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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www irs.gov/form990

and ending

Open to Public Inspection

<u>A</u>	For the	2013 calendar year, or tax year beginning and	ending						
В	Check if	C Name of organization		D Employer identific	cation number				
	applicabl	FOUNDATION FOR YOUTH OF							
	Addre chang	BARTHOLOMEW COUNTY, INC.]					
	Name chang	Doing Business As		35-0	873340				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Termir			812-372-7867					
	Ameno			G Gross receipts \$	2,440,706.				
	Applic			H(a) Is this a group return					
	pendı	F Name and address of principal officer:CHUCK KIME		for subordinates	? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
ī	Tax·ex	empt status. X 501(c)(3) 501(c) ()	or 527	If "No," attach a	list (see instructions)				
J	Websit	e: > WWW.FOUNDATIONFORYOUTH.COM		H(c) Group exemption	n number 🕨				
ĸ	Form of	organization: X Corporation	L Year	of formation: 1928 N	A State of legal domicile: IN				
P	art I	Summary	<u> </u>						
-do	1	Briefly describe the organization's mission or most significant activities. PROMO	OTE TH	IE WELL BEIN	G OF YOUTH				
Activities & Governance	-	IN THE COLUMBUS, INDIANA AREA.							
ī.	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	_14				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14				
Se	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	89				
Ę	6	Total number of volunteers (estimate if necessary)		6	1800				
وَ وَ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
, ∢	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
1				Prior Year	Current Year				
ه د	8	Contributions and grants (Part VIII, line 1h)		931,985.	1,026,498.				
Revenue	9	Program service revenue (Part VIII, line 2g)		842,333.	799,174.				
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,671.	15,305.				
3	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		571,948.	566,622.				
2		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,350,837.	2,407,599.				
₹		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
75-KOD		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
_	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,092,387.	1,140,096.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ē	. b	Total fundraising expenses (Part IX, column (D), line 25) 90,13	30. 🗀		<u> </u>				
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		894,151.	963,978.				
				1,986,538.	2,104,074.				
	19	Total expenses- Add mes 13·17 (must equal Part IX, column (A), line 25) Revenue less expenses: Subtract line 18 from line 12		364,299.	303,525.				
50	3	TO SECOND	Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Parfix, Zifiq d 6)		4,937,880.	5,110,221.				
Net Assets or	21	Fotal liabilities (Part X, line 26)		2,038,018.	1,862,748.				
E E	22	Net assets or fund balances Subtract line 21 from line 20		2,899,862.	3,247,473.				
	art II	Signature Block							
Une	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to the best of m	y knowledge and belief, it is				
true	e, correc	it, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparei	r has any knowledge.					
				11/17/19					
Sig	ın	Signature of officer		Date'	•				
He	re	CHUCK KIME, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	đ	CLATUS B BIERMAN CLATUS B BIERMAN	N 1	L 1 / 1 7 / 1 4 self-employ					
Pre	parer	Firm's name KEMPER CPA GROUP, LLP		Firm's EIN	Firm's EIN ▶ 37-0818432				
Us	Only	Firm's address 2545 FOXPOINTE DRIVE, SUITE A							
_		COLUMBUS, IN 47203-3299		Phone no.81	2-376-3061				
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
	001 10-2		ons.	_	Form 990 (2013)				

Form 990 (2013)

FOUNDATION FOR YOUTH OF

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Form 990 (2013) BARTHOLOMEW COUNTY, INC.
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(k)(3) or 4947(k)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Continuarina? 2 Od the organization engage in medical or indexes of public office? If "Yes," complete Schedule C, Part If 3 Section 50 (1c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 3 Is the organization a section 501(c)(6), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in public things or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or fold a conservation easiement, including easiements to preserve open space, the environment, historic all areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, instorical treasures, or other similar assess 11" Yes, "complete Schedule D, Part II 9 Did the organization directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiened-ownerits? If "Yes," complete Schedule D, Part V 10 Did the organization directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiened-ownerits? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that a 5% or more of its total assets reported in Part X, line 16" If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments - program related in Part X, line 16" If "Yes," complete Schedule D, Part VII 12 Did the organization included in consolidated, independent audited f	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 X Section 501(c)(3) organizations. Dot the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I section 501(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II six the organization assection 501(c)(4), 501(c)(6), 501(c)(6)		If "Yes," complete Schedule A	1_		
Section 50(R)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 1 is the organization asection 501(c)(6),	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
4 Section S01(c)(3) organizations. Duth the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 is the organization a section 501(ii)(4), 501(ii)(5), or 501(ii)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-17 if "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization received in obligation designed in the environment, instinct land areas, or histonic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization did into the part X, line 21, for escrive or custodial account liability, series as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? 10 "Yes," complete Schedule D, Part IV 11 If the organization dispartition of the following questions is "Yes," then complete Schedule D, Part VI, If the organization is another only of the following questions is "Yes," then complete Schedule D, Part VI, If the organization is applicable. 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year *! **Ps**, complete Schedule C, Part !! X Is the organization a section \$501(6)(4).501(6)), or \$501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure \$9.197 !! **Yes**, complete Schedule C, Part !!! 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the part of provide advisor on the distribution or investment of amounts in such funds or accounts **I** **Yes**, complete Schedule D, Part !!! 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 8 Did the organization report an amount in Part X, line \$1.60 escribe \$2.60 escri		public office? If "Yes," complete Schedule C, Part I	3		_X_
5 Is the organization a section \$01(e)(4), 501(e)(5) or 501(e)(6) or similar amounts as defined in Revenue Procedure 98-192 if "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to be accounted to the environment, historical transcription or for the schedule of the environment, and the environment of the en	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments (if "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments - other securities in Part X, line 107 // "Yes," complete Schedule D, Part VII 2 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 167 // "Yes," complete Schedule D, Part VIII 2 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part X 2 Did the organization report an amount for other assets in Part X, line 155 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part X 2 Did the organization report an amount for other liabilities in Part X, line 155 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part X 2 Did the organization obtain separate, independent audited financial statements for the tax year? If Yes," complete Schedule D, Part X 2 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization maintain an office, employees, or agents outside of the United States? 2 Did the organization are service activities custon 170(b)(l)(l)(l)(l) "Yes," complete Schedule P, Part X 3 Did the organization report on Part IX, column (A), line 3, more than \$5		Schedule D. Part III	8		X
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 1			10		X
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	19		_		
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					
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	<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	(2015)

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35-0873340 Page 4

Form 990 (2013) BARTHOLOMEW COUNTY, INC.
Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or 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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_20		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	71	Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		Х
_	any tax-exempt bonds? Did the exemptation set as an "an hehalf of" leaver for hands outstanding at any time during the year?	24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		Х
L.	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		х
~~	Schedule L, Part I	25b	-	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			ĺ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		ĺ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			77
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ĺ
	instructions for applicable filing thresholds, conditions, and exceptions)			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3.5
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			l
	Note. All Form 990 filers are required to complete Schedule O	38	X	Щ
		Form	990	(2013)

orm	990	(201)	3

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Form 990 (2013) BARTHOLOMEW COUNTY, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

35-0873340 Page 5

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
Ŭ	(gambling) winnings to prize winners?	1c							
22	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,								
Lu	filed for the calendar year ending with or within the year covered by this return 2a 89								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x						
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		İ						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country. ▶								
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	İ							
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		X					
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		<u>X</u> _					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			37					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> X</u>					
9	Sponsoring organizations maintaining donor advised funds.	_		37					
a	Did the organization make any taxable distributions under section 4966?	9a		X					
	Did the organization make a distribution to a donor, donor advisor, or related person?	96							
10	Section 501(c)(7) organizations. Enter:	ľ							
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	- 1							
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:								
'',	Gross income from members or shareholders								
a h	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		i						
		13a							
u	Note. See the instructions for additional information the organization must report on Schedule O.								
h	Enter the amount of reserves the organization is required to maintain by the states in which the	l							
-	organization is licensed to issue qualified health plans	İ	ļ	į					
c	Enter the amount of reserves on hand			<u></u>					
-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		Form	990	(2013)					

Page 6

Form 990 (2013) BARTHOLOMEW COUNTY, INC. 35-0873340 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily 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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7 <u>a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			l
а	The governing body?	8a	X	L
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
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	9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		ſ	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c_	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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?		٠,,	ł
	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	40.		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	404		
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IN	availah	ıle.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallat		
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)	d fice-	acial	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	u mai	icial	
	statements available to the public during the tax year.	tion Þ		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization with the control of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books are provided by the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person	tion.	_	
	CHUCK KIME - (812)-348-4558			

35-0873340 BARTHOLOMEW COUNTY, INC. Page 7

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(00		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week		ceran	dad	irecto	r/trus	tee)	from	from related	other
	(list any	lecto	ŀ					the	organizations	compensation
	hours for	ō	, as			sated		organization	(W-2/1099-MISC)	from the
	related organizations	uste	frust		8	E .		(W-2/1099-MISC)		organization and related
	below	lea t	tiona		힅	2 st C	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATT KIRR	10.00									-
PAST PRESIDENT		x		Х				0.	0.	0_
(2) PAUL MALONE	10.00									
PRESIDENT		X		X				0.	0.	0
(3) MARY STROH	10.00				1					
VICE PRESIDENT		X		X	_			0.	0.	0
(4) DON ABEL	10.00					1		_	_	
TREASURER		X	_	X				0.	0.	0
(5) SETH KEELE	5.00									•
BOARD MEMBER		X			_	ļ		0.	0.	0
(6) BRIAN RUSSELL	5.00								0	•
BOARD MEMBER		X	├		-	-		0.	0.	0
(7) MIKE CLANCY	5.00	3,7						0.	0.	0
BOARD MEMBER	5.00	X	\vdash				-	0.		
(8) JULIE ATON	3.00	X						0.	0.	0
BOARD MEMBER	5.00	^				-			0.	
(9) ANGELA FORCE	3.00	X			:			0.	0.	0
BOARD MEMBER (10) JACQUE DOUGLAS	5.00			-						
BOARD MEMBER	3,00	x				ļ		0.	0.	0
(11) IAN MCGRIFF	5.00			\vdash				5		
BOARD MEMBER		x	Ì		İ			0.	0.	0
(12) SCOTT ANDREWS	5.00									1
BOARD MEMBER		X						0.	0.	0
(13) BRAD MANNS	5.00									
BOARD MEMBER		X		<u> </u>	_	<u> </u>	L_	0.	0.	0
(14) JOSH LITTRELL	5.00	1				ļ		_	_	
BOARD MEMBER		X	<u> </u>	_	<u>L</u>	<u> </u>	ļ	0.	0.	0
(15) ANDREA HALL	5.00									_
BOARD MEMBER		X	├ —		\vdash		ļ	0.	0.	0
(16) ELAINE WAGNER	5.00	 							_	_
BOARD MEMBER		X	 	├	-	 	 	0.	0.	0
(17) TRACY EMBREE	5.00	₹.		1			ĺ	0.	0.	0
BOARD MEMBER		X	<u>L</u>	<u>. </u>	I	l	L_	<u> </u>		Form 990 (201

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Form 990 (2013)

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35-0873340 Page 8 BARTHOLOMEW COUNTY, INC.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	t Compensated Employees (continued)					
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	140		Pos		than	ore	Reportable	Reportable		Es	tımate	ed
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	١	amount o		of
	week		cerar	io a c	recto	or/trus	ree)	from	from related			other	
	(list any hours for	irecto						the	organizations			pensa	
	related	9.0	ag ag			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	ر. ا		om the anızat	
	organizations	Tuste	trus		8	шреп		(44-51 1033-NISO)			_	arrizat I relat	
	below	Individual trustee or director	Institutional trustee		Key employee	st co	=					ınızatı	
	line)	ind ivi	Institu	Officer	Key er	Highest compensated employee	Form				- 3-		-
(18) CHUCK KIME	40.00	Ī	Ť	Ť	Ī						• • •	-	
EXEC. DIRECTOR(NON-VOTING)				X				0.	68,51	4.			0.
-													
			<u> </u>										
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		ĺ											
1b Sub-total								0.	68 <u>,5</u> 1	4.			0.
c Total from continuation sheets to Part V	I, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)								0.	68,51	4.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wh	no r	eceived more than \$100	,000 of reportable	•			
compensation from the organization											T		0
										r		Yes	No
3 Did the organization list any former officer,			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	l			
line 1a? If "Yes," complete Schedule J for s										-	3		_X_
4 For any individual listed on line 1a, is the su	•							,	the organization	l			77
and related organizations greater than \$15			-						4.16	}	4		X
5 Did any person listed on line 1a receive or a							elat	ted organization or indivi	dual for services		_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Schedui	e J i	or s	ucn	pers	son				!	5		Д
Complete this table for your five highest co	mnensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	nens:	ation fi	om.	
the organization Report compensation for													
(A)								(B)			(C	·)	
Name and business	address	N	INC	E				Description of s	ervices	С	omper	satio	n
							_						
							- 1		i				
											_		
									1				
2 Total number of independent contractors (ncluding but r	ot li	mıte	d to	tho	se li	stec	above) who received m	ore than				
\$100,000 of compensation from the organi						0		·	<u> </u>				
											Form (aan a	2013)

Form 990 (2013) BARTHOLOMEW COUNTY, INC.

Part VIII Statement of Revenue

35-0873340 Page **9**

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 392,576. Federated campaigns 1a Membership dues 1b b Fundraising events 1c d Related organizations 1d Contributions, and Other Simi 165,502. Government grants (contributions) 1e f All other contributions, gifts, grants, and 468,420 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$_ 026,498 h Total. Add lines 1a-1f **Business Code** 473,420. 473,420. Program Service Revenue 2 a PROGRAM FEES 624100 282,054 ь PROGRAM REIMBURSEMENT 624100 282,054. 624100 43,700. 43,700. c MEMERSHIP DUES f All other program service revenue 799,174. q Total, Add lines 2a-2f Investment income (including dividends, interest, and 15,305. 15,305. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 414,891 6 a Gross rents 0. b Less: rental expenses 414,891 c Rental income or (loss) 414,891 414,891. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See a 155,308 Part IV, line 18 33,107. b Less: direct expenses 122,201. 122,201. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 12,053. and allowances 0. b Less: cost of goods sold 12,053. 12,053. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 17,477 11 a MISCELLANEOUS 624100 17,477. d All other revenue 17,477. e Total. Add lines 11a-11d 0. 564,450. 407,599 816,651 Total revenue. See instructions. Form 990 (2013)

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Form 990 (2013) BARTHOLOMEW CO
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon		this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	68,514.	16,443.	45,219.	6,852.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			150 001	CA 4.5.4
7	Other salaries and wages	791,066.	567,571.	162,331.	61,164.
8	Pension plan accruals and contributions (include	n 500	F 000	1 061	C1.0
	section 401(k) and 403(b) employer contributions)	7,709.	5,238.	1,861.	610.
9	Other employee benefits	207,048.	141,006.	49,741.	16,301. 5,203.
10	Payroll taxes	65,759.	44,678.	15,878.	5,203.
11	Fees for services (non-employees).				
a	Management				
b	Legal	18,162.	18,162.		
C	Accounting	10,102.	10,102.		
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees				
f					
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	15,790.	15,790.		
14	Information technology	201150-			
15	Royalties				
16	Occupancy	58,807.	58,807.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,007.	20,007.		
20	Interest	51,392.		51,392.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	240,325.	240,325.		
23	Insurance	37,926.		37,926.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT FEES	285,969.	180,969.	105,000.	
b	DDOODAY EVDENORO	90,272.	86,224.	4,048.	
С	REPAIRS & MAINTENANCE	66,955.	53,644.	13,311.	
d	MISCELLANEOUS	36,051.	36,051.		
е	All other expenses	42,322.	38,646.	3,676.	
25	Total functional expenses. Add lines 1 through 24e	2,104,074.	1,523,561.	490,383.	90,130.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000 reader
33201	0 10-29-13				Form 990 (2013)

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Form 990 (2013)
Part X | Balance Sheet BARTHOLOMEW COUNTY, INC.

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non·interest-bearing .	1,494.	1	1,445.
	2	Savings and temporary cash investments	189,195.	2	332,056.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	98,308.	4	85,670.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5_	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
sts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,516.	9	13,578.
	10a	Land, buildings, and equipment. cost or other			
		basis. Complete Part VI of Schedule D 10a 9,124,801.			4 004 655
	b	Less accumulated depreciation 10b 5,093,126.	4,208,050.		4,031,675.
	11	Investments - publicly traded securities	209,669.	11	260,843.
	12	Investments · other securities. See Part IV, line 11	166,016.	12	323,744.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets	F1 (22	14	<u> </u>
	15	Other assets See Part IV, line 11	51,632.	15	61,210.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,937,880.	16	5,110,221.
	17	Accounts payable and accrued expenses	36,398.	17	67,166.
	18	Grants payable	634.	18	1,972.
	19	Deferred revenue	1,730,000.	19 20	1,580,000.
	20	Tax-exempt bond liabilities	1,730,000.	21	1,300,000.
<i>,</i> 0	21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		1	
ţį	22	key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
:2	23	Secured mortgages and notes payable to unrelated third parties	270,986.	23	213,610.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,038,018.	26	1,862,748.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	2,632,086.	27	2,945,637.
ala	28	Temporarily restricted net assets	267,776.	28	301,836.
9	29	Permanently restricted net assets		29_	
뒫		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
<u>6</u>		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\SS	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances .	2,899,862.	33_	3,247,473.
	34_	Total liabilities and net assets/fund balances	4,937,880.	34_	5,110,221.
					Form 990 (2013)

FOUNDATION FOR YOUTH OF BARTHOLOMEW COUNTY, INC. 35-0873340 Page 12 Form 990 (2013)

Pa	rt XI Réconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,40		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,10	4,0	<u>74.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	30	<u>3,5</u>	<u> 25.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,89		
5	Net unrealized gains (losses) on investments	5	4	4,0	<u>86.</u>
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,24	7,4	<u>73.</u>
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			,	<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990. L. Cash X Accrual L. Other		.		l
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no t			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis				1
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of t	the organizati	on FOUNDAT	ION FOR YOUT	H OF				E	mployer	identificati	on nu	mber
		BARTHOL	OMEW COUNTY,	INC.				1	3.	5-0873	340	
Part I	Reason		ity Status (All organiz			e this part) See inst	ructions				
The organ	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox)					
1		-	s, or association of chur	_								
2 🗀			'0(b)(1)(A)(ii). (Attach Sc				(-)(-)(-)	•				
3 🗆			tal service organization (n section	170/h)/1\/	ΔΥιιι					
Ž H	•		operated in conjunction					(h)(1)(A)(ii	i). Enter t	the hospital	's nam	ne.
7 🗀	city, and state	=	operated in conjunction	.,,,,,,	p.i.u. 0000.		0	(=)(-)(/-,(.,. -			,
5			benefit of a college or ur	niversity ov	wned or or	erated by	a governi	nental uni	t describ	ed in		
з 🗀	_	(b)(1)(A)(iv). (Comple	-	iivorony o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, o. a. oa b ,	a govo		. 0000	· · ·		
6 🗆			ent or governmental unit	decaber	d in sectio	n 170/h\/1	WAWA					
7 🗓		-	eives a substantial part					r from the	general	nublic desci	nhed i	n
1 (4)	-	b)(1)(A)(vi). (Comple		oi ita aupp	on nom a	governino	ina anico	1 110111 1110	gonorar	public dodo.		••
• 🗀			ection 170(b)(1)(A)(vi).	(Complete	Dart II \							
8 9	•		eives: (1) more than 33 1			rom contri	hutione m	ambarehi	n foos a	nd arnee rea	einte	from
9	-	-	nctions - subject to certa									
			axable income (less sect									
				JUITSTILA	x) 110111 Du	311103303 6	icquii ea b	y tile Orga	inzation	aitei oulle o	J, 1J,	•
40		509(a)(2). (Complete		ot for publi	o cafaty S	co sostio	= E00(a)(/	11				
10	_		perated exclusively to te perated exclusively for the						v out the	nuroneae o	f one	or
11			ations described in secti									OI .
			organization and compl				.) Geo sec	Jeoc Hon	a)(3). On	eck the box	ti iat	
	a Type				nctionally i			Typ	o III - Nor	n-functionall	v intoi	arated
е 🗀	* *	-	ype II					• •				_
e												
			han one or more publicly						5(a)(1) UI	Section 303	(a)(Z)	
f	=		ten determination from t	ine ino ina	atitisa iy	pe i, Type	ii, or Type	7 111				
		rganization, check th					-444-11					
g	•		organization accepted ar			_					V	N.
			irectly controls, either al	one or tog	ether with	persons o	lescribed	iri (ii) ariu (iii) below,		Yes	No
	-		upported organization?							11g(i)		
	• • •	•	n described in (i) above?		-0					11g(ii)		
	• •		person described in (i) o	• •						11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(S)							
		·	<u> </u>	h		() D. J	4.6 . 46 .	(vi) Is	the		-	
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your			Lorganizátio	on in col. I	(vii) Amount		netary
orga	anization		(described on lines 1-9 above or IRC section		document?			(i) organiz U.S	ed in the	sup	ort	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				163	140	163	140	103	110			
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Schedule A (Form 990 or 990-EZ) 2013 BARTHOLOMEW COUNTY, INC.

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total	
1 Gifts, grants, contributions, and	
membership fees received. (Do not	
include any "unusual grants") 763,071. 846,500. 730,716. 972,171. 1,070,198. 4,382,6	556,
2 Tax revenues levied for the organ-	
ızatıon'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 3 763,071. 846,500. 730,716. 972,171. 1,070,198. 4,382,6	556.
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) 16,04	13.
6 Public support. Subtract line 5 from line 4	513.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total	
7 Amounts from line 4 763,071. 846,500. 730,716. 972,171. 1,070,198. 4,382,6	556.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties	
and income from similar sources 441,165. 502,619. 470,108. 447,684. 442,249. 2,303,8	325.
9 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) 412. 4,560. 544. 430. 5,417. 11,36	<u> 3.</u>
11 Total support. Add lines 7 through 10 6,697,8	3 44 .
12 Gross receipts from related activities, etc. (see instructions)	4.
13 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	
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 65.19	<u>%</u>
15 Public support percentage from 2012 Schedule A, Part II, line 14	<u>%</u>
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
5	X
b 33 1/3% support test - 2012. 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 - 2013. 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	
b 10% -facts-and-circumstances test - 2012. 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	믁
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A Form 990 or 990-F713	<u></u>

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35-0873340 Page 3

Schedule A (Form 990 or 990-EZ) 2013 BARTHOLOMEW COUNTY, INC.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	low, please comp	olete Part II)				
	(-) 2000	(h) 2010	(=) 2011	(4) 2012	(2) 2012	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) 10tai
1 Gifts, grants, contributions, and					1	
membership fees received (Do not			1			
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 bus-						
iness under section 513		_				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to		<u> </u>				
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		·	,			
Calendar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried 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)				<u> </u>		<u> </u>
14 First five years. If the Form 990 is for	the organization's	s first, second, thu	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	- 0					<u> </u>
Section C. Computation of Publi					 	
15 Public support percentage for 2013 (li		-	column (f))		15	9
16 Public support percentage from 2012					16	9
Section D. Computation of Inves					T .= I	
17 Investment income percentage for 20			ne 13, column (f))		17	
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2013. If the						i / is not
more than 33 1/3%, check this box ar						▶∟_
b 33 1/3% support tests - 2012. If the						and
line 18 is not more than 33 1/3%, che						P _
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check to	his box and see in	structions ,	▶∟

		FOUNDATION	FOR YOU	TH OF		
Schedule A	(Form 990 or 990-EZ) 2013 Supplemental Inform	BARTHOLOMEW	COUNTY	, INC.		35-0873340 Page 4
Part IV	Supplemental Inform	nation. Provide the e	explanations re	quired by Part II, line 10), Part II, line 17a or 1	7b; and Part III, line 12.
	Also complete this part for	any additional informa	tion (See instr	uctions)		
	 			·····		
						
						· · · · · · · · · · · · · · · · · · ·
			 			
				 		
						· · · · · · · · · · · · · · · · · · ·
	•					
						
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	·					
						
						
				<u> </u>		

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2013

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	150,000.	16,043.
		16 042

SCHEDULE D

(Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FOUNDATION FOR YOUTH OF

Employer identification number

BARTHOLOMEW COUNTY, 35-0873340 INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		OMEW COUNT								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	r Othe	<u>r Simil</u>	<u>ar Asse</u>	ts (contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	are a sig	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition		ı 🗀	Loan or exc	hange progra	ms				
b	Scholarly research	•		Other						
c	Preservation for future generations									-
4	Provide a description of the organization's co	ellections and explain	in how th	nev further t	he organizatio	n's exem	ant purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o									
•	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran					Yes" to F	orm 990	D. Part IV. I		
	reported an amount on Form 990, Par	•						,		
	Is the organization an agent, trustee, custodi		diary for	contribution	s or other ass	sets not i	ncluded			
	on Form 990, Part X?		۵. ر			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fe	llownod	table:			•		03	
D	it res, explain the arrangement in rait Allia	and complete the it	mowning	lable.					Amount	
_	Ossesses belones						4-		Amount	
C	Beginning balance	•					1c	_		
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance		-10				1f	·	7.,	
	Did the organization include an amount on Fo							L	」 Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII	•								
rai	t V Endowment Funds. Complete n		Γ .						(.) [
		(a) Current year	(b) F	rior year	(c) Two years	s dack (a) inree	ears back	(e) Four y	years back
1a	Beginning of year balance									
b	Contributions				ļ. <u>.</u>					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships		ļ						ļ	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administer	red for th	e organiz	zation	_	
	by [.]									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm				_					
	Complete if the organization answere	d "Yes" to Form 990), Part IV	, line 11a S	ee Form 990,	Part X, Iı	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
	, , , ,	basis (investi			(other)		reciation			
	Land			30	8,250.				308	3,250.
b	Buildings				1,795.	1.9	67,7	55.		1,040.
2	Leasehold improvements				9,036.			93.		5,443.
d	Equipment				8,605.			94.		1,411.
e					7,115.		$\frac{24,5}{24}$			2,531.
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colur							1,675.

LOCKDATION	LOIC	1001	I OI
BARTHOLOMEW	COL	INTY.	INC

Complete if the organization answered "Yes" t				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation. Cost or er	d-of-year market value
) Financial derivatives	 			
2) Closely-held equity interests				
3) Other				
(A) FIRST FINANCIAL TRUST	323,744	END-OF-Y	YEAR MARKE	' VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	323,744	: •		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" i				
(a) Description of investment	(b) Book value	(c) Method of	valuation. Cost or er	d-of-year market value
(1)				
(2)				
(3)				
(4)				·
(5)				
(6)				<u></u>
(7)				
(8)				
(8) (9)				
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)				
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	to Form 990, Part IV, Iir	e 11d See Form 990,	, Part X, line 15.	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, Iir Description	e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2)		e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3)		e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6)		e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1)		e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1)	Description	e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d See Form 990,	, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description			
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a)	Description	e 11e or 11f See Fori		
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description			
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f See Fori		
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	e 11e or 11f See Fori		
(8) (9) lotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) lotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description	e 11e or 11f See Fori		
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	e 11e or 11f See Fori		
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	e 11e or 11f See Fori		
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	e 11e or 11f See Fori		
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	e 11e or 11f See Fori		
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	e 11e or 11f See Fori		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

BARTHOLOMEW COUNTY, INC. Schedule D (Form 990) 2013 35-0873340 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 2,484,792. 1 2 Amounts included on line 1 but not on Form 990. Part VIII, line 12 44,086. 2a a Net unrealized gains on investments Donated services and use of facilities 2b Recoveries of prior year grants 2c 33,107 Other (Describe in Part XIII) 2đ 77,193. Add lines 2a through 2d 2e 2.407.599. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4h c Add lines 4a and 4b 4c 407 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 2,137,181. 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: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c 33,107. Other (Describe in Part XIII) 2d 33,107. Add lines 2a through 2d 26 2,104,074. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4h c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 104 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010. THE FOUNDATION FILES U.S. FEDERAL AND STATE OF INDIANA TAX RETURNS. FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2008. PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE

33,107.

Schedule D (Form 990) 2013 Part XIII Supplemental Info	FOUNDATION FOR YOUTH OF BARTHOLOMEW COUNTY, INC.	35-08733 4 0 Page 5
Part XIII Supplemental Info	rmation (continued)	
PART XII, LINE 2D -	- OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE	es es	33,107.
		.
	· · · · · · · · · · · · · · · · · · ·	
		
 		

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

а

b

C

▶ Attach to Form 990 or Form 990-EZ.

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs gov/form 990. Name of the organization FOUNDATION FOR YOUTH OF Employer identification number 35-0873340 BARTHOLOMEW COUNTY, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations e L Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes □No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

compensated at least \$5,000 by the organization (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2013 BARTHOLOMEW COUNTY, INC.

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events BOWL FOR (add col. (a) through KIDS SAKE TRIATHLON col. (c)) (event type) (total number) (event type) 155,308. Gross receipts 34,947 58,375. 61,986 2 Less Contributions 155,308. Gross income (line 1 minus line 2) 34,947 58,375. 61,986. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages Entertainment 9,197 9,158 14,752. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 122,201 11. Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? Yes b If "No," explain. Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain:

35-0873340 Page 2

Schedule G (Form 990 or 990-EZ) 2013 BARTHOLOMEW COUNTY, INC.	35-0873340 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity forme	d
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility .	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and r	ecords [.]
Name ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address >	
16 Gaming manager information:	
Name ►	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	pent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see inst	ructions)
	
332083 09-12-13 Schee	dule G (Form 990 or 990-EZ) 2013

332083 09-12-13

SCHEDULEK (Form 990)

Supplemental Information on Tax-Exempt Bonds

(i) Pooled Ŷ financing × Employer identification number OMB No 1545-0047 2013 Open to Public Yes Inspection (g) Defeased (h) On behalf 35-0873340 ŝ × ۵ of issuer Yes Yes ► Attach to Form 990. ► See separate instructions. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Ñ × Yes ŝ ব 3,900,000.CONSTRUCTION OF O (f) Description of purpose RENOVATION AND Yes Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, ŝ œ explanations, and any additional information in Part VI. Yes CONTINUATIONS (e) Issue puce × ŝ (d) Date Issued 10/22/97 Yes (F) COLUMN OF COLUMBUS, INDIANA 35-6000989 199238BP0 (c) CUSIP # FOR INC. FOUNDATION FOR YOUTH OF SEE PART VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? BARTHOLOMEW COUNTY, Were the bonds issued as part of a current refunding issue? Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Department of the Treasury Internal Revenue Service Proceeds A CITY Part II Part I 6 'n 4 15 9 8 위 4 က 4 ~ = 13 8 ပ

332121 10-09-13 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. bond-financed property?

Are there any lease arrangements that may result in private business use of

Was the organization a partner in a partnership, or a member of an LLC,

which owned property financed by tax-exempt bonds?

Schedule K (Form 990) 2013

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Yes

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Yes

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Yes

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Yes

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× ×

Does the organization maintain adequate books and records to support the final allocation of proceeds?

Part III Private Business Use

Has the final allocation of proceeds been made?

9

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. ..

Page 2

35-0873340

%

%

%

BARTHOLOMEW COUNTY

Schedule K (Form 990) 2013

ŝ ŝ ۵ Yes Yes % % % % ŝ ŝ Yes Yes % % % % ŝ ŝ 8 8 Yes Yes % % % % ŝ ŝ × × × × × × X × × × Yes Yes counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed 8a Has there been a sale or disposition of any of the bond-financed property to a nonc If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another 3a Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1 141-12 and 1.145-27 business use of bond-financed property? If "No" to line 1, did the following apply? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? e Was the hedge terminated? 332122 10-06-13 computation was performed 1 141-12 and 1.145-2? b Exception to rebate? Total of lines 4 and 5 a Rebate not due yet? **b** Name of provider c No rebate due? Part IV Arbitrage c Term of hedge က 6 7 4 2 9

Schedule K (Form 990) 2013

BARTHOLOMEW COUNTY, INC

Schedule K (Form 990) 2013

Page 3

35-0873340

٥ ŝ Yes Yes ٩ ŝ Yes Yes Ŷ ŝ 8 Yes Yes Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) ŝ ŝ × × × Yes Yes RENOVATION AND CONSTRUCTION OF ACTIVITIES BUILDING d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 7 Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation is not available under applicable (A) ISSUER NAME: CITY OF COLUMBUS, INDIANA 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? SCHEDULE K, PART I, BOND ISSUES: Part V Procedures To Undertake Corrective Action (F) DESCRIPTION OF PURPOSE: Part IV Arbitrage (Continued) b Name of provider section 1487 regulations? c Term of GIC

Schedule K (Form 990) 2013

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. FOUNDATION FOR YOUTH OF BARTHOLOMEW COUNTY, INC.

Employer identification number 35-0873340

FORM 990, PART VI, SECTION B, LINE 11:
AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD
MEMBERS VIA SECURED EMAIL FOR THEIR REVIEW. ONCE EACH MEMBER HAS REVIEWED
THE FORM 990, AN EMAIL IS SENT TO THE EXECUTIVE DIRECTOR STATING THE
MEMBER'S APPROVAL OF THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES ALL EMPLOYEES AND OFFICERS TO
ANNUALLY SIGN AND UPDATE A CONFLICT OF INTEREST STATEMENT DISCLOSING ANY
CONFLICTS OF INTEREST TO THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 15:
ALL EMPLOYEES AND OFFICERS OF THE ORGANIZATION UNDERGO AN
ANNUAL PERFORMANCE REVIEW, WHICH THE BOARD USES TO APPROVE COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990 (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

See separate instructions. Sequence No 179 Name(s) shown on return Business or activity to which this form relates Identifying number FOUNDATION FOR YOUTH OF FORM 990 PAGE 10 35-0873340 BARTHOLOMEW COUNTY, INC. Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions.) Part III Section A 237,382 17 MACRS deductions for assets placed in service in tax years beginning before 2013 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (e) Convention (g) Depreciation deduction (a) Classification of property 19a 3-year property ST. 1,470. 16,065. 5 YRS HY 5 year property 7-year property C d 10-year property 20,000. **15 YRS** HY SL 1,473 15-year property 20-year property S/L 25-year property 25 yrs. q 27.5 yrs MM S/L Residential rental property h 27.5 yrs. ММ S/L 12/13 0. 18,239 MM S/L 39 yrs. Nonresidential real property i MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System Class life 20a 12-year 12 yrs. S/L ь 40 yrs. ММ S/L 40-year Part IV | Summary (See instructions.)

23 For assets shown above and placed in service during the current year, enter the

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

21 Listed property. Enter amount from line 28

portion of the basis attributable to section 263A costs

240,325.

21

22

23

BARTHOLOMEW COUNTY. 35-0873340 Page 2 Form 4562 (2013) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? X Yes No 24b If "Yes," is the evidence written? X Yes No (b) (c) (e) Date Basis for depreciation Elected Business Type of property Depreciation Cost or Recovery Method/ section 179 placed in investment (business/investment (list vehicles first) period Convention deduction other basis use percentage service use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % SEE STATEMENT 27 Property used 50% or less in a qualified business use: S/L % % S/L -% S/L · 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (f) (a) (b) (c) (d) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Y<u>es</u> Yes Was the vehicle available for personal use Yes No Yes No Yes No Yes No No Νo during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization **(f)** (a) (b) (c) (d) (e) Amortization Amortization for this year Description of costs Date amortization period or percentage begins 42 Amortization of costs that begins during your 2013 tax year. 43 43 Amortization of costs that began before your 2013 tax year 44 44 Total. Add amounts in column (f). See the instructions for where to report

FORM 4562	TOTALS	LISTED 1	PROPERTY	INFORMAT	ION-M	ORE THAN	50% STATI	EMENT 1
(A) DESCRIPTIO	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE		(H) DEDUCTION	(I) 179 ELECTED
(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) F PERSONA MILES	L WAS V	EH. .? C		(Q) THER VEH. AILABLE? Y N	
2000 CHEV VAN 3374	11/30/99	100.00	24,974.	•	3 YRS X	ADS-HY-H	0.	
2000 CHEV VAN 6291	11/30/99	100.00	24,590.	24,590.		ADS-HY X	х х	
TOTALS TO	FORM 4562,	PART V,	LINE 26				0.	

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box			► X
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form)		
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly-filed For	rm 8868.	
	nic filing (e-file). You can electronically file Form 8868 if y					•
	d to file Form 990-T), or an additional (not automatic) 3-mor					
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 3	Transfers A	Associated V	Vith Certain
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details	on the elec	tronic filing	of this form,
	w.irs gov/efile and click on e-file for Chanties & Nonprofits			1 - 1		
Part						
A corpo Part I o	oration required to file Form 990-T and requesting an auton nly	natic 6-mc	onth extension - check this box and	complete		▶ □
	r corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and t	rusts must use Form 7004 to reques			
	1				r's identifyi	
Type o	 Name of exempt organization or other filer, see instru- FOUNDATION FOR YOUTH OF 	ctions		Employer	dentificatio	n number (EIN) or
print	i				35-08	72240
File by the				Carrelan		
due date f filing your	405 HOPE AVENUE	ee instruc	tions	Social se	curity numbe	er (SSN)
retum Se instruction	•	reign add	iress, see instructions			
	COLUMBUS, IN 47201-6435					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application Return Application						Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
– F <u>orm</u> 9!	90-PF	04	Form 5227			10
Form 9	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	CHUCK KIME					
	books are in the care of 405 HOPE AVENUE 405 HOPE AVENUE	E - C	OLUMBUS, IN 47201-	<u>6435 </u>		
Tele	phone No ► (812) -348-4558		Fax No.			
	e organization does not have an office or place of business					▶ ∐
	s is for a Group Return, enter the organization's four digit	1				
box 🕨					ers the exter	nsion is for
1	request an automatic 3-month (6 months for a corporation AUGUST 15, 2014, to file the exemp				The audinous	
_	for the organization's return for	t organiza	tion return for the organization name	ed above.	ine extension	on
	► X calendar year 2013 or					
	tax year beginning	an	d ending			
	tax year beginning	, an	d ending		-	
2 if	the tax year entered in line 1 is for less than 12 months, c	heck reas	on· Initial return	Final return	n	
<u> </u>	Change in accounting period					
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
	onrefundable credits. See instructions.		· · · · · · · · · · · · · · · · · · ·	3a	\$	0.
b if	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
	stimated tax payments made. Include any prior year overp			3ь	\$	0.
_	alance due. Subtract line 3b from line 3a. Include your pa					
b	y using EFTPS (Electronic Federal Tax Payment System)	See instru	ctions	3с	\$	0.
	n. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 887	9-EO for payment
<u>instruct</u>	ions.			<u> </u>		
ι ЫΔ	For Privacy Act and Panenwork Reduction Act Notice	see instr	uctions		Form 8	3868 (Ray 1.2014)

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

If you are filling for an Automatic 3-Month Extension, complete only Part I and check this box							
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of t	hıs form).			
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previousl	y filed Fo	rm 8868.		
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation							
equired to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension							
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain							
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,							
isit www irs gov/efile and click on e-file for Chanties & Nonprofits							
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete							
Part I only							
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time							
o file income tax returns. Enter filer's identifying number						mber	
ype or	· · · · · · · · · · · · · · · · · · ·				r identification num	ıber (EIN) or	
rint	FOUNDATION FOR YOUTH OF						
ile by the	hor Number, street, and room or suite no. If a P.O. box, see instructions. 405 HOPE AVENUE				35-0873340		
ue date for ling your eturn See					Social security number (SSN)		
structions							
CODDIDODY III 17201 0103							
Inter the Return code for the return that this application is for (file a separate application for each return)							
The state of the result that the application is at the application for each following							
Application			Application		Return		
s For			Is For	ľ			
Form 990 or Form 990-EZ			Form 990-T (corporation)	m 990-T (corporation)			
Form 990-BL			Form 1041-A				
form 4720 (Individual)			Form 4720 (other than individual)	individual)			
orm 990-PF			Form 5227	227			
form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11	
form 990-T (trust other than above)			Form 8870			12	
CHUCK KIME							
The books are in the care of ► 405 HOPE AVENUE - COLUMBUS, IN 47201-6435							
Telephone No. ▶ <u>(812) – 348 – 4558</u> Fax No. ▶							
If the organization does not have an office or place of business in the United States, check this box							
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this							
xox ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990·T) extension of time until AUGUST 15, 2014, to file the exempt organization return for the organization named above. The extension							
is for the organization's return for:							
▶ X calendar year 2013 or							
tax year beginning , and ending							
2 If th	If the tax year entered in line 1 is for less than 12 months, check reason.						
Change in accounting period							
	nonrefundable credits. See instructions.				4		
					\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					•	
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						^	
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.							
Caution . I	f you are going to make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form 84	153∙EO ar	nd Form 8879-EO f	or payment	
HA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1							