	•		Extended to M	fa	15 2020	39300	2 T	0024 1
Form 990)-T	E	Exempt Organization Bus			Tax Retur	n	OMB No 1545-0687
		_	(and proxy tax und				••	0040
~	•	For cal	alendar year 2018 or other tax year beginning ${ t JUL} \;\; 1$,				19	2018
Department of Internal Revenu		•	► Go to www.irs.gov/Form990T for it ► Do not enter SSN numbers on this form as it may					Open to Public Inspection to 501(c)(3) Organizations Only
	ck box if ress changed		Name of organization (Check box if name of	ployer identification number ployees' trust, see ructions)				
B Exempt u	nder section	Print	Centers for Youth and	Fam	ilies. Inc		1 7	71-0415350
X 501(c		or [©]	Number, street, and room or suite no. If a P.O. bo	E Unre	elated business activity code instructions)			
408(e		Type	P.O. Box 251970) (000	maddellons y
408A	530(a)		City or town, state or province, country, and ZIP of	-	n postal code		7	
529(a		L	Little Rock, AR 72225				561	1000
C Book value of year	DI BII BUSSETS BUSINESSETS BUSINESSETS	0.2	F Group exemption number (See instructions.) G Check organization type ► X 501(c) corp	poration	501(c) trust	1 14016	a) trust	Other trust
H Enter the o	number of the	roaniza	ation's unrelated trades or businesses.	1	Describ	e the only (or first) u	<u> </u>	
		_	ministrative Services			e, complete Parts I-V		
			ace at the end of the previous sentence, complete Pa	arts I ar				
business, 1	then complete	Parts III	-V		<u> · </u>		_	
_			poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group	>	<u></u> ∨	es X No
			tifying number of the parent corporation.				7 E 6 4	V 777 0707
			The Organization de or Business Income		(A) Income	hone number (B) Expense	(501	L) 666-8686 (C) Net
	eceipts or sale		247,340.		(A) monic	(b) expense		(0) (0)
	turns and allov		c Balance	10	247,340			
	goods sold (S			2				
3 Gross p	profit. Subtract	line 2 fr	om line 1c	3	247,340	•		247/340.
4 a Capital	gain net incom	e (attacl	th Schedule D)	4a				
			Part II, line 17) (attach Form 4797)	4b				
•	loss deduction			4c				4
	come (Schedul		ship or an S corporation (attach statement)	6			<u>/</u>	
		•	me (Schedule E)	7	<u> </u>	 		
_			and rents from a controlled organization (Schedule F)	8		 / / 		
			on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploite	ed exempt activ	rity inco	ome (Schedule I)	10				
	sing income (S		•	11				
	•		ns; attach schedule)	12	247,340			247,340.
13 Total:	Combine lines		gii 12 ot Taken Elsewhere (See instructions fo	13 or limit:				247,340.
			utions, deductions must be directly connected				_	
•		cers, dır	rectors, and trustees (Schedule K)	,			14	
	es and wages						15	330,607.
•	s and mainten	ance					16	
17 Bad de 18 Interes		dule) (se	ee instructions)				18	
	and licenses	Jule) (30	so manuchons)				19	30,246.
		ons (See	e instructions for limitation rules)				20	
21 Depre	ciation (attach l	Form 45	562)		21			
22 Less d	lepreciation cla	imed on	n Schedule A and elsewhere on return		22a		22b	
23 Deplet			RECEIVE	D	1		23	14.046
			Imperioation plans		၂႘ၟ		24	14,046. 18,813.
•	yee benefit pro s exempt exper	• /		7N			25 26	10,013.
	s exempt exper s readership co		hedule J)		と		27	
	deductions (att		Lance to the second sec	<u>IT</u>	- 1	ement 1	28	20,378.
			nedule) 14 through 28 OGDEN, 1	<u> </u>			29	414,090.
			ncome before net operating loss deduction Subtrac				30	-166,750.
			oss arising in tax years beginning on or after Janua	ry 1, 20)18 (see instructions)	i	\$1	166 75
			ncome. Subtract line 31 from line 30		· IMI	1	\$2	-166,750.
823701 01-09-	19 LHA F0	r raber\	work Reduction Act Notice, see Instructions.				- 1	Form 990-T (2018)

	Form 880-1 (2	Ole) Centers for Youth and Families, Inc.	71-04	15350		Page 2
1	Part III	Total Unrelated Business Taxable Income				
1	<u></u>	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-166,	750.
		mounts paid for disallowed fringes	•	34		·
		eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	····	0.
		otal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
		nes 33 and 34		36	-166,	750.
		pecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8	37		000.
		nrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			······································	
		nter the smaller of zero or line 36	11	38	-166,	750.
ı		Tax Computation		-1	-	
		rganizations Taxable as Corporations Multiply line 38 by 21% (0 21)		39		0.
		rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	,			
	Ţ	Tax rate schedule or Schedule D (Form 1041)	>	40		
	41 P	roxy tax. See instructions		41	····	
		ternative minimum tax (trusts only)	•	42		
		ex on Noncompliant Facility Income See instructions	•	43		-
		otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	,	44		0.
	Part V	Tax and Payments		177		
ι		preign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		_'		
		ther credits (see instructions)		-		
		· · · · · · · · · · · · · · · · · · ·		1		
		eneral business credit. Attach Form 3800 redit for prior year minimum tax (attach Form 8801 or 8827) 450 450		- ,		
				┥,┋,┃		
		otal credits. Add lines 45a through 45d		45e		0.
		ubtract line 45e from line 44 ther taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (c		47		<u> </u>
			attach schedule)			0.
		otal tax. Add lines 46 and 47 (see instructions)		48		$\frac{0}{0}$
		018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		39		<u> </u>
		syments A 2017 overpayment credited to 2018		-		
		118 estimated tax payments 56b		- I `		
		x deposited with Form 8868		-		
		oreign organizations. Tax paid or withheld at source (see instructions).		-		
		ckup withholding (see instructions) 50e		-} I		
	f C	edit for small employer health insurance premiums (attach Form 8941)		-		
	g <u>O</u>	her credits, adjustments, and payments: Form 2439				
	L	Form 4136 Other Total ▶ 50g		↓ ,		
		otel payments. Add lines 50a through 50g		751		
		timated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	-	52	*	
		xx due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	, >	53		
	54 0	verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	, ▶	54		
			unded 🕨	55		
		Statements Regarding Certain Activities and Other Information (see instruc		1		
		any time during the 2018 calendar year, did the organization have an interest in oil a signature or other authority			Yes	No
	01	er a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	Fı	CEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	hi	re 🕨				X
	57 D	iring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?			X
	lf	Yes," see instructions for other forms the organization may have to file.				
	58 E	ter the amount of tax-exempt interest received or accrued during the tax year > \$				
		Unity pertuition of purpoy, I decision that Thave examined this return, including a companying schedulish and statements, and to it	ne hast of my kno	owledge and	bolief, it is true,	
	Sign	consist and complete Dockmation of preparer (other than taxony of its based on all information of the preparer is a my knowled to the control of the control				
	Here	My Mara McChm 17/15/20 Nofficer		•	liscuse this retur nown below (see	
		Signature of officer Uale Title		nstructions)?		No
		Print/Type preparer's name Preparer's signature Date	Check	rf PTIN		
	D-14		self- employed	.		
	Paid	Bandy I William Kandy Milliagan 1.10.20	Unipiero		094358	2
	Prepare	Landmark DIC CDA	Firm's EIN		-03552	
	Use On	201 E. Markham, Suite 500	, mm 3 LIN	,		
		Firm's address ► Little Rock, AR 72201	Phone no	501-3	75-202	5
		1 ALL THE TABLE				

•

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory valu	ation ► N/A						
1 Inventory at beginning of year	1 Inventory at beginning of year 1 6 Inventory at end of						ear 6			
2 Purchases	2		7 Cc	st of goods sold. St	ubtract !	line 6			_	
3 Cost of labor	3			m line 5. Enter here			1			
4 a Additional section 263A costs			lin	e 2	7 7					
(attach schedule)	4a		8 Do	the rules of section	on 263A (with respect to Yes No					
b Other costs (attach schedule)	4b		pro	operty produced or a	acquired	for resale) apply to			_	
5 Total. Add lines 1 through 4b	5		_ `	e organization?	,	, , , , , , , , , , , , , , , , , , , ,		*	•	
Schedule C - Rent Income		Property an			Leas	ed With Real Pro	perty	()	_	
(see instructions)	·									
1. Description of property										
(1)									_	
(2)										
(3)										
(4)										
	2. Rent receiv	ed or accrued				2/2/0-4				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal prop	property (if the percenta perty exceeds 50% or if in profit or income)	age	3(a) Deductions directly columns 2(a) a	nd 2(b) (a	ted with the income in		
(1)									_	
(2)										
(3)									_	
(4)			-						_	
Total	0.	Total	•		0.				_	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B)	•	(0.	
Schedule E - Unrelated Del		I Income (see	Instruction	ons)		<u> </u>				
		<u>`</u>	2. G	ross income from		Deductions directly cor to debt-finance			_	
1. Description of debt-fi	nanced property			llocable to debt- anced property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)			1							
(2)									_	
(3)										
(4)	· · · · · · · · · · · · · · · · · · ·						\top		_	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	ofora	adjusted basis allocable to inced property		olumn 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(c	8. Allocable deductions clumn 6 x total of column 3(a) and 3(b))		
	(attaci	n schedule)								
(1)	(attaci	h schedule)	<u> </u>	%			 -			
(1)	(attacl	n schedule)	-	%			+		_	
(2)	(attacl	n schedule)					-		_	
(2)	(attacl	n schedule)		%					<u> </u>	
(2)	(attaci	n schedule)		% %		nter here and on page 1, art I, line 7, column (A)		nter here and on page 1, art I, line 7 column (B)		
(2)	(attaci	n schedule)		% %			۶	Part I, line 7 column (B)		
(2) (3) (4)	(attaci			% %		Part I, line 7, column (A)	۶	Part I, line 7 cotumn (B)	0.	

Schedule F - Interest,				Controlled O				(000)//			
1 Name of controlled organization	[iden	imployer tification umber	3. Net un (loss) (see	Net unrelated income (loss) (see instructions) payr		ments made include		D. Part of column 4 that is neluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)		 -	 				 				
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable income	8. Net unrelated inc (see instructi		9. Total	of specified paye made	ments	10. Part of colur in the controlli gross	nn 9 tha ng organ income	t is included lization's	11, De with	ductions directly connected in income in column 10	
(1)											
(2)											
(3)										<u></u>	
_(4)			<u> </u>								
						Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
Totals					▶			0.		0.	
Schedule G - Investme (see inst	ent Income of a tructions)	Sectio	n 501(c)(7), (9), or	(17) Or	ganization)				
1 . Des	cription of income			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
					[, at i, iiio o, ooiaiiii (2)	
Totals					0.					0.	
Schedule I - Exploited (see instr	-	ty Incon	ne, Othe	r Than Ac	lvertisi	ng Income	•		•		
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	expenses connected production nrelated ess income	4. Net incomfrom unrelated business (cc minus colum gain, computithrough	trade or dumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col (A)	page line 1	nere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26	
Schedule J - Advertis								-		<u> </u>	
Part I Income From				solidated	Basis	-	-	··			
1. Name of periodical	2. Gross advertising income	- 1	3 Direct vertising costs	or (loss) (co	un, comput	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						1					
(2)	-										
(3)											
(4)											
Totals (carry to Part II, line (5))	•	0.	0	•		1				0.	
										Form 990-T (2018)	

Form 990-T (2018) Centers for Youth and Families, Inc. 71-04153

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I		0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.			•	0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

Form 990-T	· · · · · · · · · · · · · · · · · · ·	Other Deducti	ons	Statement 1
Description	on			Amount
Internet C EMR Fees Insurance	3,600. 13,473. 3,305.			
Total to F	orm 990-T, Page 1,	line 28		20,378.
Form 990-T	' Net	Operating Loss D	eduction	Statement 2
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/12 06/30/13 06/30/14 06/30/15 06/30/16 06/30/17 06/30/18	12,157. 10,154. 5,003. 7,691. 10,552. 12,642. 17,541.	0. 0. 0. 0. 0.	12,157. 10,154. 5,003. 7,691. 10,552. 12,642. 17,541.	12,157. 10,154. 5,003. 7,691. 10,552. 12,642. 17,541.
NOL Carryo	ver Available This	Year	75,740.	75,740.