orm 990	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Reven	nue Code (except bla		OMB No 1545-0047					
epartment of the Tre ternal Revenue Serv	asury tce benefit trust or private foundation to benefit trust or private foundation to benefit trust or private foundation		urements	Open to Public					
	endar year, or tax year beginning , and ending	iy state reporting requ		Inspection					
Check if applicable	Please C Name of organization		D Employe	er identification number					
Address change	USE IRS YOUTH & FAMILY FOCUS INC								
	label or Doing Business As		<mark>- зо-с</mark>	010524					
Name change	type Number and street (or P O box if mail is not delivered to street address)	Room/suite		ne number					
Initial return	See 4569 PARSONS BLVD								
Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross receipts	s\$ 131,49					
Amended return	tions FLUSHING NY 11355								
Application pending	F Name and address of principal officer		H(a) Is this a g	proup return for					
	SANG S LEE		affiliates?						
	4569 PARSONS BLVD		H(b) Are all aff included?	iliates Yes					
	FLUSHING NY 11355		lt "No," at	tach a list (see instructions)					
Tax-exempt statu			4						
Website: 🕨 N	I/A			emption number 🕨					
Type of organization	X Corporation Trust Association Other	L Year of formation	2000 м	State of legal domicile N					
	ımmary								
1 Briefly de	scribe the organization's mission or most significant activities								
2 Check th 3 Number of 4 Number of 5 Total num 5 Total num 5 Total num	ST YOUTH & FAMILY TO FOCUS ON CREATOR								
2 Check th	is box \blacktriangleright if the organization discontinued its operations or disposed of more th	an 25% of its net asse	1 1						
3 Number	of voting members of the governing body (Part VI, line 1a)		3						
₩ 4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	<u> </u>					
	nber of employees (Part V, line 2a)		5	· · · · · · · · · · · ·					
	nber of volunteers (estimate if necessary)		6						
	ss unrelated business revenue from Part VIII, column (C), line 12		7a	·					
	ated business tarable income from Form 990-T, line 34	Prior Y	7b	Current Year					
8 Contribut	ions and grants Part VIII, line=1b=1VED		17,050	37,40					
2 9 Program	service revenue (Rat VIII, line 2g) nt income (Part VIII, column (A)/Jirles2()4()and 7()	1:	14,360	94,09					
11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 11e)								
12 Total revo	enue – add lines 8 through 1/1 (niust equal Part VIII, column (A), line 12) nd similar amounts part (Part X column (A), lines 1–3)	1;	31,410	131,49					
	baid to or for members (Part IX, column (A), line 4)		23,000	21,60					
15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	"	23,000	21,00					
5 (nal fundraising fees (Part IX, column (A), line 11e)								
	draising expenses (Part IX, column (D), line 25) ► penses (Part IX, column (A), lines 11a–11d, 11f–24f)	1.	14,489	95,16					
1	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		37,489	116,76					
· ·	less expenses Subtract line 18 from line 12		-6,079	14,73					
5 S		Beginning of C		End of Year					
20 Total ass 20 21 Total liab 21 Net asse	ets (Part X, line 16)		11,365	41,09					
20 21 Total hab	lities (Part X, line 26)			15,00					
된 22 Net asse	is or fund balances Subtract line 21 from line 20		11,365	26,09					
	gnature Block								
Und and	ter penalties of perjury, I declare that I have examined this return, including accompanying sche belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on a	dules and statements, ar all information of which pi	id to the best of m reparer has any ki	ny knowledge nowledge					
ign 📘 📐	V Talatte								
lere 🖊	Signature of officer		Date						
	Type or print name and title								
Pre	parer's D	ate Chec	kıf	Preparer's identifying numbe (see instructions)					
ald sign		5/13/10 self- emple	oyed 🕨 🗌	P00377192					
reparer's	David Shin, CPA, PC	<u>· · · · ·</u>		11-332332					
	n's name (or yours 21814 Northern Blvd Ste 108		Phone						
add	ress, and ZIP + 4 Bayside, NY 11361-3580			718-352-088					
	s this return with the preparer shown above? (see instructions)			Yes					
ay the IRS discus	s this return with the preparer shown above (see instructions)			1 1 1 1 1 1 1					
	d Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (200					

If "ves," describe these new services on Schedule O 3 Od the organization cases conducting, or make significant changes in how it conducts, any program services by expenses services on Schedule O If "ves," describe the exempt purpose achievements for each of the organization's three targest program services by expenses services by oxpenses Section 501(c)(3) and 501(c)(4) organization and section 4947(c)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services propried 44 (Code) (Expenses \$ 116, 761 including grants of \$) (Revenue \$ 94,093) PRISON MINISTRY, OUTREACH MINISTRY, FREEDOM VILLAGE, EDUICATION AND COUNSELING 4b (Code) (Expenses \$ moluding grants of \$) (Revenue \$) 4c (Code) (Expenses \$ moluding grants of \$) (Revenue \$) 4c (Code) (Expenses \$ moluding grants of \$) (Revenue \$) 4c (Code) (Expenses \$ moluding grants of \$) (Revenue \$)	1 Briefly describe		FOCUS INC	30-0010524	Page
the pror Fam 690 or 990-E22 Image: Second Sec	A33131 IV	e the organization's mission			
 a) Did he organization casae conducting, or make significant changes in how it conducts, any program services by expenses services by expenses sections 501 (cig) and 501 (cig) organizations and section 4947(b)(1) trusts are required to report the amount of grants and allocations to others, the total expenses is and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 116,761 including grants of \$) (Revenue \$ 94,093 EDUCATION AND COUNSELING 4b (Code) (Expenses \$ nicluding grants of \$) (Revenue \$) (expenses \$ including grants of \$) (Revenue \$) 4b (Code) (Expenses \$ micluding grants of \$) (Revenue \$) 4c (Code) (Expenses \$ micluding grants of \$) (Revenue \$) 	the prior Form	990 or 990-EZ?		h were not listed on	Yes X No
	3 Did the organiz services?	zation cease conducting, or m	ake significant changes in how it conduct	is, any program	Yes X No
PRISON MINISTRY, OUTREACH MINISTRY, FREEDOM VILLAGE, EDUCATION AND COUNSELING 4b (Code) (Expenses \$ including grants of \$) (Revenue \$ 4b (Code) (Expenses \$ mcluding grants of \$) (Revenue \$ 4c (Code) (Expenses \$ mcluding grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule 0)	Describe the ex- Section 501(c)	xempt purpose achievements (3) and 501(c)(4) organizatioi	for each of the organization's three large as and section 4947(a)(1) trusts are requi	red to report the amount of grants and	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$. . 4d Other program services (Describe in Schedule O)	PRISON MI	INISTRY, OUTRE	ACH MINISTRY, FREEDO		94,093)
4c (Code) (Expenses \$ including grants of \$) (Revenue \$. . 4d Other program services (Describe in Schedule O)					
4d Other program services (Describe in Schedule O)	Ib (Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O)					
4d Other program services (Describe in Schedule O)					
	lc (Code) (Expenses \$	including grants of \$) (Revenue \$)
	- <u>-</u>				
	d Other program (Expenses \$		ule O) ncluding grants of \$) (Revenue \$)

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	1990 (2009) YOUTH & FAMILY FOCUS INC 30-0010524			۶	age 3
_ <u>P</u> a	art IV Checklist of Required Schedules		_		<u> </u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		[Yes	No
-	complete Schedule A		1	x	
2	is the organization required to complete Schedule B, Schedule of Contributors?		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4	_	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? 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 where donors have			ļ	
	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,		L _	ŀ	v
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				x
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		8		^
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		-		
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		<u> </u>		<u> </u>
	VII, VIII, IX, or X as applicable		11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other secunties in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		:		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
٠	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
٠	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII	_ 	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No 12A X			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		<u>^</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		146		х
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		14b		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			——	
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		х
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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X

Form 990 (2009)

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Form	1 990 (2009) YOUTH & FAMILY FOCUS INC 30-0010524		Р	age 4
	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>x</u>
24a	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			v
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				v
	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	ort		x
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		x
	If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	204		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		x
_	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
С	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
		28c		x
20	Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in horecast contributions in receive conclude in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
31	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
51	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
••	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
•••	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

Form **990** (2009)

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Form	990 (2009) YOUTH & FAMILY FOCUS INC 30-001052	4		P	age 5
_Pa	art V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				ļ
	U S Information Returns Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				
	gaming (gambling) winnings to prize winners?	1	1 <u>c</u>		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
-	Statements, filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
۰.	Instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by				v
	this return?		<u>3a</u>	_	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?	-	4a		X
ь	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank				
-	and Financial Accounts		_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-	5b		<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		_		
_	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				77
	organization solicit any contributions that were not tax deductible?		<u>6a</u>		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		
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?	, .	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal				
	benefit contract?	Ļ	7 0		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?	ŀ	<u>7h</u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ĺ	ĺ	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		ł		
a	Did the organization make any taxable distributions under section 4966?		<u>9a</u>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		<u>9b</u>		
10	Section 501(c)(7) organizations. Enter	1			
а	Initiation fees and capital contributions included on Part VIII, line 12			l	
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	L			
11	Section 501(c)(12) organizations. Enter	1			
a	Gross income from members or shareholders 11a	┥─────┤	ļ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	L			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1 F	<u>12a</u>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1 1			

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Forn	990 (2009) YOUTH & FAMILY FOCUS INC 30-0010524			F	age 6
Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2	through 7b b	elow, and		
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, p	rocesses, or	changes ir	1	
	Schedule O. See instructions.		_		
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body	<u>1</u> a			
b	Enter the number of voting members that are independent	<u>1</u> b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		ļ		
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X

- 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a material diversion of the organization's assets?
- 6 Does the organization have members or stockholders?
- 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
- b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a The governing body?
- b Each committee with authority to act on behalf of the governing body?
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B.	Policies	(This Secti	on B requ	lests infor	mation abo	ut policies	s not requi	red by the	Internal
Revenue (Code.)						_		

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	nse to conflicts?	12b		
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		[
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	í í	[
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)
	available for public inspection. Indicate how you make these available. Check all that apply
	Own website Another's website Upon request

	Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

X

X

X

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X

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7a

7b

8a

8b

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Form 990 (2009)	YOUTH & F	AMILY FO	ocus	INC	30-001	0524	Page 7
Part VII C	ompensation of	of Officers, I	Director	rs, Trustees, K	ey Employees, High	est Compensated	
E	mployees, and	Independer	nt Cont	ractors		- <u></u>	
Section A. O	fficers, Directors,	Trustees, Key	Employe	es, and Highest C	compensated Employees		
1a Complete this ta	able for all persons	required to be I	isted Rep	port compensation	for the calendar year endin	ig with or within the	
organization's tax y	ear Use Schedule	J-2 if additional	l space is	needed			
 List all of the 	organization's cur	rent officers, dir	ectors, tru	ustees (whether inc	lividuals or organizations),	regardless of amount	
of compensation E	nter -0- in columns	; (D), (E), and (F) if no coi	mpensation was pa	nd		
 List all of the 	organization's cur	rent key employ	ees See	instructions for def	finition of "key employee "		
 List the organ 	nization's five curre	ant highest com	pensated	employees (other	than an officer, director, tru	stee, or key employee)	
who received repor	table compensation	n (Box 5 of Forn	n W-2 and	l/or Box 7 of Form	1099-MISC) of more than \$	\$100,000 from the	
organization and ar	ny related organiza	tions					
 List all of the 	organization's forr	ner officers, key	employe	es, and highest co	mpensated employees who	received more than	
\$100,000 of report	able compensation	from the organi	ization an	d any related organ	nizations		
 List all of the 	organization's forr	ner directors o	r trustees	s that received, in t	he capacity as a former dir	ector or trustee of	
the organization, m	ore than \$10,000 c	f reportable con	npensatio	n from the organiza	ation and any related organ	lizations	
List persons in the	following order ind	ividual trustees	or directo	rs, institutional trus	tees, officers, key employe	es, highest	
compensated empl	oyees, and former	such persons					
X Check this box	if the organization	did not compensi	sate any o	current_officer, dire	ctor, or trustee		
(A		(B)		(C)	(D)	(E)	(F)
Name a	nd Title	Average hours per		check all that apply)	Reportable compensation	Reportable compensation	Estimated amount of

(A) Name and Title	(B) Average hours per	Pos	ition (chec		hat aj		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SANG S LEE								0	0	0
SECRETARY	<u> </u>							0	0	0
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
	[								·	

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Form 990 (2009) <b>YOUTH</b>	&

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Form	990 (2009)	YOUTH	<u>&amp;</u> E	TAMILY	FC	<u>CU</u>	<u>s</u> :	IN	<u>c</u>						F	->age <b>8</b>
Pa	rt VII 👘	Section A. C	Officers	Directors,	Trus	tees	, Key	y En	nplo	yees	, an	d Highest Compensated E	mployees (continued)			
		(A) e and Title		(B) Average hours pe				chec	-	hat ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estima amour	ated	
	week veek veek veek veek veek veek veek						from related organizations (W-2/1099-MISC)	compen from organiz and rel organiza	er Isation the zation lated							
			<u>.</u>												<u> </u>	
-	<u>.</u>															,
<u> </u>	-,															
1b	Total										•					
2		per of individi						ose I	isteo	abo	ve)	who received more than \$10	00,000 in			<b>.</b>
3											loye	e, or highest compensated			Yes	No X
4	For any inc		t on line	1a, is the su	um of	repo	ortabi	le co	mpe	ensat		and other compensation from complete Schedule J for su		3		
5	Individual Did any pe	rson listed o	n line 1a	receive or	accru	ie co	mpei	nsati	on fi	rom a	iny i	unrelated organization for		4		X
Sec		ndered to the			'es," (	comp	olete	Sch	edul	e J fo	or su	ch person		5		<u>x</u>
1	Complete t		your five	e highest co	mper	isate	d ınd	ере	nder	it cor	trac	tors that received more than				
			Name and	(A) business addres	s				-			Descript	(B) tion of services	<u></u>	(C) ompensa	ition
										-						
					_											
																. <u></u>
	<b>T</b> . 4 . 1				1 .		4									

Total number of independent contractors (including but not limited to those listed above) who received 2 more than \$100,000 in compensation from the organization -

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#### Form 990 (2009) YOUTH & FAMILY FOCUS INC Part VIII Statement of Revenue

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Page 9

<u> </u>		III Stater	nem of Keve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ង ង	1a	Federated can	npaigns	1a						
Contributions, gifts, grants and other similar amounts		Membership d	-	1b		21,400				
Põ	U	•			•••	21,400				}
fts, ar	C	Fundraising ev	rents	1c						
ilar	d	Related organ	zations	1d						
ins,	e	Government grants	(contributions)	10						
ir s	f	All other contribution	is, oifts, orants,							}
t p		and similar amounts		1f		16,000				
i i i	~		no unduded in lines de d	· · · · · ·	<u></u>					
aŭ	g		ns included in lines 1a-1		•		27 400			
_	n	Total. Add line	<u>es 1a-11</u>	_		······	37,400			
Program Service Revenue						Busn. Code				
Nei	2a	Program	Service Reve	nue			94,093	94,093		
Ř	b									
ice	С									
ev	d								·	
nS										<u>}</u>
Jrar	0					——————————————————————————————————————				
2	f		am service reven	ue						<u> </u>
<u>a</u>	g	Total. Add line	e <u>s 2a–2f</u>			<b>&gt;</b>	94,093			
	3	Investment inc	ome (including d	ividend	s, interest	t, and				
		other similar a	mounts)			► L				
	4	Income from in	vestment of tax-	exempt	bond pro	ceeds 🕨				
	5	Royalties		-	•	▶□			-	
		, to yunioo	(I) Real	T	(ii) P	ersonal				<u> </u>
		Over Dente	(i) rioui							
	6a	Gross Rents								
	b	Less rental exps								
	C	Rental inc or (loss)	L							
	d	Net rental inco	me or (loss)							
1	7a	Gross amount from	(i) Securities		(11)	Other				
		sales of assets other than inventory								
	ь	Less cost or other								
	U									
		basis & sales exps								
	C	Gain or (loss)	L							
	d	Net gain or (lo	ss)	-		<b>▶</b>				
	8a	Gross income fro	om fundraising even	its		1				
enu		(not including \$								
8		of contributions r	eported on line 1c)							
æ		See Part IV, line		a		J				
Other Reve	<b>h</b>	Less direct ex		ъ						
ð			-	- L						
			(loss) from fundr		events	₽				<u> </u>
	9a		om gaming activities	;		ļ				
		See Part IV, line	19	a						
	b	Less direct ex	penses	ь						
	с	Net income or	(loss) from gami	ng activ	rities	<b>▶</b>				
		Gross sales of		Ĩ						r
		returns and all	-							
	L.			a L						
		Less cost of g		ЪГ						
	C		(loss) from sales	of inve	ntory	▶				
		Misc	ellaneous Revenue			Busn. Code				
	11a					L				
	b									
	с				1					
	d	All other reven	ue							····
	9 0	Total. Add line			I					
			e. See instruction	19			131,493	94,093	0	0

Form **990** (2009)

YOUTH & FAMILY FOCUS INC

Form 990 (2009)

#### 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) but are not required to complete columns (B), (C), and (D). (B) Program service (C) Management and (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, expenses general expenses expenses 7b. 8b. 9b. and 10b of Part Vill. 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 21,600 21,600 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal 500 500 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 A f Investment management fees Other g 12 Advertising and promotion 2,722 2,722 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 4,658 4,658 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) 42,600 42,600 RENT а 40,013 40,013 PROGRAM SUPPLY b 4,668 4,668 UTILITY С d θ f All other expenses 116,761 116,761 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here 26 SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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For	m 99(	(2009) YOUTH & FAMILY FOCUS INC	30-0010524	Page 11
<u> </u>	art )	( Balance Sheet		
			(A) Beginning of year	(B) End of year
	1	Cash—non-interest bearing	8,837 1	41,097
	2	Savings and temporary cash investments	2	
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Receivables from current and former officers, directors, trustees, key		
	-	employees, and highest compensated employees Complete Part II of		
		Schedule L	5	
	6	Receivables from other disgualified persons (as defined under section		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		
		Part II of Schedule L	6	
ŝts	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	8	
Ä	9	Prepaid expenses and deferred charges	9	
	10a	Land, buildings, and equipment cost or		
		other basis Complete Part VI of Schedule D 10a		
	Ь	Less accumulated depreciation 10b	2,528 10	c
	11	Investments—publicly traded securities		
	12	Investments-other securities See Part IV, line 11	12	
	13	Investments-program-related See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets See Part IV, line 11	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,365 16	
	17	Accounts payable and accrued expenses	17	
	18	Grants payable	18	3
	19	Deferred revenue	19	)
	20	Tax-exempt bond liabilities	20	)
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		
liq	i i	employees, highest compensated employees, and disqualified		
Lja		persons Complete Part II of Schedule L	22	2
-	23	Secured mortgages and notes payable to unrelated third parties	23	3
	24	Unsecured notes and loans payable to unrelated third parties	24	• • • • • • • • • • • • • • • • • • •
	25	Other liabilities Complete Part X of Schedule D	25	15,000
_	26	Total liabilities. Add lines 17 through 25	26	15,000
ŝ		Organizations that follow SFAS 117, check here ► and		
SC		complete lines 27 through 29, and lines 33 and 34.		
<u>la</u> r	27	Unrestricted net assets	27	,
Balances	28	Temporanly restricted net assets	28	
p	29	Permanently restricted net assets	29	
Fund	ļ	Organizations that do not follow SFAS 117, check here 🕨 🔀		
2		and complete lines 30 through 34.		
	30	Capital stock or trust principal, or current funds	30	) <u> </u>
set	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
ÅS:	32	Retained earnings, endowment, accumulated income, or other funds	11,365 32	
Net Assets	33	Total net assets or fund balances	11,365 33	
Ž	34	Total liabilities and net assets/fund balances	11,365 34	41,097

41,097 Form 990 (2009)

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Form 990 (2009) YOUTH & FAMILY FOCUS INC	30-0010524		Pa	ge <b>12</b>
Part XI Financial Statements and Reporting				
			Yes	No
1 Accounting method used to prepare the Form 990	X Accrual Other			
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 a	an independent accountant?	<u>2</u> a		X
b Were the organization's financial statements audited by an independer	nt accountant?	2b		X
c If "Yes" to line 2a or 2b, does the organization have a committee that a	ssumes responsibility for oversight of			
the audit, review, or compilation of its financial statements and selection	on of an independent accountant?	2c		
If the organization changed either its oversight process or selection pro	ocess during the tax year, explain in			
Schedule O				
d If "Yes" to line 2a or 2b, check a box below to indicate whether the fina	incial statements for the year were			
issued on a consolidated basis, separate basis, or both				
Separate basis Consolidated basis Both consolidated	ed and separate basis			
3a As a result of a federal award, was the organization required to underg	o an audit or audits as set forth in			
the Single Audit Act and OMB Circular A-133?		3a		

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 in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

3b

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SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury	Comple	lic Charity Status te if the organization is a secti 4947(a)(1) nonexem	ion 501(c) npt charita	(3) organ able trust	ization .	or a sec	tion		OMB No 1545-0047 <b>2009</b> Open to Public
Internal Revenue Service		tach to Form 990 or Form 990	-EZ.	See sepa	rate insi	truction	1		Inspection
Name of the organization	VOIITH & FAMT	LY FOCUS INC						-	entification number
Part I Reaso		Status (All organizations	must c	omplete	this n	2 ( tre			0524
		it is (For lines 1 through 11, ch			i uno p	an.) 0		<u>siruc</u> iic	JIIS
r -	•	ciation of churches described in		•	<b>A</b> )(i)				
	ibed in section 170(b)(1)(A		500000		~,,,,,,				
. 8		e organization described in sect	ion 170/b	) <b>/1)/A)/ii</b> ii					
·	, .	in conjunction with a hospital de	-			)(A)(iii).	Enter tl	he hosp	ital's name,
5 An organization		a college or university owned o	r operated	by a gove	ernmenta	al unit de	escribed	ni t	
· ·	(1)(A)(iv). (Complete Part I		otion 170/	ь.v.4.v.A.v.	4				
7 🔀 An organization		vernmental unit described in sec ubstantial part of its support from				n the ge	neral pu	Julic	
		(0(b)(1)(A)(vi). (Complete Part I	1)						
		more than 33 1/3 % of its supp	•	ntribution	s memb	ership f	ees and	d aross	
<b>0</b>	• • •	ot functionssubject to certain e						-	
•	-	I unrelated business taxable inc							
acquired by the	organization after June 30	, 1975 See section 509(a)(2). (	Complete	Part III)					
10 An organization	organized and operated e	clusively to test for public safet	y See <b>se</b> o	tion 509(	a)(4).				
11 An organization	organized and operated e	clusively for the benefit of, to p	erform the	functions	of, or to	carry ou	ut the		
		d organizations described in sec						tion	
509(a)(3). Che	ck the box that describes th	e type of supporting organization	n and com	plete lines	s 11e thr	ough 11	h		
a [] Type I	b Type II	c Type III–Function	ally integra	ted	d	Тур	e III-Ot	her	
		nization is not controlled directly				-			
•	•	nd other than one or more publi	cly suppor	ted organ	izations	descnbe	ed in see	ction	
509(a)(1) or se									
· •		mination from the IRS that it is a	Type I, Ty	pe II, or I	ype III s	upportin	ıg		
organization, cl				n. of the					
•	· •	on accepted any gift or contribut	ion from a	ny of the					
following perso				. doeenbu					Yes No
	• •	ntrols, either alone or together w	in person	saescribe	in (ii)				
	ember of a person describe	the supported organization?							11g(i) 11g(ii)
., ,	· · · ·	escribed in (i) or (ii) above?							11g(iii)
		e supported organization(s)							
(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) li	organization sted in your document?		ou notify uzation in of your	organizat	ls the tion in col ized in the	(VII) Amount of support
		(see instructions))				port?	U	<u>5</u> ?	
			Yes	No	Yes	No	Yes	No	
			1						
			1	-					
			1						
+			+						
Fotal			1				1	I	

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Schedule A (Form 990 or 990-EZ) 2009 YOU	JTH & FAMI	LY FOCUS	INC	30	-0010524	Page 2
Part II Support Schedule for Or (Complete only if you ch	-			1)(A)(iv) and 1	70(b)(1)(A)(vi)	
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	135, <u>2</u> 07	121,897	127,564	131,410	37,400	553,478
2	Tax revenues levied for the organization'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	135,207	121,897	127,564	131,410	37,400	553,478
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						553,478
	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	135,207	121,897	127,564	131,410	37,400	553,478
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						553,478
12	Gross receipts from related activities, etc (s	•				12	94,093
13	First five years. If the Form 990 is for the c	-	second, third, fourth	i, or fifth tax year a	s a section 501(c)(	3)	
	organization, check this box and stop here						
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6,		•	())		14	100.00%
15	Public support percentage from 2008 Sched		~		4/0 0/	<u>15</u>	%
16a	33 1/3 % support test—2009. If the organiz			, and line 14 is 33	1/3 % or more, che	CK INIS DOX	► X
h	and stop here. The organization qualifies a		-	r 16a, and line 16 i	o 22 1/2 9/ or more	abaak thia	
b	33 1/3 % support test—2008. If the organize box and stop here. The organization qualifi				s 33 1/3 % of more	, CHECK INS	
17a	10%-facts-and-circumstances test—2009				or 16b, and line 14	in 10% or	
174	more, and if the organization meets the "fac	0					
	organization meets the "facts-and-circumsta			-	-	now the	
ь	10%-facts-and-circumstances test—2008	•			•	e 15 is 10% or	F [
5	more, and if the organization meets the "fac	-					
	organization meets the "facts-and-circumsta			-	-		
18	Private foundation. If the organization did	•			-	structions	

Schedule A (Form 990 or 990-EZ) 2009

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## Schedule A (Form 990 or 990-EZ) 2009 YOUTH & FAMILY FOCUS INC

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

(Complete only if you checked the box on line 9 of Part I.) Section A. Public Support

Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that				·		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<u> </u>	line 6)		l			L	
	tion B. Total Support lendar year (or fiscal year beginning in) ►	(-) 0005	(1) 0000	(-) 2007	(4) 2000	(-) 2000	
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			_			
13	Total support. (Add lines 9, 10c, 11,		]	]			
	and 12 )	L	<u> </u>	<u> </u>	L		
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, fourt	h, or fifth tax y <b>ea</b> r a	is a section 501(c)(	3)	
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2009 (line 8,	column (f) divided t	by line 13, column	(f))		15	%
<u>16</u>	Public support percentage from 2008 Sche	dule A, Part III, line	15			16	%
Sec	tion D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2009 (lin	ne 10c, column (f) d	ivided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2008 \$	Schedule A, Part III,	line 17			18	%_
19a	33 1/3 % support tests-2009. If the organ	nization did not che	ck the box on line	14, and line 15 is m	ore than 33 1/3 %,	and line	
	17 is not more than 33 1/3 %, check this bo	ox and stop here. T	'he organization qu	alifies as a publicly	supported organiz	ation	
b	33 1/3 % support tests—2008. If the organ	nization did not che	ck a box on line 14	or line 19a, and lin	e 16 is more than 3	33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check thi	s box and <b>stop he</b> r	re. The organizatio	n qualifies as a pub	licly supported org	anization	▶∐
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		

Schedule A (Form 990 or 990-EZ) 2009

30-0010524

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Schedule A (F	orm 990 or 990-EZ) 2009	YOUTH	& FAMILY	FOCUS INC	30-0010524	Page 4
Part IV	Supplemental Info	rmation. Co	mplete this	part to provide the	e explanations required by Part II, line 10;	
	Part II, line 17a or	17b; and Pa	rt III, line 12	. Provide any oth	er additional information. See instructions.	

Department of the Treasury Internal Revenue Service

Name of the organization

#### SCHEDULE D (Form 990)

Supplemental Fir	nancial Statements
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Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instruction
----------------------------------------------

### OMB No 1545-0047 2009 Open to Public Inspection

Employer Identification number

Y	OUTH & FAMILY FOCUS INC		30-0010524
Pa	Int I Organizations Maintaining Donor Advised Fund		counts. Complete if
	the organization answered "Yes" to Form 990, F	art IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised	<u> </u>
	funds are the organization's property, subject to the organization's exclus	ive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	uting that grant funds can be	
	used only for chantable purposes and not for the benefit of the donor or d		
	purpose conferring impermissible private benefit?		Yes No
Pa	Int II Conservation Easements. Complete if the organ	nization answered "Yes" to Form	
1	Purpose(s) of conservation easements held by the organization (check al		
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impo	ortant land area
	Protection of natural habitat	Preservation of certified historic str	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservation	on
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	ed ın (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06		2d
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization of	during
	the taxable year 🕨		
4	Number of states where property subject to conservation easement is loc	ated 🕨	
5	Does the organization have a written policy regarding the penodic monitor	nng, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitonng, inspecting, and enforcing	conservation easements dunng the year	
	•		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	servation easements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		L Yes L No
9	In Part XIV, describe how the organization reports conservation easement	-	
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that descri	bes
	the organization's accounting for conservation easements		
Pa	ITT III Organizations Maintaining Collections of Art, H Complete if the organization answered "Yes" to		nnar Assets.
A -			
та	If the organization elected, as permitted under SFAS 116, not to report in art, historical treasures, or other similar assets held for public exhibition, e		
	provide, in Part XIV, the text of the footnote to its financial statements that		ic service,
ь	If the organization elected, as permitted under SFAS 116, to report in its n		e of art
5	historical treasures, or other similar assets held for public exhibition, educ		
	provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► s
	(ii) Assets included in Form 990, Part X		► • =
2	If the organization received or held works of art, historical treasures, or other	her similar assets for financial dain, provide	
-	following amounts required to be reported under SFAS 116 relating to the		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		▶ \$
	$\cdot$		

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Sche	dule D (Form 990) 2009 YOUTH & FA	MILY FOCUS	INC	30-00	10524	Page 2
_	art III Organizations Maintaining O			ures, or Other S	imilar Assets (c	
3	Using the organization's acquisition, accession, collection items (check all that apply)					
а	Public exhibition	d 🗌 Loa	n or exchange program	าร		
b	Scholarly research	e Oth	er	_		
с	Preservation for future generations					
4	Provide a description of the organization's collect Part XIV	ctions and explain how	they further the organiz	ation's exempt purpo	ose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	e maintained as part of	the organization's colle	ction?		Yes No
Pa	IV, line 9, or reported an amo		-	tion answered "	Yes" to Form 990	), Part
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	r contributions or other	assets not		
	Included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	g table			
						Amount
	•••				1c	
	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance					
	Did the organization include an amount on Form	1 990, Part X, line 21?				🗌 Yes 🔝 No
	If "Yes," explain the arrangement in Part XIV Int V Endowment Funds. Complete	to if organization of	neworod "Voe" to	Form 000 Port	N/ line 10	
<u> </u>	rt V Endowment Funds. Complete	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
4.0		(a) Current year		(c) Two years back	(u) milee years back	(e) Four years back
1a	-5 ,					· · · · · · · · · · · · · · · · · · ·
0	Contributions					
С	Net investment earnings, gains,					
	and losses					
	Grants or scholarships					
6	Other expenditures for facilities					
	and programs	· · · · · · · · · · · · · · · · · · ·		·		
Т	Administrative expenses					·
g	End of year balance			l	L.,	
2	Provide the estimated percentage of the year er					
a	Board designated or quasi-endowment	%				
	Term endowment %	an of the organization th	ot are hold and admin	atorad for the		
Ja	Are there endowment funds not in the possessio	on or the organization t				Yes No
	organization by (i) unrelated organizations					3a(i) 3a(i)
	(ii) related organizations					3a(ii)
h	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sch	adula R2			3b
	Describe in Part XIV the intended uses of the or	•				
	Int VI Investments—Land, Buildin			Part X, line 10.		·
<u> </u>	Description of investment	(a) Cost or other basis			umulated	(d) Book value
	F	(investment)	basis (other		eciation	. ,
	Land					
	Buildings		1			
	Leasehold improvements					
	Equipment					
	Other					
	Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, col	umn (B), line 10(c) )	• · · · · ·	•	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009 YOUTH & FAMILY FOCUS		30-0010524	Page 3
Part VII Investments-Other Securities. See Form 99			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
Financial derivatives			
Closely-held equity interests			
Other			····
	-		
	-		
	-		
		·	
Total. (Column (b) must equal Form 990, Part X, coi (B) line 12)	►		
Part VIII Investments—Program Related. See Form 9	90, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-yea	ar market value
,			·
			· · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	► I		
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Deals wature
(a) Description			(b) Book value
<u> </u>		<u> </u>	
······································			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )Part XOther Liabilities. See Form 990, Part X, line 2	25	<b>▶</b>	
1 (a) Description of liability	(b) Amount		
Federal income taxes			
Other Liabilities	15,000		

· · · · · · · · · · · · · · · · · · ·	 
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	15,000

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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Sche	dule D (Form 990) 2009 YOUTH & FAMILY FOCUS INC		0-0010524	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 99	0 to Audited Fina	ncial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 a	nd 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stat	ements With Reve	enue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
0	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1	. <i></i>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<u></u>		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		29	
3	Subtract line 29 from line 1	) (	3	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		40	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	,		<u></u>
_	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II			
	b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	l, lines 2d and 4b Also d	complete	
this p	art to provide any additional information			

Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009         YOUTH & FAMILY FOCUS INC           Part XIV         Supplemental Information (continued)	30-0010524	Page 5
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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.	OMB No 1545-0047 2009 Open to Public Inspection
Name of the organization		identification number 010524
Form 990, P	art III, Line 4d - All Other Achievements	

PRISON MINISTRY, OUTREACH MINISTRY, FREEDOM

VILLAGE, EDUCATION AND COUNSELING

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public