EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

(Rev. January 2020)

Department of the Treasury Internal Revenue Service 2019

▶ 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

<u>A</u>	For th	e 2019 calendar year, or tax year beginning JUL 1, 2019 and ending	<u>1 JUN 30, 20</u> 2	20
В	Check if applicab	C Name of organization YOUR COP FURNISHED FOR YO	• • • • • • • • • • • • • • • • • • • •	tification number
	Addre	SS YOUNG FAMILIES EARLY HEAD START AND INFORMA	ION	
	Name chang	SUMMERS MC	**_***	***
1	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone num	nber
	Final	, 1020 COOK AVE	406-259	9-2007
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	997,372.
	Amen	BILLINGS, MT 59102	H(a) Is this a grou	p return
	Application	F Name and address of principal officer. ANA HAINED	for subordina	ites? Yes X No
	pendi	1020 COOK AVE, BILLINGS, MT 59102	H(b) Are all subordinat	tes included? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) or	527 If "No," attac	h a list. (see instructions)
		te: ► WWW.YOUNGFAMILIESEHS.ORG	H(c) Group exemp	otion number 🕨
			Year of formation: 1983	3 M State of legal domicile: MT
P	art I	Summary		:
ė,	1	Briefly describe the organization's mission or most significant activities: YOUNG FA		
Activities & Governance		START PROGRAM THAT SERVES PRIMARILY TEEN AND		
ern	2	Check this box if the organization discontinued its operations or disposed of	nore than 25% of its ne	
Š	3			3 12
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 12
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5 45
፷	6	Total number of volunteers (estimate if necessary)		6 25
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 39		7b 0.
	_		Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	688,044	
Revenue	9	Program service revenue (Part VIII, line 2g)	252,594	
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,287	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,192	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	977,117	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	800,936	
en	Toa	Professional fundraising fees (Part IX, column (A), line 11e)	de e dinizioni de producto de engine approve e con-	0.
Ä	1.0	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	169,938	3. 176,292.
			970,874	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,243	
<u></u>		nevertue less experises. Subtract line to front line 12	Beginning of Current Ye	
ets (20	Total assets (Part X, line 16)	940,666	
ASS	21	Total liabilities (Part X, line 26)	74,204	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	866,462	
P	art II	Signature Block	000,402	2 • 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2-30-6-0	and and the same	alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the hest o	of my knowledge and helief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	· · · · · · · · · · · · · · · · · · ·	in my miowioago ana bonoi, it io
	, 00110	A and completel social action of property (sales and officer) to seems of an information of milest pro-	Jarof Had any Knowledge.	
Sig	ın	Signature of officer	Date	
He		ANA HAYNES, BOARD PRESIDENT		
		Type or print name and title		
		Print/Type preparer's name Pregarer's signature	Date Check	PTIN
Pai	d	BRIAN F. VAN STEELAND Bur Van	-03/12/21 If self-em	ployed P00481262
Pre	parer	Firm's name SUMMERS, MCNEA & CO., P.C.	Firm's EIN	
Use	Only	Firm's address 15 AVANTA WAY, SUITE 1		
		BILLINGS, MT 59102	Phone no. ((406)652-2320
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)	****	X Yes No
932	001 01-2	20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	1	Form 990 (2019)

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

(Expenses \$ including grants of \$

grants of \$

893,093.

Form 990 (2019)

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	NU
1		1	х	
_	If "Yes," complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3		3		х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	- 3	•	
4		,		v
	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u>X</u>
5		5		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<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 advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	ا م		v
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in 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	i de la composición dela composición de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición de la composición de la composición de la composic	Toylanday	
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	A TEACHTER AND	St. Adilbale	
а	D-41/1	11a	x	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia	25	
b		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	TID		
С		11c	х	
	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	116		
a		11d		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 41	
IZa	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.4		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes;" complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- -
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	1
	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		T-	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
248	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	1	x
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			_
	any tax-exempt bonds?	24c		
C	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	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	1	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	'
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			T
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1,70% (MIN) 1,500 (MIN)	
	instructions, for applicable filing thresholds, conditions, and exceptions):	Č.		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	of and activity destinate	all and w. weight.it.	1 1000000000000000000000000000000000000
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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			
	contributions? If "Yes," complete Schedule M	30		X
31	bid 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			
۰	Part V, line 1	34		X
งอล เ	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
37	If "Yes," complete Schedule R, Part V, line 2	36	_	_X_
31	Did the organization conduct more than 5% of its/activities through an entity that is not a related organization			ı
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
-	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.			
Par	Note: All Form 990 filers are required to complete Schedule O t.V. Statements Regarding Other IRS Filings and Tax Compliance	38	X	
avested B	Check if Schedule O contains a response or note to any line in this Bort V			
	Officer in defletible of contains a response of note to any line in this Part V			
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	(Seedanace)	Yes	No
h	Entor the number of Ferman M CO in all all 11 P			
c ·	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?			
		1c	_	

932004 01-20-20

Form 990 (2019) YOUNG FAMILIES EARLY HEAD START

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			40.	Τ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Secretary Secretary	Yes	No
	filed for the calendar year ending with or within the year covered by this return 2a 4.5			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ACLUMENTS.
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	104.4	43	数数增加
3a	Did the appropriation from a product of the sign of the control of	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	ļ	- 22
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	SD		
··u	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	4 a	1 30/6/4	
	See instructions for filing 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	Jatansol.	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	+	- 23
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30	1	
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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	in the second	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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?	7f		<u> </u>
g	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	3 9 m - 5 9 m (10)	F-22-35
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		\$386.555Q
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		Parameter 1	
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	64.4.2 a		(2551A)
а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		Salasion	
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	TO MENON AND TO MAKE A	November California
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Chillian Child	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			in a second
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		Milis	
	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 on Schedule O	14b	ļ	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	20,000	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	mericanal	y
	If "Yes," complete Form 4720, Schedule O.	16	. Per 6.0	X
	199) Semple Form For Loy Contourio C.	Marian Sec.		p-12/2017/2017/

Form **990** (2019)

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

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Id 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? g Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 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 filling the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 15 Did the organization have a written document of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 16 The organization invest in, contribute assets to, or participate in a joint v		Check it Schedule O contains a response or note to any line in this Part VI			X
If there are material differences in voting rights among members of the governing body (delegate broad authority to an asseutible committee or similar committee, oxplain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent	Sec	tion A. Governing Body and Management			
If there are material differences in voting rights among members of the governing body (delegate broad authority to an asseutible committee or similar committee, oxplain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent				Yes	No
body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of volting members included on line 1a, above, who are independent 12 bid any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? bid the organization become aware during the year of a significant diversion of the organization's assets? bid the organization become aware during the year of a significant diversion of the organization's assets? bid the organization have members or stockholders? bid the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Are any governing body; b Are any governance decisions of the following persons of Schedule O. b Are any governing body; b Are any governing body; b Are any	1a	Enter the number of voting members of the governing body at the end of the tax year			
b Enter the number of voting members included on line 1a, above, who are independent. 1 1 1 2 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? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 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? 5 Did the organization and the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization in maling address? If If Yes, I model the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 5 b If Yes, I 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 of such chapters, affiliates, and branches to ensure their operations are consistent with the organization of such chapters to conflic		If there are material differences in voting rights among members of the governing body, or if the governing			
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exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website □ Another's website ▼ Upon request □ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ORGANIZATION - 406-259-2007					
List the states with which a copy of this Form 990 is required to be filed ► NONE 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 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ORGANIZATION - 406-259-2007			ilou.Idi	24.54.45	
List the states with which a copy of this Form 990 is required to be filed NONE 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 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ORGANIZATION - 406-259-2007			16b		
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 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website W Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ORGANIZATION - 406-259-2007					
for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ORGANIZATION - 406-259-2007					
Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ORGANIZATION - 406-259-2007			s only) availa	ıble
Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ORGANIZATION - 406-259-2007					
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 ORGANIZATION - 406-259-2007					
State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 406-259-2007			d finar	icial	
THE ORGANIZATION - 406-259-2007					
	20	State the name, address, and telephone number of the person who possesses the organization's books and records			
1020 COOK AVE, BILLINGS, MT 59102					
		1020 COOK AVE, BILLINGS, MT 59102			

932006 01-20-20

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.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(ist any hours for related organizations below line) 1	(A) Name and title	(B) Average hours per week	box	not c , unle cer an	ss pe	ition more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
DIRECTOR		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related organizations
C2		2.00	x						0.	0.	0.
CFO	(2) KAREN MOSES	2.00									
(4) ANA HAYNES 2.00 CHAIR X X 0. 0. (5) DAN CARTER 2.00 X X 0. 0. SECRETARY X X 0. 0. 0. (6) DIANNA LINDER 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (7) ALAN CHRISTENSEN 2.00 X 0. 0. 0. (8) JULIE WHITWORTH 2.00 X 0. 0. 0. (9) BRIANNE MCCLAFFERTY 2.00 X X 0. 0. VICE CHAIR X X 0. 0. 0. (10) JANE LEUTHOLD 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (11) LYNN JENSEN 2.00 X 0. 0. 0. TREASURER X X 0. 0. 0. (13) WENDY WHEELER 40.00 0. 0. 0.		2.00			-						0.
CHAIR			X		X		_		0.	0.	0.
X			x		x			-	0.	0.	0.
Column		2.00	x		x		1		0.	0.	J . 0.
Columbia Columbia	(6) DIANNA LINDER	2.00					ļ			0.	0.
(8) JULIE WHITWORTH DIRECTOR (9) BRIANNE MCCLAFFERTY VICE CHAIR (10) JANE LEUTHOLD DIRECTOR (11) LYNN JENSEN DIRECTOR (12) STEVE TUCKER TREASURER (13) WENDY WHEELER X	(7) ALAN CHRISTENSEN	2.00									
(9) BRIANNE MCCLAFFERTY VICE CHAIR X X 0. 0. (10) JANE LEUTHOLD DIRECTOR X 0. 0. (11) LYNN JENSEN DIRECTOR X 0. 0. (12) STEVE TUCKER TREASURER X X 0. 0. (13) WENDY WHEELER 40.00	(8) JULIE WHITWORTH	2.00									0.
Column	(9) BRIANNE MCCLAFFERTY	2.00			x						0.
DIRECTOR X 0. 0. (12) STEVE TUCKER 2.00 X X 0. 0. TREASURER X X X 0. 0. (13) WENDY WHEELER 40.00 0. 0. 0. 0.	(10) JANE LEUTHOLD		x						0.	0.	0.
TREASURER X X 0. 0. (13) WENDY WHEELER 40.00			x					-	0.	0.	0.
			x		X				0.	0.	0.
		40.00	x		x				56,784.	0.	6,492.
		-			-				/		,
			-								

Form 990 (2019)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
	(A) Name and title	(B) Average hours per	(do	not c	Pos Pos heck ss pe	ition more rson i	l than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below	Individual trustee or director	nstitutional trustee			Highest compensated complexed control of the compensated control of the com		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
		line)	Ipul	Inst	Officer	Key	High	Former		•	
		-									
•											
											7/
	``````										
					١						
				C					7.		
									·		
										-	
	1						_			1	
	$T_{ij}$										
1b	Subtotal							<b>&gt;</b>	56,784.	0	
_	Total from continuation sheets to Part V								0. 56,784.	0	
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but n							no re			6,492.
	compensation from the organization							-	· ·		0
3	Did the organization list any former officer,	director truste	ee. k	ev e	amp	love	e. oi	r hia	hest compensated emr	olovee on	Yes No
Ū	line 1a? If "Yes," complete Schedule J for s	uch individual	·								. <b>3 X</b>
4	For any individual listed on line 1a, is the su and related organizations greater than \$15										4 X
5	Did any person listed on line 1a receive or										
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .	<del></del>	······		. 5 X
1	tion B. Independent Contractors  Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of compe	nsation from
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir		year.	
	<b>∕(A)</b> Name and business	address	NO	INC	<del>7</del> )				<b>(B)</b> √Description of s	services	(C) Compensation
								$\exists$			
											· .
										, , , , , , , , , , , , , , , , , , ,	
				-					· · ·		
								-		<u>, i)                                   </u>	
	<u> </u>								• •	)	N - 2 - Mary Againmagainth (acart acart
2	Total number of independent contractors ( \$100,000 of compensation from the organ		ot li	mite	d to	tho	se li N	sted	l above) who received n	nore than	A SECURITY OF THE PROPERTY OF
	wroo,ooo or compensation from the organi	-aution		7 -		··········	<del>-</del>		<del>,</del>	into dipose	E 000 (0040)

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any li				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns 1a				contact of Total Co.	Salar Sharanan in sala
필		Membership dues 1b				read Salasakast	
۵٤۱		Fundraising events 1c	7,086.				
if A	d		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C Transcription	perghadispelation of a section E	ria est autórografia de l Barriñas arrigos estiblica	CORTENATO ESTADA MATERIA
aji G	-	0	505,380.		13665 Bab	care evel gior in d	
Sis	e	All other contributions, gifts, grants, and	303,300.	Table of the property of the			
e E	٠,	similar amounts not included above 1f	152,702.		Tabolini, resulting		English and States and
물리			24,000.		sing Signal 2		English of the second
Contributions, Gifts, Grants and Other Similar Amounts	g	· · · · · · · · · · · · · · · · · · ·		665,168.	555 1056		
<u> </u>	n	Total. Add lines 1a 1f	Business Code	003,100.	Production of the second secon		6 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
.	_	TADIV HEAD CHADM	900099	307,221.	307,221.		
<u>ğ</u>	2 a	4	900033	307,221.	307,221.		, , , , , , , , , , , , , , , , , , ,
le je	b						
E E	C		_				
Real	d						
Program Service Revenue	e	All II	_	:			
_	T	All other program service revenue		307,221.			
		Total. Add lines 2a-2f Investment income (including dividends, interest income)		307,221.	Fig. V. S. V. Arten, Teo Milde V. Artindines		et belge sterrengigen miene der
ŀ	3			3,312.			3,312.
		other similar amounts) Income from investment of tax-exempt bon		3,314.		:	3,314.
	4	•	•				
	5	Royalties(i) Real	(ii) Personal			Brother Colors	Per tal. ap. 1 - 1 2 1 - 1 2 12 19 - 2 2 19 11 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
			(ii) i orooniai			Brightshire as an extra	
	6 a	***************************************			The second secon	LD Company (Color	
	b	Less: rental expenses 6b  Rental income or (loss) 6c	-	F 2 Triple and sending		The state of the s	er om en er i Andreadhlach
•	ن ام				Institute of ethilingues of site of 1975.	C40.14.164.Helde-Faschestics	Para GNE Para GRANDE CANADA
	7 a	Gross amount from sales of (i) Securitie	s (ii) Other	ALTERNATION OF THE STREET	Delian Strategy Benglows		
	1 a	assets other than inventory 7a	(,, 5.1.5.	Salarana Ciransana			2000年 - 15 Department
	h	Less: cost or other basis				Aprile Park	
힐		and sales expenses 7b	·	en 20 july 10	Property of the second		
ther Revenue	С	a · "					
<u>چ</u> ا	d			ROBERTHANDS TO A DOMESTICAL		ESPERITALIS AND PLANS OF USE	
ē		Gross income from fundraising events (not		E GOTTO TO STATE OF THE STATE O			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
탕	o a	including \$ 7,086. of		3.73 (1.48) M		The many of the state of the st	
		contributions reported on line 1c). See					S. B. B. Branch
		The state of the s	8a 21,671.				And the second s
	b		8b 3,326.		or 15 comments for the comment of th	Maria de la compania del compania de la compania de la compania del compania de la compania del la compania del la compania de la compania de la compania del la compania de la compania del la compania	
.	c			18,345.	Participation of the second	PROFILE ENVIOLENCE OF CONTRACTOR OF CONTRACT	18,345.
		Gross income from gaming activities. See			Partie of Saleton (1997) High parties of a production of the	an all and the second	
			9a				THE ACTUAL PROPERTY OF
	b		9b	A Last Trier of Building Last Section 2015	parking the exercise Annual Annua		
		Net income or (loss) from gaming activities		and the same about the said th	The second secon		german en empetat unique se anno esta esta esta esta esta esta esta esta
		Gross sales of inventory, less returns		Now Stell Mar St.	PHE MORE THAN	BOSE SEE SEE SEE SEE SEE	
		and allowances	10a			en (Sie Alle) Medicae en deutsche Bereiche Beseich	
	b		10b	engger kan kela da atau da atau atau da Persangan da Kelabat da atau atau da da	of the Christian Color, School of the Christian Color of the Christi	Oceanies and comment	The state of the s
		Net income or (loss) from sales of inventory	· ▶			-	
_o	-_		Business Code		NoTice of the second	Designation of the	
اه ۾	11 a	L					
ang I	b						
le g	/ c			1			
Miscellaneous Revenue	d	All other revenue			-1		
	е	Total. Add lines 11a-11d		l.			Let C. IX at Palamet Transfer of the Control of the
	12	Total revenue. See instructions	<u></u>	994,046.	307,221.	0.	21,657.

#### 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 respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	100			
	organizations, foreign governments, and foreign			FIGURE 1	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	56,784.		56,784.	
6	Compensation not included above to disqualified		, i		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	504 050	504 005	0.5 500	
7	Other salaries and wages	631,360.	604,837.	26,523.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	00 601	00 000	10 (10	
9	Other employee benefits	99,621.	89,002.	10,619.	
10	Payroll taxes	60,142.	51,306.	8,836.	
11	Fees for services (nonemployees):		:		
a	Management				<del></del>
b	Legal	10 000		10 000	
C	Accounting	10,000.	· ·	10,000.	
d	Lobbying Preference for devicing convices Cos Part IV line 17				
e	The state of the s			Free and Englishment Lands As Sec.	
f	Other. (If line 11g amount exceeds 10% of line 25,	· · · · · · · · · · · · · · · · · · ·			
g	column (A) amount, list line 11g expenses on Sch O.)	8,176.	8,104.	72.	
12	Advertising and promotion	υ, 1/0.	O, 104.	14.	
13	Office expenses	4,825.	1,447.	3,378.	
13 14	Information technology	±,02J•	<u> </u>	3,370.	
15	Royalties				
16	Occupancy	15,760.	14,662.	1,098.	· · · · · · · · · · · · · · · · · · ·
17	Travel	13,780.	12,311.	1,469.	
18	Payments of travel or entertainment expenses	23,7001		I, 400.	/.
.5	for any federal, state, or local public officials	· · · · · · · · · · · · · · · · · · ·			
19	Conferences, conventions, and meetings				
20	Interest	292.		292.	
21	Payments to affiliates			2,26	
22	Depreciation, depletion, and amortization	29,678.	28,194.	1,484.	
23	Insurance	17,178.	15,347.	1,831.	
24	Other expenses. Itemize expenses not covered	Amortos (1955), piloto (1955).			e in a state of the state of th
	above (List miscellaneous expenses on line 24e. If	etijen, podetavite spasover i Matriciana selja serancijen		ppor the said the said to be a substitute of	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				Malaka Egyptope Nakalasa
а	SUPPLIES	70,795.	63,249.	7,546.	
b	TELEPHONE AND INTERNET	3,541.	3,164.	377.	
С	REPAIRS & MAINTENANCE	1,648.	1,566.	82.	
d	MISCELLANEOUS	715.		715.	
е	All other expenses	-96.	-96.		
25	Total functional expenses. Add lines 1 through 24e	1,024,199.	893,093.	131,106.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		, C		

Form 990 (2019)
Part X Balance Sheet

rd	ļΛ	Check if Schedule O contains a response or note to any line in	this Part X		-	
		Oncorn Conseque Contains a response of field to any limb in	THO T GIEV	<b>(A)</b> Beginning of year	Ī	(B) End of year
	1	Cash - non-interest-bearing		83,496.	1	261,497
	2	Savings and temporary cash investments	11,678.		15,903	
	3	Pledges and grants receivable, net		8,672.		10,700
	4	Accounts receivable, net		21,673.		2,678
	5	Loans and other receivables from any current or former officer,		A FRE		
	J	trustee, key employee, creator or founder, substantial contribu	· · · · · · · · · · · · · · · · · · ·			
					5	
	6	Loans and other receivables from other disqualified persons (a		K1270		
	. 0	under section 4958(f)(1)), and persons described in section 495	, l°		6	
	7				7	
ets	7	Notes and loans receivable, net			8	
Assets	8	Inventories for sale or use		1,026.	9	7,365
-	9	Prepaid expenses and deferred charges		1,040.	9	7,303
	10a	Land, buildings, and equipment: cost or other	122 044			
		basis. Complete Part VI of Schedule D 10a 1		717 111	19031	717 763
	b	Less: accumulated depreciation 10b		747,441.		717,763
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11	17	66 690	12	64,368
	13	Investments - program-related. See Part IV, line 11	T .	66,680.	13	04,300
-	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		040 666	15	1 060 574
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		940,666.	16	1,069,574
	17	Accounts payable and accrued expenses		70,870.		69,477
	18	Grants payable		3,334.	18	
	19	Deferred revenue		3,334.		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sche	9		21	
ies	22	Loans and other payables to any current or former officer, direct	2	ika - Paris da Karangan da Karangan da Karangan da Ka		
Liabilities		trustee, key employee, creator or founder, substantial contribu		en erabite en dimartaren erabbararia eta erabbararia bildaria.	W96.533.4	
LIa					22	
	23	Secured mortgages and notes payable to unrelated third partie			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relate				1
		parties, and other liabilities not included on lines 17-24). Compl	ete Part X	0.		166 100
		of Schedule D		74,204.		166,100
	26	Total liabilities. Add lines 17 through 25	<del></del>	/4,204.	26	235,577
နွ		Organizations that follow FASB ASC 958, check here		The Continue of Lands	(1) Yes	
uce L		and complete lines 27, 28, 32, and 33.	· Camp	700 700		760 600
ala	27	Net assets without donor restrictions	799,782.	27	769,629	
gρ	28	Net assets with donor restrictions		66,680.	28	64,368
Ş		Organizations that do not follow FASB ASC 958, check here			A splits	and the second of the second o
- 5		and complete lines 29 through 33.				
SIS	29	Capital stock or trust principal, or current funds			29	
SSI	30	Paid-in or capital surplus, or land, building, or equipment fund	F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other		0.66.165	31	000 007
ž	32	Total net assets or fund balances		866,462.		833,997
	33	Total liabilities and net assets/fund balances		940,666.	33	1,069,574

Form **990** (2019)

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))

Net unrealized gains (losses) on investments

Donated services and use of facilities

Investment expenses

Prior period adjustments
Other changes in net assets or fund balances (explain on Schedule O)

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,

column (B))

Part XII Financial Statements and Reporting

*	_***** Page 12	
1	994,046.	
2	1,024,199.	
3	-30,153.	
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833,997.

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual 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: Both consolidated and separate basis J Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? X 2b 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019** 

Open to Public Inspection

Name of the organization

YOUNG FAMILIES EARLY HEAD START

Employer identification number

Pa	rt I	Reason for Public	Charity Status (	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organi	zation is not a private found						
1		A church, convention of ch						
2		A school described in sect					·//· ////·	
3		A hospital or a cooperative					iii).	•
4		A medical research organiz						the hospital's name
-		city, and state:		.,,	4000.120	u 500	711 17 O(B)( 1)(A)(III). E11001	the hoopital s hame,
5		An organization operated f	or the benefit of a co	ollege or university owne	d or opera	ted by a d	overnmental unit descri	ned in
		section 170(b)(1)(A)(iv). (		maga ar armanana yawina	a or opora	itou by a g	ovenimental anti-descrip	Jed III
6		A federal, state, or local go	•	mental unit described in	saction 1	70/h\/1\/A	MA	
		An organization that norma						nublic described in
•		section 170(b)(1)(A)(vi). (C		and part of its support	nom a gov	CHARICITA		public described in
8		A community trust describ		(1)(Å)(vi) (Complete Par	+ 11 \			
9		An agricultural research or				ed in coni	inction with a land-grant	college
		or university or a non-land-						
		university:	grant comogo or agric	ditaro (000 inotidotiono)		riamo, or	y, and state of the collec	,
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its sur	nort from	contributi	ons membershin fees	and arose receints from
		activities related to its exer						
		income and unrelated busi						
		See section 509(a)(2). (Co		(loco cochon o m taxy n	Jiii Daonie	oooo dogo	and by the organization	inter durie do, 1979.
11		An organization organized		ively to test for public sa	afety. See	section 50	09(a)(4)	
12		An organization organized						e purposes of one or
		more publicly supported or						
		lines 12a through 12d that						
а		Type I. A supporting orga						giving
		the supported organization						
		organization. You must o						
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with i	ts support	ed organization(s), by ha	ving
	:	control or management of						
		organization(s). You mus			-			•
c		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organizatio						,
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)
		that is not functionally int						
		requirement (see instruct						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	•
		functionally integrated, o					•	
f	Ente	the number of supported	organizations	***************************************				
g		de the following information			I (iii) la tha a-a-	introduction listed		
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		Organization		àbove (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		<u> </u>						<u> </u>
		•						
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ota	I	1	is a company of the second of	* A Party of the Two party of the		CONTRACTOR		

*-**** Page 2

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	·					
	membership fees received. (Do not			•		\ .	
	include any "unusual grants.")	587,151.	722,430.	687,822.	716,813.	661,768.	3375984.
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	•			-		
4	Total. Add lines 1 through 3	587,151.	722,430.	687,822.	716,813.	661,768.	3375984.
5	The portion of total contributions		versioners en			F. Not King (19-1) and a district of the second of the sec	
-	by each person (other than a		og videlandevaderich d Videland over 1900 bis		e de la compania del compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania de la compania del compania		
	governmental unit or publicly		inter e generaliste da. Julistinos, astronom		98 Bracking Color	property and the second	
	supported organization) included	nga san bawa san ing	La direction de la company			Contain de la containe	
	on line 1 that exceeds 2% of the		u di Santojinenjuminas d				
	amount shown on line 11,	The second of th				Physical Communication of the	
	column (f)	ran da de la companya da dela c	Commence of the commence of th				
6	Public support. Subtract line 5 from line 4.	拉思 英国长期		Francisco Paris	Griding Children		3375984.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	587,151.	722,430.	687,822.	716,813.	661,768.	3375984.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,610.	3,534.	3,272.	3,287.	3,312.	17,015.
9	Net income from unrelated business		·				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	1					/
	or loss from the sale of capital						
	assets (Explain in Part VI.)	10.	53.	10.	4,423.		4,496.
11	Total support. Add lines 7 through 10			te y thandon i italia Grand		INTERFER	3397495.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	645,872.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor	here					<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2019 (I					14	99.37 %
	Public support percentage from 2018					15	99.06 <u>%</u>
16a	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies	as a publicly supp	orted organization		•••••		<b>▶</b> X
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
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 l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990 _" F7) 2019

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### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u></u>	qualify under the tests listed t	oelow, please com	plete Part II.)		· · · · · · · · · · · · · · · · · · ·		
	ction A. Public Support	T	<u> </u>	1	<del></del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				<b>,</b>		
_	include any "unusual grants."),			-			
2	Gross receipts from admissions, merchandise sold or services per-					,	
	formed, or facilities furnished in			2		*	
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that		. •				
	are not an unrelated trade or bus-	·					
	iness under section 513		-				
4	Tax revenues levied for the organ-			:			
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to					f	
	the organization without charge				*		
6	Total. Add lines 1 through 5		<u> </u>				
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons			,			
b	Amounts included on lines 2 and 3 received			7			
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		***********	·······			
	Public support. (Subtract line 7c from line 6.)	Section Control	* X X X X X X X X X X X X X X X X X X X	A Section of the second		Section of the sectio	
Sec	ction B. Total Support					4,	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		1.				
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties.					•	
	and income from similar sources						<u> </u>
b	Unrelated business taxable income	· '					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
44	Add lines 10a and 10b	. ,			· · · · · · · · · · · · · · · · · · ·		-
11	activities not included in line 10b.			,			
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
'-	or loss from the sale of capital	,				1	
12	assets (Explain in Part VI.)	. ;				- 1	
	First five years. If the Form 990 is for	the organization's	first second this	d fourth or fifth to		F01(-)(0)i	
1-1	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
				column (f))		15	<u></u> %
15	Public support percentage for 2019 (			Ooidiiiii (1))			
	Public support percentage for 2019 (I Public support percentage from 2018		111 11 47			16	<b>%</b>
16	Public support percentage for 2019 (I Public support percentage from 2018 tion D. Computation of Inves	Schedule A, Part	III, line 15			16	%
16 Sec	Public support percentage from 2018 tion D. Computation of Inves	Schedule A, Part stment Income	III, line 15 e Percentage				
16 Sec 17	Public support percentage from 2018	Schedule A, Part stment Income 19 (line 10c, colun	e Percentage on (f), divided by li	ne 13, column (f))		17	%
16 Sec 17 18	Public support percentage from 2018 tion D. Computation of Investigation D. Computation of Investment income percentage from 20 Investment income percentage from 20	Schedule A, Part stment Income 19 (line 10c, colun 2018 Schedule A,	e Percentage on (f), divided by li Part III, line 17	ne 13, column (f))		17 18	<u>%</u>
16 Sec 17 18	Public support percentage from 2018 tion D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests - 2019. If the	Schedule A, Part stment Incomo 19 (line 10c, colun 2018 Schedule A, organization did n	e Percentage on (f), divided by li Part III, line 17 ot check the box	ne 13, column (f)) on line 14, and line	e 15 is more than 3	17 18 33 1/3%, and line 1	% % 7 is not
16 Sec 17 18 19a	Public support percentage from 2018 tion D. Computation of Investment income percentage for 20 Investment income percentage from 23 1/3% support tests - 2019. If the more than 33 1/3%, check this box a	Schedule A, Part stment Income 19 (line 10c, colun 2018 Schedule A, organization did n nd stop here. The	e Percentage on (f), divided by li Part III, line 17 ot check the box organization quali	ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than supported organiza	17 18 33 1/3%, and line 1	% % 7 is not
16 Sec 17 18 19a	Public support percentage from 2018 stion D. Computation of Investment income percentage from 20 Investment income percentage from 20 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the	Schedule A, Part stment Income 19 (line 10c, colun 2018 Schedule A, l organization did n nd stop here. The organization did n	e Percentage on (f), divided by li Part III, line 17 ot check the box organization quali ot check a box or	ne 13, column (f)) on line 14, and line fies as a publicly s i line 14 or line 19a	e 15 is more than 3 supported organiza a, and line 16 is mo	17 18 33 1/3%, and line 1 ation	% % 7 is not 
16 Sec 17 18 19a b	Public support percentage from 2018 tion D. Computation of Investment income percentage for 20 Investment income percentage from 23 1/3% support tests - 2019. If the more than 33 1/3%, check this box a	Schedule A, Part stment Income 19 (line 10c, colun 2018 Schedule A, organization did n and stop here. The organization did n ack this box and stop	III, line 15  Percentage In (f), divided by liperat III, line 17 In the check the box organization quality of check a box or op here. The organization or check a box or op here.	ne 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo	17 18 33 1/3%, and line 1 ation ore than 33 1/3%, a orted organization	% % 7 is not 

#### 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	Organizations
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- 1 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.
- 2 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, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.)

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	Yes	No
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10b		

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Fe	art IV Supporting Organizations (continued)			
11	Has the arganization eccented a gift or contribution from any of the fall with	\$0300 e-20	Yes	No
a	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
h		11a		├
	A family member of a person described in (a) above?	11b		<u> </u>
Sec	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	İ	<u>L</u>
	Ston B. Type I Supporting Organizations		1.2	· T
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	CB (0.00 - 20 / 20 / 20 / 20 / 20 / 20 / 20 /	Yes	No
•		P- 756		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		5,000	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	for Sub-		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	apadhkul ayyassa	ativi Xi. 'për	i desti all'i a sode
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	- 7.500 - 27.50 - 7.500 - 27.50		Kara.
500	supervised, or controlled the supporting organization.	2		
360	ction C. Type II Supporting Organizations			
4	Maro a majorital of the annumination to although the standard of the standard	e solicina e societa	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	a Coda		
Sec	the supported organization(s). etion D. All Type III Supporting Organizations	1		
000	All Type in Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	- Properties	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	(E 10.00)		- vie ( - 16)
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Lan da		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	Lincilar Vicence		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 27 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Guazzak	aset.
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			i Sin Said
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	SECULANISM E	1 W 1 C C C C C C C C C C C C C C C C C
Ū				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	Para Para Para Para Para Para Para Para	228	
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruc			
a	The organization satisfied the Activities Test. Complete line 2 below.	ctions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	i		
2	Activities Test. Answer (a) and (b) below.	Г		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	E-14005	Yes	<u>No</u>
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			lide (4)
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	Auggleick II	enewere)
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	12 March 18		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.		W.SEC	
	Parent of Supported Organizations. Answer (a) and (b) below.	2b	g wag the fo	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .			140 Y 240 1400 H 250
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	25000000	Sept Observed
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			Signal Signal
932025		3b		
	Schedule A (F	orm 990 or 990	J-⊏Z) .	∠∪19

Sch	edule A (Form 990 or 990-EZ) 2019 YOUNG FAMILIES EARLY H	FΔD	<b>ር</b> ሞኔ ውጥ	**-***** Page <b>6</b>
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	na Or	ganizations	<u>" " - " " " " " Page 6</u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	na trust	on Nov. 20, 1970 (explain in	Part VI) Socinstructions A
	other Type III non-functionally integrated supporting organizations must c	omplete	Sections A through F	rait vij. See instructions. F
Sec	tion 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 production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7.		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a	The state of the s	an marker 1, parcent are produced in the control of
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		/
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	100	To April 1985 September 1985 Septemb	
	factors (explain in detail in Part VI):	TWEETS		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, 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	Karata barata	
4	Enter greater of line 2 or line 3.	4	A CONTROL OF A CON	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 YOUNG FAMILIES EARLY HEAD START **_**** Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 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. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (ii) Section E - Distribution Allocations (see instructions) Underdistributions **Excess Distributions** Distributable Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 1 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2015 b Excess from 2016

Schedule A (Form 990 or 990-EZ) 2019

c Excess from 2017
 d Excess from 2018
 e Excess from 2019

# (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

2019

YOUNG FAMILIES EARLY HEAD START

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private t	foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	501(c)(3) taxable private foundation	
Check if your organization  Note: Only a section 501(c	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .	and a Special Rule. See instructions.
General Rule		
For an organization property) from an	on filing Form 990, 990-EZ, or 990-PF that received, during the year, cont y one contributor. Complete Parts I and II. See instructions for determini	ributions totaling \$5,000 or more (in money or ng a contributor's total contributions.
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Paror, during the year, total contributions of the greater of (1) \$5,000; or (2) c, line 1. Complete Parts I and II.	t II, line 13, 16a, or 16b, and that received from
year, total contribi	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ tha utions of more than \$1,000 exclusively for religious, charitable, scientific, lty to children or animals. Complete Parts I, II, and III.	at received from any one contributor, during the literary, or educational purposes, or for the
is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that section is exclusively for religious, charitable, etc., purposes, but no such contributere the total contributions that were received during the year for an excomplete any of the parts unless the <b>General Rule</b> applies to this organizate, etc., contributions totaling \$5,000 or more during the year	utions totaled more than \$1,000. If this box  lusively religious, charitable, etc.,
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Part IV, line 2, of its Form 990; or check the box on line H of its Form 99 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	e Schedule B (Form 990, 990-EZ, or 990-PF), 0-EZ or on its Form 990-PF, Part I, line 2, to
LHA For Paperwork Reducti	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

#### YOUNG FAMILIES EARLY HEAD START

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF HEALTH AND HUMAN SERVICES		Person X
	200 INDEPENDENCE AVE, S.W.	\$\$05,380.	Payroll Noncash (Complete Part II for
V	WASHINGTON, DC 20201		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	O.P. & E.O. EDWARDS FOUNDATION		Person X Payroll
	PO BOX 2445	\$ 35,000.	Noncash (Complete Part II for
	RED LODGE, MT 59068	7	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total cóntributions	(d) Type of contribution
3	UNITED WAY OF YELLOWSTONE CO		Person X Payroll
	2173 OVERLAND AVE	\$ 18,920.	Noncash (Complete Part II for
	BILLINGS, MT 59102		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WESTERN SECURITY BANK		Person X
	2812 1ST AVE NORTH	\$ 20,000.	Payroll Noncash (Complete Part II for
	BILLINGS, MT 59101		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
:			Person
		\$	Payroll Noncash
		. ,	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### YOUNG FAMILIES EARLY HEAD START

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(a)		(c)	
No. rom	(b)  Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
art I		(See instructions.)	-
•			
			,
		<b>\$</b>	
(a)		(c)	· .
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
<u> </u>			- 1
. —			
		\$	
(-)			:
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(,	
_			
		\$	<u></u>
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(-)			
(a) No.	<b>(b)</b>	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
_			
.		.   \$	
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
-			
		.	
	water the second	\$	

Name of or	ganization		Employer identification number					
YOUNG	FAMILIES EARLY HEAD ST	ישאמי	**_****					
Part III		tions to organizations described in s a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations less for the year. (Enter this info. once.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Parti								
·								
ŀ		(e) Transfer of git	ft ·					
	Transferee's name, address, a	nd 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					
	(e) Transfer of gift							
	Transferee's name, address, a	nd 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					
	7							
-		(e) Transfer of gif	*					
	Turnefavaela unua addusa a							
/	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
_		(e) Transfer of gif	ft .					
	Transferee's name, address, a	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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YOUNG FAMILIES EARLY HEAD START

**Employer identification number** **_***

Pa	rt I	<b>Organizations Maintaining Donor Advise</b>	d Funds or Other Similar Funds or A	Accounts. Complete if the
		organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1.	Total	number at end of year		
2		gate value of contributions to (during year)		
3		gate value of grants from (during year)		
4		gate value at end of year		
5		e organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	nds
	are th	e organization's property, subject to the organization's	exclusive legal control?	Yes No
6		e organization inform all grantees, donors, and donor a		
		aritable purposes and not for the benefit of the donor o		-
Pa		Conservation Easements. Complete if the org		
1	Purpo	ose(s) of conservation easements held by the organizati	on (check all that apply).	
		Preservation of land for public use (for example, recrea		torically important land area
		Protection of natural habitat	Preservation of a cert	tified historic structure
		Preservation of open space		
2	Comp	olete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onservation easement on the last
	day o	f the tax year.		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b				2b
С	Numb	er of conservation easements on a certified historic str	ucture included in (a)	2c
d	Numb	er of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	·
	listed	in the National Register	1	2d
3	Numb	er of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	nization during the tax
	year 🕽	<b>-</b>		
4		er of states where property subject to conservation eas		
5	Does	the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
		ons, and enforcement of the conservation easements it		
6	Staff	and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	tion easements during the year
	<b>.</b>			
7		nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asements during the year
	▶\$			
8		each conservation easement reported on line 2(d) abov		
		ection 170(h)(4)(B)(ii)?		
9		t XIII, describe how the organization reports conservation	the state of the s	
		ce sheet, and include, if applicable, the text of the footr	note to the organization's financial statements t	hat describes the
Dai	organ rt III	ization's accounting for conservation easements.  Organizations Maintaining Collections of	f Art Historical Traceuras or Other	Similar Assats
ı a		Complete if the organization answered "Yes" on Form		Olilliai Assets.
	If the	organization elected, as permitted under FASB ASC 95		alanaa ahaat warka
ıa		historical treasures, or other similar assets held for pub	•	
		e, provide in Part XIII the text of the footnote to its finar		arice or public
h		organization elected, as permitted under FASB ASC 95		on shoot works of
D		storical treasures, or other similar assets held for public		
		the following amounts relating to these items:	oxidation, oddoddon, or roodd on the factionality	So of public dollars,
	•	evenue included on Form 990, Part VIII, line 1		<b>▶</b> :\$
2		organization received or held works of art, historical tre		
-		Illowing amounts required to be reported under FASB A		, p <del></del> ,
а		nue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
		s included in Form 990, Part X		<b>.</b>
		aperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019

	edule D (Form 990) 2019 YOUNG	<u>FAMILIES E</u>	ARLY	HEAD	START		*	*_*	***	* *	Dage '
F	Organizations Maintaining	Collections of	Art, His	storical T	reasures	, or Oth	er Similar	Δ 000	te/oon	tinuer	rage A
3	Using the organization's acquisition, acces	sion, and other reco	rds, ched	k any of th	e following t	hat make	significant us	se of its	2	inuec	<u>/</u>
	collection items (check all that apply):						- granount de	30 01 100	•		
	Public exhibition		d $\square$	Loan or ex	change pro	gram					
. k	Scholarly research	•	е 🗀								
C	Preservation for future generations						· :				<del></del>
4	Provide a description of the organization's	collections and expla	ain how t	hev further	the organiza	ation's eve	mnt nurnae	in Dar	+ VIII		
5	During the year, did the organization solicit	or receive donations	s of art. h	istorical tre	asures or o	ther simila	ir accoto	FIIIFAI	CAIII.		
	to be sold to raise funds rather than to be n	naintained as part of	f the oraș	nization'e o	ollection?				7 v		¬
Pε	irt IV Escrow and Custodial Arrai	ngements. Comp	lete if the	organizati	on answere	d "Vac" or	Form 000 F	)	<u> Yes</u>		No
	reported an amount on Form 990, Pa	art X, line 21.		o garnzan	on answere	u 165 01	1 FOIIII 990, F	art IV,	iine 9, c	or	
1a	Is the organization an agent, trustee, custoo	dian or other interme	ediary for	contributio	ne or other	accete not	ingluded				
	on Form 990, Part X?		Jaiary 101	CONTINUE	ns or other	assets not	included		7	Г	
b	If "Yes," explain the arrangement in Part XII	l and complete the f	ollowina:	table:	• • • • • • • • • • • • • • • • • • • •	•••••••		L_	」 Yes	L_	⊥ No
	, , , , , , , , , , , , , , , , , , , ,	and complete the r	Ollowing	labie.							
С	Beginning balance								Amour	ıt	17
d				***************************************	••••••••	••••••	1c				
e				••••••			1d				
f	Distributions during the year	***************************************	••••••	••••••		••••••	<u>1e</u>		<del></del>		
2a	Ending balance Did the organization include an amount on F	form 990. Dort V. line		••••••			. <u>1f</u>				
	If "Yes," explain the arrangement in Part XIII	Check here if the e	e 21, 10f 6	escrow or c	ustodiai acc	count liabil		🖵	Yes	<u>L</u>	_  No
Pa	Triving Endowment Funds. Complete	if the organization a	newered	"Yoo" on E	provided o	n Part XIII		<u></u>	<u></u>		
Later West	or managed of	(a) Current year	1						<del></del>		
1a	Beginning of year balance		(D) P	rior year	(c) Two ye	ars back	(d) Three year	s back	<b>(e)</b> Fou	r years	back
b	Contributions		<u> </u>		<u> </u>						
c	Net investment earnings, gains, and losses		-	<del></del>				- 1			
d	Grants or scholarships	}	-			·			·		
e	Other expenditures for facilities			<del></del>							
·											
f											
-	Administrative expenses End of year balance		<del></del>								
g 2		<del></del>	<u> </u>		<u> </u>						
	Provide the estimated percentage of the cur	rent year end baland		y, column (a	i)) held as:						
a	Board designated or quasi-endowment  Permanent endowment		%								
	the state of the s	%									
C		%									
2-	The percentages on lines 2a, 2b, and 2c sho										
<b>ં</b>	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administ	ered for th	e organizatio	n	-	,	
	by:							,		Yes	No
	(i) Unrelated organizations	•••••		••••••			·		3a(i)	X	
	(ii) Related organizations								3a(ii)		
D	ii i es on line sa(ii), are the related organiza	tions listed as requir	red on So	hedule R?					3b		
4 Dar	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds.	·						
ı aı											
	Complete if the organization answered					0, Part X, I	ine 10.				
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Ac	cumulated		d) Book	value	——— ∋
		basis (investn	nent)	basis (	other)	dep	reciation				
	Land										
	Buildings			1,03	8,504.	3	25,319	•	713	3,18	85.
C	Leasehold improvements										
	Equipment				8,388.		16,243			2,14	45.
	Other			6	6,152.		63,719	•		2,43	
ı otal.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part .	X, columi	n (B), line 10	Oc.)		<b></b>			7.76	

Schedule D (Form 990) 2019

932053 10-02-19

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

166,100.

Schedule D (Form 990) 2019

1		ine 12a.			
2	Total revenue, gains, and other support per audited financial statements	·	•••••	1	1,125,1
_	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•		
a	Net unrealized gains (losses) on investments	2a		•	1
b	Donated services and use of facilities	2b	130,115	•	
C	Recoveries of prior year grants	2c			
a	Other (Describe in Part XIII.)	2d	3,326	•	it.
e	Add lines 2a through 2d	***************************************	•	_2e	131,1
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·		3	994,0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 f		17.77	V
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5 D	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>,)</u>		5	994,0
Par	t XIII Reconciliation of Expenses per Audited Financial St	atements Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	ζ		
1	Total expenses and losses per audited financial statements			1	1,157,6
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	130,115.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,326.		
е	Add lines 2a through 2d			2e	133,4
3	Subtract line 2e from line 1	•••••	***************************************	3	1,024,1
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			
	Other (Describe in Part XIII.)				•
	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18	<u>8.)</u>		5	1,024,1
rovic ies 2	EXIII Supplemental Information.  The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4b and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and XII.	4; Part IV, lines 1b ny additional inforr	and 2b; Part V, line and 2b; P	4; Part )	X, line 2; Part XI,
rovices 2 AR LAN EEL	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are T. X., LINE 2:  AGEMENT HAS ASSESSED THE TAX POSITIONS  IEVE THERE ARE ANY UNCERTAINTIES WITH	IT HAS T	AKEN AND D	OES SITI	NOT
PAR LAN BEL	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are T. X., LINE 2:  AGEMENT HAS ASSESSED THE TAX POSITIONS  LEVE THERE ARE ANY UNCERTAINTIES WITH  ANIZATION HAS NOT INCURRED INTEREST OR	TT HAS TESPECT TENALTIE	AKEN AND DO THOSE POS RELATED	OES SITI	NOT ONS. THI
PAR LAN PEL PRG	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are T. X., LINE 2:  AGEMENT HAS ASSESSED THE TAX POSITIONS  IEVE THERE ARE ANY UNCERTAINTIES WITH  ANIZATION HAS NOT INCURRED INTEREST OR  POSITIONS AND, THEREFORE, HAS NO POLICE	IT HAS TESPECT	AKEN AND D O THOSE PO S RELATED ASSIFICATI	OES SITI TO U	NOT ONS. THI ONCERTAIN OF THOSE
AR AN EL RG	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are T. X., LINE 2:  AGEMENT HAS ASSESSED THE TAX POSITIONS  LEVE THERE ARE ANY UNCERTAINTIES WITH  ANIZATION HAS NOT INCURRED INTEREST OR	IT HAS T RESPECT T PENALTIE CY FOR CL	AKEN AND DOTHOSE POS RELATED ASSIFICATION	OES SITI TO U	NOT ONS. THI ONCERTAIN OF THOSE
AR AN EL RG	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Positions and 4b; and 9; Part III, lines 1a and 9; Part III, l	IT HAS T RESPECT T PENALTIE CY FOR CL	AKEN AND DOTHOSE POS RELATED ASSIFICATION	OES SITI TO U	NOT ONS. THI ONCERTAIN OF THOSE
PAR	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Positions and 4b; and 9; Part III, lines 1a and 9; Part III, l	IT HAS T RESPECT T PENALTIE CY FOR CL	AKEN AND DOTHOSE POS RELATED ASSIFICATION	OES SITI TO U	NOT ONS. THI ONCERTAIN OF THOSE
AX  AR  AX  AR  AR  AR	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are T. X., LINE 2:  AGEMENT HAS ASSESSED THE TAX POSITIONS  IEVE THERE ARE ANY UNCERTAINTIES WITH ANIZATION HAS NOT INCURRED INTEREST OR POSITIONS AND, THEREFORE, HAS NO POLICUNTS. THE TAX YEARS OF JUNE 30, 2017 EXAMINATION BY FEDERAL AND STATE TAXING	IT HAS T RESPECT T PENALTIE CY FOR CL	AKEN AND DOTHOSE POS RELATED ASSIFICATION	OES SITI TO U	NOT ONS. THI ONCERTAIN OF THOSE
PAR	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are X, LINE 2:  AGEMENT HAS ASSESSED THE TAX POSITIONS  IEVE THERE ARE ANY UNCERTAINTIES WITH ANIZATION HAS NOT INCURRED INTEREST OR POSITIONS AND, THEREFORE, HAS NO POLICUMTS. THE TAX YEARS OF JUNE 30, 2017  EXAMINATION BY FEDERAL AND STATE TAXING	IT HAS T RESPECT T PENALTIE CY FOR CL	AKEN AND DOTHOSE POS RELATED ASSIFICATION	OES SITI TO U	NOT ONS. THI ONCERTAIN OF THOSE

Schedule D (Form 990) 2019	YOUNG FAMILIES	EARLY HEAD	START	**_***** Page 5
Schedule D (Form 990) 2019 Part XIII   Supplemental Info	rmation (continued)			
FUNDRAISING EXPENSE	r C			4
LONDIVATOTING EVERINGE	10			
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#### **SCHEDULE G**

(Form 990 or 990-EZ)

## **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.

2019

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization			!		Employer ide	entification number
	MILIES EARLY HEAI				**_***	***
Fundraising Activities. (	Complete if the organization answ	ered "Y	∕es" o	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not
<ul> <li>Indicate whether the organization raised a Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written or organization have a written or organization have a written or organization.</li> </ul>	e Solicita f Solicita g Special  pral agreement with any individual	tion of tion of fundra	non-g gover aising ding o	overnment grants nment grants events fficers, directors, trus	stees, or	
key employees listed in Form 990, Pari b If "Yes," list the 10 highest paid individ compensated at least \$5,000 by the or	uals or entities (fundraisers) pursu	irotess lant to	agree	undraising services?	Yes the fundraiser is to I	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				1.		
			:			\$
Total			<b>&gt;</b>			
3 List all states in which the organization is or licensing.	s registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	egistration
		•				
			-			
			:			

932081 09-11-19

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

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Scl	nedule G (Form 990 or 990-EZ) 2019 YOUNG FAMILIES EARLY HEAD START **-*		***	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	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	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
' 1	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address	. \		
4				<del></del>
152	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 📖	Yes	No
	If IVon II onlow the amount of any in a second of the seco			
	of f "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
_	of gaining revenue retained by the third party			
	on 165, entername and address of the third party:			
	Name >			
				<del></del>
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of continue quantitative.	,		
	Description of services provided			
•				<del></del>
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	<b>`</b>	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Dai	organization's own exempt activities during the tax year > \$  **TIV Supplemental Information. Provide the explanations required by Part Lline 2b, columns (iii) and (A), and Part			
Albania.	and Paris	. III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
		_		<del></del>
			-	

Schedule G (Form 990 or 990-EZ)	YOUNG	FAMILIES	EARLY	HEAD	START	**_**** Page 4
Schedule G (Form 990 or 990-EZ)  Part IV Supplemental Inform	rmation (co	ntinued)				1 3,30
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#### SCHEDULE O (Form 990 or 990-EZ)

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.

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

YOUNG FAMILIES EARLY HEAD START	Employer identification number
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
WITH CHILDREN BIRTH TO THREE YEARS OF AGE, PREGNANT WOMEN	, AND INFANTS
AND TODDLERS WITH SPECIAL NEEDS.	w.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
THEIR INFANTS AND TODDLERS, BIRTH TO AGE THREE.	
	·
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	NTS:
THE TEEN PARENT PROGRAM ALLOWS PARENTS TO EARN HIGH SCHOOL	L CREDIT FOR
ATTENDING ON-SITE CHILD AND PARENT DEVELOPMENT CLASSES THE	AT INCLUDE
PRENATAL INFORMATION, HUMAN GROWTH AND DEVELOPMENT, PARENT	F EDUCATION,
HEALTHY RELATIONSHIPS, AND LIFE SKILLS TAUGHT BY CERTIFIED	D BILLINGS
SCHOOL DISTRICT #2 INSTRUCTORS. IN ADDITION, THE ORGANIZAT	rion is
LICENSED BY THE STATE OF MONTANA AS A CHILD DAYCARE CENTER	R IN ORDER TO
PROVIDE CHILD CARE TO TEEN PARENTS WHILE ATTENDING THEIR I	DESIGNATED
HIGH SCHOOL EARNING THE NECESSARY CREDITS REQUIRED FOR GRA	ADUATION.
YOUNG FAMILIES EARLY HEAD START EMPLOYS A HEALTH AND WELLN	IESS
SPECIALIST WHO WORKS CLOSELY WITH EACH FAMILY TO ENSURE TH	EIR CHILD'S
PARTICIPATION IN A SCHEDULE OF WELL CHILD CARE AND IMPLEME	ENTATION OF
ONGOING EVALUATION PROCEDURES TO IDENTIFY HEALTH AND/OR DE	VELOPMENTAL
CONCERNS. THE ORGANIZATION BELIEVES THAT THE ENVIRONMENT A	ND ALL AREAS
OF DEVELOPMENT INCLUDING SOCIAL, EMOTIONAL, COGNITIVE, AND	
DEVELOPMENT ARE VITAL.	

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of th	nis form, visit www.irs.gov/e-file-providers/e-file-for-cha	rities-and-	non-profits.			31110			
Autom	atic 6-Month Extension of Time. Only subr	mit origir	nal (no copies needed).	<del></del>	-				
All corpor	ations required to file an income tax return other than I	orm 990-	Γ (including 1120-C filers), partnership	os, REMI	Cs, and tru	sts			
must use	Form 7004 to request an extension of time to file incor	ne tax retu	ırns.						
Type or print	Name of exempt organization or other filer, see instructions.					axpayer identification number (TIN)			
Ī.,	YOUNG FAMILIES EARLY HEAD		**_***						
File by the due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, s 1020 COOK AVE	see instruc	ctions.						
instructions.	City, town or post office, state, and ZIP code. For a f BILLINGS, MT 59102								
	Return Code for the return that this application is for (fi	le a separa	ate application for each return)				0 1		
Application	on	Return	1			1	Return		
Is For	or Form 990-EZ	Code	Is For				Code		
Form 990		01	Form 990-T (corporation)		<i>y</i> :		07		
	O (individual)	02	Form 1041-A	·			08		
Form 990-		03	Form 4720 (other than individual)				09		
	T (sec. 401(a) or 408(a) trust)	04	Form 5227		<u> </u>		10		
	T (trust other than above)	05 06	Form 6069 Form 8870	<del></del>			11		
If the o	one No. ► $406-259-2007$ rganization does not have an office or place of business for a Group Return, enter the organization's four digit  . If it is for part of the group, check this box	s in the Ur Group Exe	LLINGS, MT 59102  Fax No. ►  nited States, check this box  emption Number (GEN) If ich a list with the names and TINs of	this is fo	r the whole	group, che	ck this		
the d	uest an automatic 6-month extension of time until	MA anization's	Y 17, 2021 , to file s return for:		npt organiza	ation return			
	Change in accounting period								
any i	s application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.			3a	\$		0.		
<b>b</b> If this	s application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and	Ju	Ψ		<u> </u>		
<u>estin</u>	mated tax payments made. Include any prior year overpayment allowed as a credit.						0.		
c Bala	nce due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by	3b	\$				
using	EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$		0.		
aution: If	you are going to make an electronic funds withdrawal s.	(direct deb	oit) with this Form 8868, see Form 84	53-EO ar	nd Form 88	79-EO for pa	yment		
HA Fo	r Privacy Act and Paperwork Reduction Act Notice,	see instru	etions.		Form	9969 (Rov	1-2020)		

923841 12-30-19