Form	990-T	E	Extended to Ma	ine	ss Incoi	ne T		ŋ	OMB No 1545-0047
		l	(and proxy tax undo				$N \stackrel{\frown}{30} \stackrel{\frown}{0} \stackrel{\frown}{0} \stackrel{\frown}{0} \stackrel{\frown}{0}$	$\zeta_0$	2010
		For ca	alendar year 2019 or other tax year beginning JUL 1,					<u> 20</u>	2019
Depart	tment of the Treasury		► Go to www.irs.gov/Form990T for in • Do not enter SSN numbers on this form as it may					31.	Open to Public Inspection for 501(c)(3) Organizations Only
Interna	Check box if		Name of organization ( Check box if name c					D Emp	loyer identification number
A L	address changed		Name of organization ( Oneck box if hame c	nangcu	and see msude				oloyees' trust, see uctions )
B F	xempt under section	Print	CENTERS FOR YOUTH AND	FAM:	ILIES,	INC.		7	1-0415350
	] 501(c <b>())</b> 3 _)	or	Number, street, and room or suite no. If a P.O. box		<del>-</del>				lated business activity code instructions )
	408( <del>o)</del> 220(e)	Туре	P.O. BOX 251970						,
	408A 530(a)		City or town, state or province, country, and ZIP or	r foreig	n postal code				
	] 529(a)		LITTLE ROCK, AR 72225					561	.000
C Bot	ok value of all assets and of year		F Group exemption number (See instructions.)	<u> </u>	504	(-) 4	104	/a\ 4a	045
	17,813,2			poration 1	1 501	(c) trust		(a) trust	Other trust
			ation's unrelated trades or businesses.  MINISTRATIVE SERVICES	<u></u>			the only (or first) complete Parts I-		
			ace at the end of the previous sentence, complete Pa	rte I an					
	siness, then complete			ii to i uii	o II, complete a	0000010		0.121 1.40	. J.
			poration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled	group?	<b>&gt;</b>	Y	es X No
			itifying number of the parent corporation.						
	e books are in care of	<b>&gt;</b> '	THE ORGANIZATION			Telepho	one number 🕨	(501	
<sup>*</sup> Pa	rt I Unrelated	d Trac	de or Business Income	,	(A) Inco	me	(B) Expens	ses	(C)-Net
1 a	Gross receipts or sale	es	8,557.						// i
	Less returns and allow		c Balance	1c	8,	557.			· ·
	Cost of goods sold (S			2	-	557.		/	8,557.
3.	Gross profit. Subtract			3 4a	· • • •	337.			0,337.
	Capital gain net incon		en Schedde D) Part II, line 17) (attach Form 4797)	4b					
	Capital loss deduction			46					
5	•		ship or an S corporation (attach statement)	5	<u> </u>				
6	Rent income (Schedu		(	6					
7	Unrelated debt-finance		me (Schedule E)	7					
8			and rents from a controlled organization (Schedule F)	8					<u> </u>
9	Investment income of	f a section	on 501(c)(7), (9), or (17) organization (Schedule G)		/				
10	Exploited exempt acti			10					
11	Advertising income (S		•	11					<del>                                     </del>
12	Other income (See in			12	8	557.	-		8,557.
	Total. Combine lines		ot Taken Elsewhere (See instructions for		<u> </u>				
<u> </u>	(Deductions	must l	be directly connected with the unrelated busin	iess in	come)	,			
14	Compensation of off	icers, di	irectors, and trustees (Schedule K) RECE	=1\/	=D			14	
15	Salaries and wages		RECE					15	18,241.
16	Repairs and mainter	ance	ls)	٦, "	021 RS-USG			16_	
17	Bad debts		161	<b>( )</b> 2	.UZI 1.50			17	
18	Interest (attach sche	edule) (s	Sec mandonona/					18	1 660
19	Taxes and licenses		(562) OGD	EN,	UT ]	ا مم		19	1,669.
20	Depreciation (attach		The state of the s			20		21b	-
21	Ÿ	aimeo o	on Schedule A and elsewhere on return		ل ا	21a		22	
22 23	Depletion Contributions to def	arrad co	ompansation plans					23	775.
24	Employee benefit pr	,	/					24	2,456.
25	Excess exempt expe							25	
26	Excess readership of							26	
27	Other deductions (a				SEE	STAT	EMENT 1	27	3,028.
28	Total deductions. A	dd lines	s 14 through 27					28	26,169.
29			income before net operating loss deduction. Subtrac					29	-17,612.
30	,	erating	loss arising in tax years beginning on or after Janua	ıry 1, 20	018	am		1	
	(see instructions)		<b>.</b>		SEE	STAT	EMENT 2	30	-17,612.
31			income. Subtract line 30 from line 29					31	Form <b>990-T</b> (2019)
92370	J1 01-27-20 LMA F	ur mape	rwork Reduction Act Notice, see instructions.						(2013)

	(30) CENTERS FOR YOUTH AND FAMILIES, INC.	/1-	- U415350 Page 2
	If Total Unrelated Business Taxable Income	<b></b>	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-17,612.
33	Amounts paid for disallowed fringes	33	
34	Charltable contributions (see instructions for limitation rules)	3/4	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and a	35	-17,612.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	38	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-17,612.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37.	/ <del>         </del>	
••	enter the smaller of zero or line 37	3	-17,612.
Part		71 33 1	
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 39 from	- 3.77 -	<u></u>
71	Tax rate schedule or Schedule D (Form 1041)		
42	Branchay Con instructions	41	
	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
·	V', Tax and Payments	т	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	-4.	
	Other credits (see Instructions)	<b>.</b>  ,	
	General business credit. Attach Form 3800	ا 'نوا۔	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	_ :	
e	Total credits. Add lines 46a through 46d ,	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax, Add lines 47 and 48 (see instructions)	49	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Payments: A 2018 overpayment credited to 2019	_'`. Վ	
b	2019 estimated tax payments	J ', j	
c	Tax deposited with Form 8868	P   T	
d	Foreign organizations; Tax paid or withheld at source (see instructions) 51d		
	Backup withholding (see instructions) 51e	$\prod_{\mathbf{n}_{\mathbf{i}}}$	
	Credit for small employer health insurance premiums (attach Form 8941)		
q	Other credits, adjustments, and payments. Form 2439	7; .	
-	☐ Form 4136 ☐ Other ☐ Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	52	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
	Enter the amount of line 55 you went: Credited to 2020 estimated tax	58	
Part			<del></del>
<del></del>	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		: 1 3
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		- X
=			$\frac{1}{x}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	,	··· -   -   -   -   -   -   -   -   -
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$  Under penelties of perjury, I declare that I have exemined this return, including accompanying schedulos'and statements, and to the bost of my knowle	edge and he	illef. It is true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which proparer has any knowledge  CHIEF FINANCIAL	50 0110 00	,
Here	- 1. 1.3 . (V/) / (S. 1		discuss this return with
	V		shown below (see
		1	
	DANDY I MILITORY	ir PTIN	
Paid			10042502
Prep	arer CPA		00943582
Use	Only Firm's name ► LANDMARK PLC, CPAS Firm's EIN ►	/1	0355269
	201 EAST MARKHAM, SUITE 500	- 0 4 -	<b>DE 0005</b>
	Firm's address ► LITTLE ROCK, AR 72201 Phone no.	<u> 501 – 3</u>	75-2025
923711 0	11-27-20		Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation N/A	······································		<del></del> -	
1 Inventory at beginning of year	1		6 Inventory at end of year	ır	6		
2 Purchases	2		7 Cost of goods sold. St	ods sold. Subtract line 6			
3 Cost of labor	3		from line 5. Enter here	and in Part I,	_		
4 a Additional section 263A costs			line 2	_ 7			
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	-			
5 Total. Add lines 1 through 4b	5		the organization?				Ь_
Schedule C - Rent Income (see instructions)	(From Real I	Property and	d Personal Property L	eased With Real Pro	perty)		
1. Description of property							
(1)	-						
(2)							
(3)							
(4)							
		ed or accrued		3(a) Deductions direc	the connect	tod with the income	_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percental personal property exceeds 50% or if nt is based on profit or income)	ge columns 2(a)	and 2(b) (a	ttach schedule)	,,
(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	n (A)	<b>•</b>		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)			0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)				
			2. Gross income from	3. Deductions directly of to debt-fine	onnected w	nth or allocable arty	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)	···				_		
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to nced property ischedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	tions olumns
(1)	<del></del>		%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, lino 7, column (A)		nter here and on pag Pert I, line 7 column	
Totals			▶		o.l		0.
Total dividends-received deductions in	ncluded in column	8		<u> </u>		-	0.

0

0.

0.

Form 990-T (2019)

Totals (carry to Part II, line (5))

	(=1.1)	
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	4. 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	<b></b>	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 26
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		<u> </u>	0.

Form 990-T (2019)

FORM 990-T	STATEMENT 1			
DESCRIPTIO	ON			AMOUNT
INTERNET C EMR FEES INSURANCE	600 2,246 182 3,028			
TOTAL TO F				
FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 2
FORM 990-T	NET LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	DEDUCTION  LOSS REMAINING	STATEMENT 2  AVAILABLE THIS YEAR
		LOSS PREVIOUSLY	LOSS	AVAILABLE

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	12,157.	0.	12,157.	12,157.
06/30/13	10,154.	0.	10,154.	10,154.
06/30/14	5,003.	0.	5,003.	5,003.
06/30/15	7,691.	0.	7,691.	7,691.
06/30/16	10,552.	0.	10,552.	10,552.
06/30/17	12,642.	0.	12,642.	12,642.
06/30/18	17,541.	0.	17,541.	17,541.
NOL CARRYO	VER AVAILABLE THIS	YEAR	75,740.	75,740.