Exempt under section	Print Centers for Youth and				71-0415350				
501(C)(3) 408(e) 220(e)	Tune   Number, sueet, and room of suite no. If a r.o. box	k, see in	structions.		(See In	structions.)			
408(e) 1220(e) 408A 330(a)		r forois	n nostal code						
529(a)	Little Rock, AR 72225		ii posizi code		561	000			
C Book value of all assets	<del></del>	<u> </u>		<del></del>	301				
16,736,900.	G Check organization type   X 501(c) corporation		501(c) trust	401(a) trust	Т	Other trust			
	on's primary unrelated business activity. > Adminis								
	the corporation a subsidiary in an affiliated group or a parer			<b>&gt;</b> L	Ye	s X No			
	and identifying number of the parent corporation.			,					
	The Organization		Teleph	one number 🕨 (	501	) 666-8686			
Part   Unrelate	d Trade or Business Income		(A) income	(B) Expenses		(C) Net			
1 a Gross receipts or sal									
b Less returns and allo		1c	138,950.						
	Schedule A, line 7)	2							
3 Gross profit. Subtract		3	138,950.			138,950.			
	me (attach Schedule D)	48							
	n 4797, Part II, line 17) (attach Form 4797)	4b							
C Capital loss deduction	n for trusts	40				······································			
	partnerships and S corporations (attach statement)	5 6	<del></del>	<del> </del>	<del>}</del>				
	ule C)	7							
	ovalties, and rents from controlled organizations (Sch. F)	8							
	of a section 501(c)(7), (9), or (17) organization (Schedule G)					<del>,</del>			
	tivity income (Schedule I)	10							
	(Schedule J)	11	<del></del>						
12 Other income (See in	nstructions; attach schedule)	12	<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>			
13 Total. Combine line	s 3 through 12	13	138,950.			138,950.			
Part II Deduction	ons Not Taken Elsewhere (See instructions for								
(Except for	contributions, deductions must be directly connecte	d with	the unrelated busines	s income )					
14 Compensation of o	fficers, directors, and trustees (Schedule K)				14				
15 Salaries and wages					15	103,134.			
16 Repairs and mainte	1	• • • • • • • • • • • • • • • • • • • •			16				
					17				
	edule)				18	9,436.			
19 Taxes and licenses	tions (See instructions for limitation rules)	• • • • • • • • • • • • • • • • • • • •		:	19	3,430.			
20 Charitable contribut	h Form 4562)	•••••	1911		20				
21 Depreciation (attack 22 Less depreciation of	h Form 4562) claimed on Schedule A and elsewhere on return.	1/	229		22b				
23 Depletion	)(	. 44.0.12.	0	···	23	<del></del>			
24 Contributions to de	ferred compensation plans		٠٠٠٠ <u>٠</u> ٠٠٠ ٠٠٠٠ ٠٠٠		24	4,383.			
25 Employee benefit p	rograms WAY 2 2 ZU	7	, , , , , , , , , , , , , , , , , , ,		25	15,740.			
26 Excess exempt exp	enses (Schedule I)		G( )		26	······································			
27 Excess readership	regrams NAY 2 2 ZU enses (Schedule I) costs (Schedule J) attach schedule)	· · · · · ·			27				
28 Other deductions (a	attach schedule)		See Stat	ement 1	28	16,809.			
28 lotsi deduction	s. Add lines 14 through 2d				29	149,502.			
30 Unrelated business	taxable income before net operating loss deduction. Subtract	ct line 2	9 from line 13		30	-10,552.			
31 Net operating loss	deduction (limited to the amount on line 30)		See Stat	ement 2	31				
	taxable income before specific deduction. Subtract line 31 f				32	-10,552.			
	(Generally \$1,000, but see line 33 instructions for exception				33	1,000.			
	s taxable income. Subtract line 33 from line 32. If line 33 is				_	40 550			
	perwork Reduction Act Notice see instructions				34	-10,552. Form <b>990-T</b> (2015)			
IMA POLPS	IDEIWOIK MEGUCUON ACI NOTICE RES INSTRICUORS					- commensus (2015)			

Form 990-T	(2015) Centers for Youth and Families, Inc.		/1-04	172320	Page 2
Part II	Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here  See Instructions and	d:			
8	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	·);			
	(1) \$   (2)  \$   (3)  \$	. 1		l l	
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			l l	
•	(2) Additional 3% tax (not more than \$100,000)	<del></del>		1 1	
	Income tax on the amount on line 34			▶ 35c	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of			1330	
30				_	
07	Tax rate schedule or Schedule D (Form 1041)				
	Proxy tax. See instructions				
38	Alternative minimum tax				
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	·	<del></del>	. 39	0.
	V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		<b>」</b>	
b	Other credits (see instructions)	40b			
C	General business credit. Attach Form 3800	40c			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
8	Total credits. Add lines 40a through 40d			. 40e	
41	Subtract line 40e from line 39			. 41	0.
42	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 880	66 DOther	attach schedule	) 42	
43	Total tax. Add lines 41 and 42			43	0.
44 a	Payments: A 2014 overpayment credited to 2015	448		"	
	2015 estimated tax payments			<b>-</b>	
	Tax deposited with Form 8868			<b> </b>	
ď	Foreign organizations: Tax paid or withheld at source (see instructions)	44d		-	
	Backup withholding (see instructions)	448		<b>⊣</b> ∣	
ï	Credit for small employer health insurance premiums (Attach Form 8941)	441			
¥	Other credits and payments: Form 2439  Form 4136  Other  Total	144-1		1 1	
45	Form 4136 Other Total	449		-   ,-	
45	Total payments. Add lines 44a through 44g	•	·····	45	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached				
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		🥊	47	0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	1		► 48 <b></b>	0.
	Enter the amount of line 48 you want. Credited to 2016 estimated tax		funded 🕨	<b>► 49</b>	
Part V				<del></del>	
	ny time during the 2015 calendar year, did the organization have an interest in or a signature or ol	-		• •	Yes No
	irities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, I				[ ]
Acc	ounts. If YES, enter the name of the foreign country here				_ <u> </u>
2 Duni	ounts. If YES, enter the name of the foreign country here  In the tax year, did the organization receive a distribution from, or was it this granto or, or transfer to, a toroign to  S, see instructions for other forms the organization may have to file.	18(7 ••			X
3 Ente	er the amount of tax-exempt interest received or accrued during the tax year				
Sched	ule A - Cost of Goods Sold. Enter method of inventory valuation N/A	\			
1 Inve	intory at beginning of year 1 8 Inventory at end of year	ar	., , , ,,	6	
2 Pure	chases 7 Cost of goods sold. Si				
3 Cos	t of labor 3 from line 5. Enter here	and in Part I, Ilr	e 2	7	
	tional section 263A costs (att. schedule) 48 8 Do the rules of section	263A (with resi	pect to	·	Yes No
	er costs (attach schedule) 4b property produced or a				
	al. Add lines 1 through 4b 5 the organization?	<b>-</b>	,,		
	Linder penalties of person, I declare that I have examined this seture, including accompanying schodules and s	statements, and to	the best of my k	nowledge and belie	of, it is true,
Sign	correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which prepare	rer has any knowled 'i nancia	dge,		
Here	Barbara McCrony 5/15/17 Officer			May the IRS discu- the preparer show	
	Signature of officer Date			instructions)?	_ '
		<del></del>	Charle		] 163 [] 140
	Print/Type preparer's name Preparer's signature Da	ie,	Check	if PTIN	
Paid	Miranda J. John, CPA Wasan Son, CPA 5	115/17	self- employe		26020
Prepa	rer CPA ///WWW.X.A.CYA 5		Fr		36839
Use C	only Firm's name ► Thomas & Thomas LLP	<del></del> _	Firm's EIN	<b>&gt;</b> /1-0	271741
	201 E. Markham, Suite 500		1	F01 255	0005
	Firm's address Little Rock, AR 72201		Phone no.	501-375	
523711 01	-06-16			For	n <b>990-T</b> (2015)

Schedule C - Rent Inco							ty Lea	sed	With Real Pr		
1. Description of property											
(1)					<del>_</del>						<del></del>
(1)											
										_	
(3)		<del></del>									<del></del>
_(4)		Rent receive	d or accrue	d				$\top$			
(a) From personal property (i			(b) F	rom real ar	nd parsonal propert	v (if the per	centage	-	3(a) Deductions direc	tly con	nected with the income in
rent for personal property 10% but not more the	is more than	'	( of	freatfor pe	rsonal property ex-	coeds 50%	or if	-	columns za	uno Zi	b) (attach schedulo)
(1)								+	······································		
(2)								╅┈			
(3)								$\top$			
(4)								1			
Total		0.	Total			-	0	-1-			·
(c) Total Income. Add totals of co here and on page 1, Part I, line 6,							0	(b) Ent Par	) Total deductions, ter here and on page 1, rt I, line 6, column (B)		0.
Schedule E - Unrelated	Debt-I	Financed	Incom	1 <b>9</b> (see i	nstructions)						
				· · · · · · · · · · · · · · · · · · ·			$\neg$	3.	Deductions directly c	onnect	ed with or allocable
_					2. Gross incommunication or allocable		L	• · ·	to debt-fine	inced p	
1. Description o	f debt-finance	ed property			financed ;		\ \ \	e) Sra (e	ight line depreciation attach achedule)		(D) Other deductions (attach schedule)
(1)								_		$\dashv$	
(2)										_	
(3)										十	
(4)										$\neg$	
4. Amount of average acquisition	n	5. Average	adjusted be	asis	6. Column	divided		7.	Gross Income	一	8, Allocable deductions
debt on or allocable to debt-financ property (attach achedule)	ed	of or a debt-finar	llocable to nced proper schedule)	to by column 5			reportable (column 2 x column 6)			(column 6 x total of columns 3(a) and 3(b))	
(1)							%			$\Box$	
(2)							%				
(3)							%				
(4)						q	%				
									here and on page 1,		Enter here and on page 1,
							l	Part I	, line 7, column (A),		Part I, line 7, column (8),
Totals				**********			▶∟			0.	<u> </u>
Total dividends-received deduc	tions includ	ted in column	8	<u> </u>						▶	0.
Schedule F - Interest,	Annuitie	s, Royal	ties, ar					aniz	ations (see in	struc	tions)
				Exemp	t Controlled O	rganizati	ons				
1. Name of controlled organizat	tion	Employer ide numb	ntification er	Net or (loss) (t	3. related income see instructions)		4. of specifie nents made		5. Part of column 4 included in the control organization's gross :	rolling	6. Deductions directly connected with income in column 5
(1)		<del> </del>		┼───							
(1)		<del>                                     </del>		<b></b>		<del></del>	···		I		<del></del>
(2)		<del> </del>		<del> </del> -		<del> </del>			<u> </u>		<u> </u>
(3)		<del> </del>		<del> </del>					<del></del>		
(4) Nonexempt Controlled Organi	zations	<u> </u>		<u> </u>		<u> </u>			·		1
7. Taxable Income		unrelated incom	(loss)	<b>Q</b> To	tal of specified pay	ments	10 Pert	of colu	mn 9 that is included	11	Deductions directly connected
r. ruxubio income		see instructions		3.10	made		in the c	controlli	ing organization's s income	, , ,	with income in column 10
(1)											
(2)											
(3)											
(4)											
							Enter h	ere and	nns 5 and 10 I on page 1, Part I, column (A).	Ent	Add columns 6 and 11 er here and on page 1, Part I, line 8, column (B)
							,		1		
Totals	<u></u>	.,	<u>.</u>	····		<u>,.</u> .▶]			0.		0.

Schedule G - Investme (see instr		Section 5	01(c)(7	), (9), or (17) Or	ganızatı	on 		
1. Desc	ription of income			2. Amount of income	3. Dedu directly co (attach so	nnacted ,	Set-asides attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								
(2)								
(3)								
(4)								
	<del></del> :			nter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (8)
				0.				0.
Schedule 1 - Exploited (see instru		y Income	Other	Than Advertisi	ng Inco	me		
	2.0	3. Exper	nses	4. Nat Income (loss)	5.0.			7. Excess exempt
Description of exploited activity	2. Gross unrelated business income from trade or business	directly con with produ of unrela business in	nected iction ited	from unrelated trade or business (column 2 minus column 3), if a gain, compute cols. 5 through 7.	5. Gross from activ is not un business	related	6. Expenses attributable to column 5	expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)						<del></del>		
(4)								
	Enter here and on page 1, Part I, line 10, col. (A),	Enter here of page 1, P time 10, co	erti, d, (8).					Enter here and on page 1, Part II, line 26
Totals	0.		0.					0.
Schedule J - Advertisi								
Part I Income From	Periodicals Rep		a Cons	solidated Basis				
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col 3), if a gain, comput cols, 5 through 7.	5. Cin	culation 6	- Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1			***************************************
(2)				1				
(3)				1				
(4)				7				
<del></del>				1	1			<del></del>
Totals (carry to Part II, line (5)) . Part II   Income From	▶ Periodicals Rep	orted on	0 a Sepa		ach perio	dical listed in F	Part II, fill in	0.
columns 2 through	7 on a line-by-line b	asis.)	·	1 4	· ·		· · · · · · · · · · · · · · · · · · ·	7
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, comput cols 5 through 7		culation 6	- Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)					T			
(3)								
(4)					Ţ			
Totals from Part I	▶	0.	0.	•				0.
	Enter here and page 1, Part I line 11, col. (A	l, page l) line 1	ere and on 1, Part I, 1, col (B).					Enter here and on page 1, Part II, line 27,
Totals, Part II (lines 1-5)	▶ sation of Office	o. rs. Direct	ors, an		instruction	ns)		0.
	Name			2. Yitle		3. Percent of time devoted to business		ensation attributable elated business
(4)	<u></u>			<u> </u>			%	
(1)							/o  /o	
(2)			<del> </del>				<del>/0 </del> //o	
(3)			<del></del>				/6  /6	····
(4)	Part II lina 14		L					0.
Total. Enter here and on page 1, F	an 11, mie 14	······································		****************************	··· ·· ·· ·· ··	······	<u> </u>	U.

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Form '990-T	Other Deductions	Statement			
Description		Amount			
Internet Connectivity EMR Fees		3,600. 13,209.			
Total to Form 990-T, Page 1, 1	ine 28	16,809.			