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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advased funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements. Tax year beginning 07/01/09, and ending 06/30/10

OMB No. 1545-1150

2009

		(except black lung	g benefit trust or pr	ivate foundati	ion)				
		Sponsoring organizations of donor adv 512(b)(13) must file Form 980. All other assets less than \$1,250	vised funds and controll organizations with cros	ing organizations s receipts less the	as defined in sect an \$500.000 and t	ion iotal	Open to Public		
™ Deoa	artment of the Treasury	assets less than \$1,250	,000 at the end of the y	ear may use this	form		Inspection		
<u> Inter</u>	artment of the Treasury nal Revenue Service For the 2009 calendar	The organization may have to use:		06/30/1					
5 ^	B C C C C C C C C C C C C C C C C C C C	or tax year beginning 07/01/0	y , and ending	00/30/1	.0				
	Check if applicable: Ple	C Name of organization	**********			D Embio	yer Identification number		
· 📙	Address change lab	YOUTH FOR CHRIST CO	TOWBOS			477	0046006		
	Name change prin	C/O DARLA NEEMEYER				47-	0846026		
	Initial return typ	Number and street (or P.O. box, if mail is not	delivered to street addre	ess)	Room/suite		one number		
	Termination See	2809 13TH STREET				402	-564-3700		
• 🗌	Amended return Inst	City or town, state or country, and ZIP + 4				F Group	Exemption		
_ —	Application pending tion	COLUMBUS	NE 686	502-19 <u>9</u> 4	1	Numbe	r ▶ 1277		
	 Section 501(c)(3) or 	ations and 4947(a)(1) nonexempt char	ritable trusts must	attach	G Accountin	ig method:	X Cash Accrual		
-		pleted Schedule A (Form 990 or 990-E			Other (specify)	•			
ş —	Website: > YFC				H Check ▶	If the o	reanization is not		
	Tax-exempt status (check of		o.) 4947(a)(1)	or 527	required t	o attach Sched	rganization is not ule B (Form 990,		
		anization is not a section 509(a)(3) suppo							
,		rn is not required, but if the organization					(TEST \$20,000.71		
		to determine gross receipts; if \$500,000 or mo					231,414		
	Add lines 50, 60, and 70, to	to determine grass receipts, if \$500,000 of the	Accets or Euro	Dalance	(See the inc	tructions			
		penses, and Changes in Net					205,044		
	1 Contributions, gift	ts, and similar amounts received				. 1			
	-	nue including government fees and contra				1 6	25,466		
		l assessments							
	2					4			
	5a Gross amount f	ale of assets other than inventory		5a					
	b Less: cost or ot	sis and sales expenses		5b					
	c Gain or (loss) from	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
9	6 Special events an	ties (complete applicable parts of Schedule G). If any amount is from	gaming, check	here 🕨 🗍				
Ē	a Gross revenue	cluding \$ 70,373	of contributions		_				
Reveriue				6a					
-	b Less: direct exp	other than fundraising expenses		6b					
		rom special events and activities (Subtractivities)		3)		6c			
	1	ory, less returns and allowances							
	b Less: cost of go			l l	······································				
	_	from sales of inventory (Subtract line 7b f							
	8 Other revenue	be SEE STATEMENT	1			··) 8	897		
				ECHIVE	D	9	231,414		
		ines 1, 2, 3, 4, 5c, 6c, 7c, and 8			70	10	7,415		
		nounts paid (attach schedule) ST		 	······		1,415		
	11 Benefits paid to		·····\&\····\	un∨·· 1 ·2 ?	840 Sh.	. 11	183,047		
- 83	12 Salaries, other	insaudi, and employee benefits	/∤നു∤ `	19	22 .	. 12			
⊃ ≅	13 Professional fee	other payments to independent contract	ors \			. 13	1,234		
Ţ₿					1 1 7		1A 230		
	14 Occupancy, rer	ties, and maintenance		ODEN.	<u> 117 </u>	14	14,230		
	14 Occupancy, rer 15 Printing, publica	ties, and maintenance postage, and shipping		OCDEN,	<u></u>	14	588		
	14 Occupancy, rer 15 Printing, publica 16 Other expenses	postage, and snipping		GDEN,	<u></u>		588 32,270		
⊋	16 Other expenses	postage, and snipping cribe SEE STATEMENT	3			15	588 32,270 238,784		
⇒	16 Other expenses	postage, and shipping cribe SEE STATEMENT I lines 10 through 16	3			15) 16 • 17	588 32,270		
⇒	16 Other expenses	postage, and shipping cribe SEE STATEMENT it lines 10 through 16 the year (Subtract line 17 from line 9)	3			15) 16 • 17 18	588 32,270 238,784		
⇒	16 Other expenses	postage, and shipping cribe SEE STATEMENT d lines 10 through 16 the year (Subtract line 17 from line 9) dances at beginning of year (from line 27,	, column (A)) (must a	agree with		15 16 17 18 18	588 32,270 238,784 -7,370		
⇒	16 Other expenses	postage, and shipping cribe SEE STATEMENT I lines 10 through 16 the year (Subtract line 17 from line 9) Jances at beginning of year (from line 27, orted on prior year's return)	, column (A)) (must a	agree with		15 16 17 18 19 19	588 32,270 238,784		
⇒	16 Other expenses	postage, and shipping cribe SEE STATEMENT I lines 10 through 16 the year (Subtract line 17 from line 9) Idances at beginning of year (from line 27, orted on prior year's return) assets or fund balances (attach explanat	, column (A)) (must a	agree with		15 16 17 18 19 20	588 32,270 238,784 -7,370 127,972		
⇒	16 Other expenses	postage, and shipping cribe SEE STATEMENT I lines 10 through 16 the year (Subtract line 17 from line 9) Ilances at beginning of year (from line 27, orted on prior year's return) assets or fund balances (attach explanatalances at end of year. Combine lines 18	column (A)) (must a tion) through 20	agree with		15) 16 > 17 . 18 . 19 20 > 21	588 32,270 238,784 -7,370 127,972		
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Net Assets	16 Other expenses 17 Total expenses 18 Excess or (deficitly like the sasets or from the end-of-year figure of the end-of-y	postage, and shipping cribe SEE STATEMENT I lines 10 through 16 the year (Subtract line 17 from line 9) dances at beginning of year (from line 27, orted on prior year's return) assets or fund balances (attach explanatalances at end of year. Combine lines 18 lets. If Total assets on line 25, column (See the instructions for Part II.)	column (A)) (must a tion) through 20 (B) are \$1,250,000 or	agree with	n 990 Instead o	15 18 17 18 19 20 21 Form 990-E	588 32,270 238,784 -7,370 127,972 120,602 Z.		
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(Ainividual States)	16 Other expenses 17 Total expenses 18 Excess or (defit 19 Net assets or from the end-of-year figure 20 Other changes 21 Net assets or from the end-of-year figure 21 Net assets or from the end-of-year figure 22 Net assets or from the end-of-year figure 23 Net assets or from the end-of-year figure 24 Other assets (describe total assets)	postage, and shipping cribe SEE STATEMENT Il lines 10 through 16 the year (Subtract line 17 from line 9) dances at beginning of year (from line 27, orted on prior year's return) assets or fund balances (attach explanat dances at end of year. Combine lines 18 is ets. If Total assets on line 25, column ((See the instructions for Part II.)	column (A)) (must a tion) through 20 (B) are \$1,250,000 or	r more, file Form	n 990 instead of) Beginning of ye 59 , 9 97 , 9	15 16 17 18 19 20 21 Form 980-E ar 29 22 27 23 24 972 25	588 32,270 238,784 -7,370 127,972 120,602 Z. (B) End of year 57,256 88,346 145,602		
22 23 24 25	16 Other expenses 17 Total expenses 18 Excess or (defit 19 Net assets or from the end-of-year figure 20 Other changes 21 Net assets or from the end-of-year figure 21 Net assets or from the end-of-year figure 22 Net assets or from the end-of-year figure 23 Net assets or from the end-of-year figure 24 Other assets (describe total assets)	postage, and shipping cribe SEE STATEMENT Il lines 10 through 16 the year (Subtract line 17 from line 9) dances at beginning of year (from line 27, orted on prior year's return) assets or fund balances (attach explanat dances at end of year. Combine lines 18 the 18.5 If Total assets on line 25, column (See the instructions for Part II.)	, column (A)) (must a tion) through 20.	r more, file Form	n 990 instead of 997 , 9	15 16 17 18 19 20 21 Form 990-Ear 995 22 377 23 24	588 32,270 238,784 -7,370 127,972 120,602 Z. (B) End of year 57,256		

Form 990-EZ (2009) YOUTH FOR CHRIST COLUMBUS		-0846026	0.51	_	Page 2
Part III Statement of Program Service Accomplishments (see the instruc	tions for Part I			penses
What is the organization's primary exempt purpose?				- •	for section
FAITH BASED YOUTH ORGANIZATION Describe what was achieved in carrying out the organization's exempt purposes. In a cle	as and concise				and 501(c)(4) ons and section
manner, describe the services provided, the number of persons benefited, or other relev			L	_	trusts; optional
each program title.			- 1	far others.)	•
28 TO FOSTER THE EDUCATION AND TREATMENT OF AREA YOUTH IN					
THE SOCIAL BEHAVIORAL SKILLS OF SEXUAL ACTIVITY,					
CHILD ABUSE AND TEEN PREGNANCY.					
(Grants \$) If this amount includes foreign grants, chec	khere	<u></u> ▶ [28	a	193,445
29					
			٠٠٠ م		
(Grants \$) If this amount includes foreign grants, check	k here	······	29.	<u>a </u>	
30		• • • • • • • • • • • • • • • • • • • •	••••		
***************************************			• •		
(Grants \$) If this amount includes foreign grants, chec		> [٦ · 30	а	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign grants, che			31	a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32		193,445
Part 1 List of Officers, Directors, Trustees, and Key Employees. List each			e instruc	tions for P	
(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	employee b	enefit plans & compensation	(e) Expense account and other allowances
B.J. BARCEL COLUMBUS	PRESIDENT	5.1.0.			
2809 13TH STREET NE 68601		0		0	0
SUZANNE PILLEN COLUMBUS	V-PRESIDENT	_		_	
2809 13TH STREET NE 68601	SECRETARY	0		0	0
DANIEL POTTER COLUMBUS 2809 13TH STREET NE 68601	OECRETARI	Ū		Û	o
LARRY PILAKOWSKI COLUMBUS	TREASURER				<u> </u>
2809 13TH STREET NE 68601		o		0	,
HARRIET BERLIN COLUMBUS	MEMBER				
2809 13TH STREET NE 68601				0	_0
RICHARD CIMPL M.D. COLUMBUS	MRMBER				
2809 13TH STREET NE 68601				0	0
LUKE LENKE M.D. COLUMBUS	MEMBER	0		0	
2809 13TH STREET NE 68601 LILIANA VELASCO COLUMBUS	MEMBER				
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× P.	int Miss Other Information (Note the statement requirements in the instructions for Par	t V.)	I	V	No.
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		-	Yes	No
33	description of analymosticity		33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	*****			
5 4	the changes		34		x
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on lines 2.	orted	S.O		
•					
я	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	,,		. 6.4.0.	
-	6033(e) notice, reporting, and proxy tax requirements?		35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
			36		X
37a	during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instr.		***	43%	****
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			\(\text{\chi}\)	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	X	,,,,,,,
b	If "Yes," complete Schedule L. Part II and enter the total amount involved 38b	25,000		S., 78	***
39	Section 501(c)(7) organizations. Enter:		1		ØÜ
а	Initiation fees and capital contributions included on line 9			××	
b	Gross receipts, included on line 9, for public use of club facilities 39b		1888		
40a					
	section 4911 ▶; section 4912 ▶; section 4955 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit				
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		<u>'</u>		
	person in a prior year, and that the transaction has not been reported on any of the organization's prior		ļ		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				le de la compansión de
d					
	reimbursed by the organization				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed. NONE				
42a		hone no. ►402	2-56	4-3	700
	2809 13TH STREET				
	Located at COLUMBUS, NE	ZIP+4 ►68	501		
b	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			Yes	No
	account)?		42b	12/050	X
	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				lini
	and Financial Accounts.				*** **
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	L	X
	If "Yes," enter the name of the foreign country:				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			• • • •	▶∟
	and enter the amount of tax-exempt interest received or accrued during the tax year	43			
				[1/	T
	man and the state of the state		80000	Yes	120000
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		\$30	P \$35	X
	Form 990-EZ		44 9783	1242	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		67.088 45	\$ E.S.	X
	"Yes," Form 990 must be completed instead of Form 990-EZ			n-F	Z (2009
		ľ	VIIII W		_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

► X Yes No Form 990-EZ (2009)

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (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. ➤ See separate instructions.

OMB No. 1545-0047
2009
Open to Public
Inapaction

Department of the Treasury Internal Revenue Service Name of the organization

YOUTH FOR CHRIST COLUMBUS

C/O DARLA NEEMEYER

Employer identification number 47-0846026

·P ₂	nt]	Reaso	n for Public Cha	rity S	tatus (All org	ganizations	must c	omplet	e this	part.) S	See in	structi	ons.			
The	rgar	ization is not a	private foundation beca	use It is	s: (For lines 1 thn	ough 11, chec	k only one	box.)								
1		A church, con-	vention of churches, or	associa	ation of churches	described in s	ection 17	0(b)(1)(A))(i).							
2		A school desc	ribed in section 170(b)	(1)(A)(II). (Attach Sched	lule E.)										
3		A hospital or a	cooperative hospital se	rvice o	rganization descri	ibed in sectlor	170(b)(1)(A)(III).								
4		A medical rese	earch organization opera	ated in	conjunction with a	a hospital desc	ribed in so	ection 17	0(b)(1)(<i>A</i>	4)(III). E	nter the	hospital'	s name,			
	_	city, and state:														
5	П	An organizatio	n operated for the bene	fit of a	college or univers	ity owned or o	perated by	a governi	mental u	nit desc	ribed in					
)(1)(A)(iv). (Complete i													
6	П		e, or local government o			cribed in secti	on 170(b)	(1)(A)(v).								
7	П		n that normally receives						or from t	he gene	ral publi	С				
	_	described in a	ection 170(b)(1)(A)(vi)	. (Com	plete Part II.)											
8			rust described in section			mplete Part II.)									
9	X		n that normally receives					tributions,	member	rship fee	s, and g	jross				
	_		activities related to its ex													
			ross investment income													
			e organization after Jun													
10	\Box		n organized and operate						(4).							
11	П	An organizatio	n organized and operate	ed excl	usively for the be	nefit of, to perf	orm the fu	nctions of	, or to ca	arry out t	he					
	_		ne or more publicly supp									ດກ				
		509(a)(3). Che	eck the box that describ	es the i	type of supporting	g organization a	and compl	ete lines 1	l 1e throu	ıgh 11h.						
		a Type	l b. ∏ Typel	II	с 🔲 Туре	e III—Functiona	ily integrat	ed	d [Турі	a IIIOth	ner				
e		By checking th	nis box, I certify that the	organiz	zation la not contr	rolled directly o	r indirectly	by one o	r more d	isqualifie	ed .					
		persons other	than toundation manag	ers and	i other than one o	x more publici	y supporte	d organiza	ationa de	scribed	ın secti	on				
		509(a)(1) or s	ection 509(a)(2).													
f		If the organization, organization, or	tion received a written d theck this box	letermu	nation from the IF	RS that it is a T	уре I, Тур	ell,orTy	pe III su	pporting						П
g		_	17, 2006, has the organ	nization	accepted any gif	ft or contribution	n from an	y of the								
8		following pers			, ,,			-								
		4.	who directly or indirect	lv contr	ols, either alone o	or together with	persons	described	in (ii)					ſ	Yes	No
			etow, the governing boo										[1g(i)		
			member of a person dea	•										1g(ii)		
			ontrolled entity of a pers											1g(ii)	•	
h			dlowing information abo													
		ne of supported ganization	(ii) EIN		(III) Type of or (described on above or IRC (see Instru	rganization I lines 1~9 C section	in col (i) is	organization sted in your document?	the organ	rou notily nizetion in of your port?	organizat (i) organi	s the ion in col zed in the S?	(vi	Amo suppo	unt of ort	
					lace man o	iouona _{II}	Yes	No	Yes	No	Yes	No				
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 YOUTH FOR CHRIST COLUMBUS Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 7 Amounts from line 4 Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test---2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2009 YOUTH FOR CHRIST COLUMBUS Support Schedule for Organizations Described in Section Support Schedule for Organizations Described in Section 509(a)(2)

Sac	(Complete only if you che tion A. Public Support	ecked the box	on line 9 of Pa	rt l.)	· ·		·····
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(2) 2000	(0) 2000	(0) 2001	(4) 2000	(0) 2000	17.00
	membership fees received. (Do not include any "unusual grants.")	133,176	165,766	217,975	218,411	205,045	940,373
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	73,344	20,412	15,176	24,506	25,466	158,904
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	206,520	186,178	233,151	242,917	230,511	1,099,277
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	82,000	90,180	147,408	149,456	117,102	586,146
ь	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						
	Add lines 7a and 7b	82,000	90,180	147,408	149,456	117,102	586,146
8	Public support (Subtract line 7c from line 6.)						513,131
	tion B. Total Support					***************************************	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	206,520	186,178	233,151	242,917	230,511	1,099,277
10a	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		9 85	1,995	416	7	3,403
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		985	1,995	416	7	3,403
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	!			1,035	897	1,932
13	Total support. (Add lines 9, 10c, 11,					37,1	
	and 12.)	206,520				231,415	1,104,612
14	First five years. If the Form 990 is for the organization, check this box and stop here	-		=	• • • •		<u> </u>
Sec	ction C. Computation of Public S						•••••
15	Public support percentage for 2009 (line 8,			7))		15	46.45%
16	Public support percentage from 2008 Sche	edule A. Part III. line	15	<i>" </i>		16	51.93%
	tion D. Computation of Investm						
17	Investment income percentage for 2009 (lir	ne 10c, column (f) di	vided by line 13, co	lumn (f))		17	%
18	Investment income percentage from 2008 S						%
19a	33 1/3 % support tests—2009. If the orga. 17 is not more than 33 1/3 %, check this bo	inization did not ched	ck the box on line 1	4, and line 15 is mo	ore than 33 1/3 %, a	ınd line	▶ 🕱
b	33 1/3 % support tests—2008. If the orga	inization did not ched	k a box on line 14	or line 19a, and line	a 16 is more than 33	3 1/3 %, and	—
20	line 18 is not more than 33 1/3 %, check the Private foundation. If the granization did					nization	······ [

Part IV Supplemental information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	Page 4
PART III, LINE 12 - OTHER INCOME DETAIL	• • • • •
MISCELLANEOUS \$ 1,932	
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SCHEDULE &

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete If the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

YOUTH FOR CHRIST COLUMBUS

Employer identification number

47-0846026 C/O DARLA NEEMEYER

Complete if the organization answered "Ye	o un ruiil	23U, F	arriv, III	10 Z3a Ot Z3D,	J. (WII	33U-L£, f	GIT V 111110 41			·····	(c) C	orrect	ed?
(a) Name of disqualified person					(b)	Description	of transaction			ŀ	Yes		lo
											163	Τ.	
													_
							-					+	_
Enter the amount of tax imposed on the organization		!:									-		_
Enter the amount of tax imposed on the organization under section 4958								► \$ ► \$					
Loans to and/or From Interest Complete if the organization answered "Ye	ed Perso	ns.											
(a) Name of interested person and purpose	or fro	oan to m the zation?		c) Original icipal amount		(d) Baiar	nce dua	(o) In o	iefault?	(f) App by boo	ard or	(g) W agreer	
	To	From			<u> </u>			Yes	No	Yes	No	Yes	N
ARRY PILAKOWSKI PURCHASE OF BUILDING	x			57,37	75		25,000		X	X		x	ĺ
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		\vdash		_	\dashv				<u> </u>	<u> </u>	ļ		
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tal			·		\$		25,000					XX	X
Grants or Assistance Benefitti Complete if the organization answered "Ye													
(a) Name of Interested person	s uiruiii	330,) Relationship be	tween in	nterested per	rson and the	(c)	Amour	nt end	type of	assist	ano
					organiz	ation		-					
													_
	<u> </u>		_										
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Business Transactions Involv Complete if the organization answered "Ye					r 28c.			<u> </u>					_
(a) Name of interested person	(b)	Relate rested	onship bet person an anization	ween (c) Amou transac		(d) Desc	ription	of tran	saction	n	(e) s	enue enue
		oig	an INCONTRA								·····	Yes	+
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Forms 990 / 990-PF

Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons For calendar year 2009, or tax year beginning 07/01/09, and ending 06/30/10

2009

Name

YOUTH FOR CHRIST COLUMBUS C/O DARLA NEEMEYER

Employer Identification Number

47-0846026

FO	RM 990-EZ, PAR	T V, LINE 38	B ADDITI	ONAL INFORMATION	
	Nom			Title	•
4	LARRY PILAKOWS	e of lender		BOARD TREASURER	9
	THEFT PILETONS	<u>VT</u>		BORRE TREADURE	
(2) (3)					
<u>3)</u> (4)	.,,				
(5)				 	
(6) (6)					
(7)					
(8)		· · · · · · · · · · · · · · · · · · ·			
(9)					
(10)					
(10)					
- XXX-CXX		I	A A - A - of A -	I	Interest
	Original amount borrowed	Date of loan	Maturity date	Repayment terms	rate
(1)	57,375	09/01/05		PYMTS MADE WHEN FUNI	O AVAIL 0.000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)				\	

	Security pr	ovided by borrower		Purpose of	loan
(1)				PURCHASE OF BUILDING	G
(2)					
(3)				<u> </u>	
(4)				-	
(5)					
(6)					
(7)					
(8)					
(9)					
(10)			A. #8.8400 CO.8000.740		
	27				
	Consideration	furnished by lender		Balance due at	Balance due at
/4\	CONSIDERATION	iumsileu by tender		beginning of year 30,000	end of year 25,000
<u>(1)</u>				30,000	
(2) (3)				+	····
(3)					
<u>(4)</u>				 	
(<u>5)</u>					
(6) (7)			· · · · · · · · · · · · · · · · · · ·		
(7) (8)	···_				
(8) (9)					
(10)			·····		
LIU				30 000	25.000

47-0846026

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Ai	mount
MISCELLANEOUS	\$	897
TOTAL	\$	897

:

47-0846026

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
BANQUET SUPPLIES	\$ 491
PHONE-A-THON SUPPLIES	237
TRAVEL INSURANCE CURRICULUM SUPPLIES MEDIA, INTERNET & TECHNOL TELEPHONE EXPENSE POSTAGE & PRINTING MISCELLANEOUS EXPENSE MINISTRY EVENT EXPENSES VARIOUS PROGRAMS TRAINING GAIN/LOSS ON SALE	1,849 10,937 46 1,331 285 2,181 2,082 922 4,425 3,634 3,393 457
TOTAL	\$ 32,270

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
LOANS FROM OFFICERS	\$ 30,000 \$	25,000
	30,000	25,000