Return of Organization Exempt From Income Tax

Under section 501(c), 627, or 4847(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.

| OMB No. 1845-0047 | |
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Department of the Treasury Informal Revenue Service Information about Form 090 and its isstructions is at www.irs.gov/form090. For the 2018 calendar year, or tax year beginning 07/01/16, and onding 06/30/17 D Employer Identification rember YOUTH FOR CHRIST COLUMBUS C Name of occurization Check if applicable: C/O DARLA NEEMEYER Address change 47-0846026 Ooing business as Name change Number and street (or P.O. box If mail is not delivered to street address) 402-564-3700 2809 13TH STREET (ridial calum) Oily or town, state or province, ocuntry, and ZIP or foreign postal code Final return/ terminated COLUMBUS NB 68602-1994 269,121 G Gross receipts\$ muter betreenA Name and address of principal officers H(a) is this a group return for subordinates? Yes X No Application pending KATIE LOSEKE H(b) Are all eubardinetes included? 25299 355TH STREET PLATTE CENTER (f "No," attach a list. (see instructions) NH 68653 X 501(6)(3) 601(a) () (Insert no.) 4947(e)(1) or Tax-exempl status: YFCCOLUMBUS.COM H(u) Group exemption number Year of tornations 1998 M State of legal domistic: NE Form of organization: X Corporation Trust Association Other Political Summary Bhefly describe the organization's mission or most significant activities: FAITH BASED YOUTH ORGANIZATION Governance 2 Check this box ▶ I If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1s) Activities & 4 Number of Independent voting members of the governing body (Part VI, line 1b) 5 Total number of Individuals employed in calendar year 2016 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 120 7a Total unrelated business revenue from Part VIII, column (C), line 12 Ò b Net unrelated business taxable income from Form 990-T, line 34 0 Current Year 129 246,216 8 Contributions and grants (Part VIII, fine 1h) 9 Program service revenue (Part VIII, line 2g)
10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) 6,739 13,072 538 471 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9d, 10d, and 11e)
12 Total revenue - add lines 6 through 11 (must equal Part VIII, column (A), line 12) ~449 9,125 266,957 268,884 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 400 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 223,563 ,824 15 Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundralsing fees (Part IX, column (A), line 11e)
b Total fundralsing expenses (Part IX, column (D), line 25) ▶ 273 17 Other expenses (Pert IX) column (A), lines 119-11d, 111-24e)
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A) Inc (20 E.) \ (1) \ (1) **67,409** 56,671 290,972 260,895 7,989 -24,01519 Revenue less expenses, Subtract line 18 from fine 12 Beginning of Current Your End of Your 113,103 116,505 21 Total liabilities (Part X, line 28) 5,927 1,340 22 Not assets or fund balances, Subtract line 21-from line 20 107.176 115,165 Signature Block A THE REAL PROPERTY. Under penalities of perjury, I declare that I have examined the reliant in the local property of the period of preparer (other than officer) is based of all the period of preparer (other than officer) is based of all the period of preparer than officer and other than officer. 8-22-17 Signature of office Date Sign EXECUTIVE DIRECTOR Here KATIE LOSEKE Type or print name and illie Prini/Typo preparoro namo Check Paid ealf-omployed P01079694 MIN C MACA SCHUMACHER SMEJKAL BROCKHAUS & HERLEY Preparer 47-0552214 Firm's BN Use Only P. O. BOX 280, 3403 27TH STREET 68602-0280 402-564-1366 COLUMBUS, NE May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions,

Form 990 (2018)

| | 4d Other program services (Doscribe in Schedule O.) (Exponses \$ Including 4e Total program service expenses ▶ | grants of \$ 213,481 |) (Revenue \$ | |
|------------|--|--|---|---|
| 4d | (Exponses \$ Including | grants of \$ |) (Revenue \$ | |
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| ij | THE SOCIAL BEHAVIORAL SKIL | LS OF SEXUAL AC | TIVITY, | |
| 7 | TO FOSTER THE EDUCATION AN | D TREATMENT OF | AREA YOUTH IN | |
| 4s | 4a (Code:) (Expenses \$ 213 | , 481 Including grants of \$ | 400 \ (Revs | enue \$ |
| | | = : | | |
| | the total expenses, and revenue, if any, for each pr | • | With an Granting with an and an dollo | |
| • | expenses. Section 501(c)(3) and 501(c)(4) organiza | | | |
| 4 | | plishments for each of its three | largest program services, as mea | sured by |
| | If "Yes," describe these changes on Schedule O. | | ••••••••••••• | |
| | services? | | | Yes X No |
| 3 | | | lucts, any program | |
| | If "Yes," describe these new services on Schedule | О. | | |
| _ | prior Form 990 or 990-EZ? | | | Yes 🔀 No |
| 2 | 2 Did the organization undertake any significant prog | ram services during the year w | hich were not listed on the | |
| | •, | *************************************** | ***************************** | • |
| | • | | | |
| • | FAITH BASED YOUTH ORGANIZA | | •••••••• | |
| ٦, | 1 Briefly describe the organization's mission: | T T ON | | |
| _ | Check If Schedule O contains a | response or note to any in | ne in this Part III | <u>L</u> |
| 8 6 | | | me le Mie Deut III | |
| ď۵ | Can 980 (2016) YOUTH FOR CHRIST CO | | 47-0840020 | Page 2 |
| | om 9807/016) IUUTH BUK CHKLSY CC | こうしょう しょうしょく しょく しょく しょく しょく しょく しょく しょく しょく しょく | 4/-0846026 | Dean 9 |

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schodule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 10 assistance to or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes," complete Schedule G, Part III.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

Was the organization included in consolidated, independent audited financial statements for the tax year? If

Schedule D, Perts XI and XII

"Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Paris XI and XII is optional

Form 990 (2016)

X

X

X

12b

Checklist of Required Schedules (continued)

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a x b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A), line 1? If "Yes," complete Schedule I, Perts I and II 21 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Pert II X Did the organization provide a grant or other assistance to an officer, director, trustee, key employes, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Pert III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28¢ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X Part i Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 or IV, and Part V, Ilne 1 X Did the organization have a controlled entity within the meaning of section 612(b)(13)? X If "Yes" to line 35a, dld 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 Schodule R, Part V, line 2 Section 501(c)(3) organizations. Old the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. X 37 -----Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O. X

| ### | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Pa | art V | | | | П |
|--------|--|---|--|-------------|--|--------------------|
| 4- | | | l a | Manual Park | Yes | No |
| 1a | *************************************** | 1a | 0 | -86 | | |
| b c | | 1b | 1 0 | | | |
| ٠ | reportable gaming (gambling) winnings to prize winners? | i Ru | | 73336 | X | |
| 2a | | | i | 1c | in A | - T |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 13 | | | |
| b | | | | 2b | X | Milio |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc | | ************** | · 📆 | | |
| 3а | | | | 38 | 808,53687.i | X |
| b | The state of the s | dula Q | • | 3p | | |
| 4a | | | ity | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or oth | | | | ļ | |
| | account)? | | | 48 | | x |
| b | 111111111111111111111111111111111111111 | · · · · · · · · · · · · · · · · · · · | • | | 1000 | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance | dal Accoun | its | | | |
| | (FBAR). | | | | | |
| 5a | | | | . 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra | insaction? | | . 5b | | X |
| C | If "Yes" to line 6a or 5b, dld the organization file Form 8886-7? | | | 5c | | L |
| 6₽ | Does the organization have annual gross receipts that are normally greater than \$100,000, and o | did the | | ł | | 1 |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | <u>6a</u> | | X |
| b | , | ibutions or | | 1 | | l |
| 7 | gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | | 6b | 500000 | <u>ত্ত্ব</u> ত |
| 7 a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly | for goods | | | | |
| a | and condess provided to the navor? | TOT GOODS | | 270 | | X |
| b | If 8M = 8 - 31d Man communication weight the above of the region of the | | ******** | 7a 7b | | |
| c | | | | 10 | | |
| • | required to file Form 8282? | | | 7c | | x. |
| d | | ايرسا | ***** ******** * * * * * * * * * * * * * | 1662 | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene | efit contract | ? | 7e | 100000 | X |
| f | | ontract? | *************************************** | 7f | | X |
| g | if the organization received a contribution of qualified intellectual property, did the organization file | le Form 889 | 9 as required? | 7g | | X |
| h | If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization | antzation file | a Form 1098-C? | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint | tained by th | 9 | | <u> </u> | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | 2 |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | • · · • • • • • • • • • • • • • • • • • | ********** | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? |) | | 9b | 452 x 29 | = 10010 |
| 10 | Section 501(c)(7) organizations. Enter: | 11 | | | | 900. |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | - | ~ 1 | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | [10Ь] | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | امهها | | | |) (() |
| a b | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources | 11a | | | | × |
| • | against amounts due as rangiued from them.) | 116 | | | | |
| l2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of F | | | 12a | | M.M. |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 126 | | 23 | *** | 374 |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | [120] | | | | |
| | to the amenization licensed to leave qualified health plane in more than one state? | | | 13a | | See 12 |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | • | | 352 | . 30g |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | |
| | the organization is illoensed to issue qualified health plans | 13b | | | | |
| C | Enter the amount of reserves on hand | 13c | | | | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche | O elube | | 14b | \Box | |
| LAA | | | | For | 990 | (2016) |

47-0846026 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8e, 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 Section A. Governing Body and Management No ta Enter the number of voting members of the governing body at the end of the tax year 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 O. 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? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 ₿ 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? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not regulred by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10อ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? x 11<u>a</u> b Describe in Schedulo 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 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 exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: > 20 DARLA NEEMEYER 2809 13TH STREET

402-564-3700

NE 68601

COLUMBUS

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|---|--|-----------------------------------|--------------------|----------|--------------|--------------|----------|---------------------------------|------------------------------|------------------------------|
| Form 990 (2016) YOUTH FO | | | | | | | 005 | Key Employees Hi | 46026 | Page 7 |
| Independent C | Independent Contractors | | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | | | | | | | | |
| 1a Complete this table for all perso | | | | | | | | | | |
| organization's tax year. • Ust all of the organization's c | urrent officers. (| direc | tors. | trus | teas | (wh | éthe | r individuals or organizatio | ne) renardese of amount (| of |
| compensation, Enter -0- in columns | s (D), (E), and (F |) If n | ю со | mpe | nsat | lon v | Vas | paid. | • | " |
| List all of the organization's c List the organization's five cu | | | | | | | | | | |
| who received reportable compensa organization and any related organi | tion (Box 5 of Fo | m) \ | V-2 | and/ | or Bo |) X 7 | of Fo | orm 1099-MISC) of more it | nan \$100,000 from the | , |
| List all of the organization's fo | ormer officers, k | ey e | mple | yees | a, an | d hig | hee | t compensated employees | who received more than | |
| \$100,000 of reportable compensate List all of the organization's for | ormer directors | оrt | rust | es l | hati | ecei | ved. | In the capacity as a forme | r director or trustee of the | |
| organization, more than \$10,000 of | reportable comp | ens | ation | fron | n the | org | aniz | ation and any related organ | nizations. | |
| List persons in the following order: i compensated employees; and form | et anch betsous et anch betsous | Beor | OILE | COTS | ; ms | tituti | onai | trustees; officers; key emp | ployees; highest | |
| Check this box if neither the org | • | | ated | orga | anize | tton | con | pensated any current offic | er, director, or trustee. | |
| (A) | (B) | | | | (C) | | | (p) | (E) | (F) |
| Name and Title | yora be. Vostada | | lo not | check | | | | Reportable compensation | Reportable compensation from | Estimated amount of |
| | week (list any | | ox, uni Ticer e | | | | | lhe | retaled organizations | other compensation |
| | hours for related | 9 8 | 1 2 | Officer | \$ | 34 | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations balow dotted | director | Institutional | ¥ | Cay employee | loyes of | Ę | | to. | and related organizations |
| | line) | individual trustae or director | al trustee | Į | 8 | Amployee | | | | 1 |
| | | * | l g | | 1 | 68.00 | | | | |
| (1) AMY BLASER | | | | | - | | | | | |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1.00 | 1 | | . | 1 | ĺ | ļ | 1 | | |
| VICE CHAIR (2) DANIEL POTTER | 0.00 | X | 一 | X | ⊢ | | | | 0 | 0 |
| (Z)DIMILLI KOTILIK | 1.00 | ĺ | | | | | |], | | |
| SECRETARY | 0.00 | X | · | X | | | L | 0 | 0 | 0 |
| (3) BJ BARCEL | 1.00 | | | | | 1 | | | | |
| MEMBER | 1.00 0.00 | x | | | | | | 0 | 0 | |
| (4) HARRIET BERLIN | 3,00 | | | | | | | <u>-</u> | | 0 |
| | 1.00 | ļ | | | | ļ | | ļ | | |
| BOARD CHAIR | 0.00 | X | <u> </u> | X | <u> </u> | | | 0 | 0 | 0 |
| (5) RICHARD CIMPL M | 1.00 | | | | | | | ŀ | | |
| TREASURER | 0.00 | x | | X | | , | | o | o | 0 |
| (6) LILIANA VELASCO | | | | | | | | | | |
| N. CONTROL OF THE PROPERTY OF | 1.00 | 7 | | | | | | | | |
| MEMBER (7) JOHN HUMPHREY | 0.00 | Х | | - | | | _ | 0 | 0 | 0 |
| (//oomai mosmassama | 1.00 | | <u>'</u> | | | | | | | |
| MEMBER | 0.00 | X | | | | | | 0 | 0 | 0 |
| (8)MARCIA MUHLE | 1 00 | | | | | | | | | |
| MEMBER | 1.00 0.00 | x | | | | | | 0 | o | ^ |
| (9) ADAM URKOSKI | - 0100 | | \dashv | ╗ | | | <u> </u> | <u> </u> | | 0 |
| | 1.00 | | | | | İ | | | | |
| SARGENT-AT-ARMS | 0.00 | X | _ | | _ | | | 0 | 0 | 0 |
| (10) KATIE LOSEKE | [| - 1 | l | l | Į | | | | | i |

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EXECUTIVE DIRECTOR

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DAA

Form 990 (2016)

| | | 2.0 | | | | (A) | (B) Related or | (C) | (0) |
|----------|-----------------------------------|---|------------------|------------|-------------|--|------------------------------------|--|--|
| | | | | | | Total revenue | Related or exampl function revenue | Unrelated business revenue | Revenue excluded from to under sections 512-514 |
| 1a | Federated car | npalgns | 1a | 300,000 to | 32,600 | | | | 012-014 |
| | Membership o | | 16 | | | | | | |
| | Fundralsing e | | 1c | | 81,550 | | | | |
| | Related organ | | 1d | | | | | | |
| | Government grants | | 10 | | | | | | |
| 4 | All other contribution | es, glifts, grante, | | | | | | | |
| | and similar amounts | not included above | 11 | | 132,066 | | | | |
| g h | Noncaeh contributio | ns Included in lines 1e- | 16 \$ | | 400 | D4450 A1414 A148 A348 40 40 40 51 (1) | | | |
| <u>h</u> | Total. Add ilne | s 1a-1f | | | <u>,,,.</u> | 246,216 | | | |
| i | | | | | Buan, Code | | | | |
| 2a | • • • • • • • • • • • • • • | ARE INCOME | | | ļ | 5,590 | | | |
| b | * ************* | f event inco | | P. 17 | | 5,350 | | | |
| С | | HIP FUND IN | . | | ļ | 900 | | | |
| ď | | EVENT INCOM | | | | 650 | | | |
| | | tie you leari | | | | 275 307 | | | |
| | | am service rever | | | | | 307 | | |
| | | s 2a-2f ome (Including o | | | | 13,072 | R::8532.588-545 #45*** | | |
| 3 | and other simi | - | | | | 71 | | | |
| 4 | | vestment of tax | -ovemni | | | | | | |
| | | | - | | | | | | |
| | (Noyalbod (()) | (I) Real | Τ. | | Personal | | | | |
| 6a | Gross rents | | | | | | | | |
| | Less: rental exps. | | | | | | | | Maria III |
| | Rental Inc. or (1088) | | | *** | | | | | 1 |
| d | Net rental inco | me or (loss) | | | | | | | ******************* |
| 7a | Gross amount from sales of assols | (I) Securities | | (II) |) Other | | | 41400 | 100000000000000000000000000000000000000 |
| | other than inventory | | | | 400 | | 79 | | |
| b | Less: cost or other | | ľ | | | | | | |
| | basis & seles exps. | | | | | | | | |
| | Gain or (loss)[| | | | 400 | | | | |
| | | ss) | | | | 400 | 400 | | |
| 8a | | m fundralsing even | | | | | | | |
| | (not including \$ | | | | | | | | |
| | | sported on line 1c). | | | | | | | |
| | | 18 | | | 237 | | | | |
| | Less: direct ex | oensos (loss) from fundr |] d]d | war-t- | | -237 | | e <i>minet</i> Tekk | |
| | | (ioss) from lunar mgaming activities | _ | VOIIS . | 🏲 | -231 | | | |
| | | n gaming activities 19 | | | | | | | |
| | | penses | | | | | | | |
| | | loss) from gaml | | itles | | 50-000-00-00 00-000 - 7.1.000 00-000 000 000 000 000 000 000 000 | erno.inua.matar di 1600.ini | ************************************** | 7487.8884180350.484.365. |
| | Gross sales of | | J | | <u>F</u> | | | | e e e e e e e e e e e e e e e e e e e |
| | returns and allo | • | a | | | | | | |
| | Less: cost of g | | , p | | | | | | |
| | | loss) from sales | of inver | ntory . | ト | | ve and see at the control of | | AND CONTRACT OF THE STANDS |
| | | Baneous Revenue | | _ | Busn. Code | | | | |
| 118 | BUS DRIVE | INCOME | | | | 9,177 | 9,177 | | |
| b | PETTY CASI | | | | | 185 | 185 | | |
| C | | | | | | | | | |
| đ | All other revenu | ie, | | | | | | | |
| | Total. Add line: | | | | ▶ | 9,362 | | | |
| 12 | Total revenue. | See Instructions | s | | • | 268,884 | 22,834 | 0 | |

| Form 990 (2018) YOUTH FOR CHRIST COLUMBUS 47-0846026 Pa | | | | | | |
|---|---|-----------------------------|--------------------------------------|--|--|--|
| | on 501(c)(3) and 501(c)(4) organizations must | complete ell columns. All o | | mplete column (A). | | |
| | Check if Schedule O contains a res | T | | | ····· | |
| | ot include amounts reported on lines 6b, | (A) Tolal expenses | (B) Program service | (C) Management end | (D) Fundralsing | |
| 7b, 8 | b, 9b, and 10b of Part VIII. | ļ | expenses | general expenses | expensee | |
| 1 | Grants and other assistance to domestic organizations | | | | | |
| | and domestic governments. See Part IV, fine 21 | | | | | |
| 2 | Grants and other assistance to domestic | 400 | 400 | | | |
| | Individuals. See Part IV, line 22 | 400 | 400 | | 200 | |
| 3 | Grants and other assistance to foreign | | | | | |
| | organizations, foreign governments, and foreign | | | | | |
| | Individuals. See Part IV, lines 15 and 16 | | | | | |
| 4 | Benefits paid to or for members | } | | | | |
| 5 | Compensation of current officers, directors, | | | | | |
| | trustees, and key employees | | | | | |
| 6 | Compensation not included above, to disqualified | | , | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | |
| 7 | Other salaries and wages | 189,501 | 145,710 | 43,791 | | |
| a | Pension plan accruals and contributions (include | | | | | |
| | section 401(k) and 403(b) employer contributions) | ļ | | | | |
| 9 | Other employee benefits | | | | | |
| 10 | Payroll taxes | 14,323 | 10,973 | 3,350 | | |
| 11 | Fees for services (non-employees): | | | | | |
| а | Management | _ _ | | | | |
| þ | Legal | | | | ·· - · · · · · · · · · · · · · · · · · | |
| C | Accounting | 5,370 | 5,370 | · | | |
| ď | Lobbying | | an managan ang mangan ang mangan ang | Grananti in anno anno anno anno anno anno anno | | |
| 8 | Professional fundralsing services. See Part IV, line 17 | | | | | |
| f | Investment management fees | | | | | |
| g | Other. (If the 11g amount exceeds 10% of line 25, column | | 0 500 | | | |
| | (A) amount, But time 11g expenses on Schedulo (A) | 2,502 | 2,502 | | <u> </u> | |
| 12 | Advertising and promotion | 4 - 4 | 4 400 | | | |
| 13 | Office expenses | 1,477 | 1,477 | | | |
| 14 | Information technology | | | | | |
| 15 | Royaltles | 6 006 | 6 026 | | | |
| 16 | Occupancy | 6,036 | 6,036 | | | |
| 17 | Travel | 4,163 | 4,163 | | | |
| 18 | Payments of travel or entertainment expenses | | | | | |
| | for any federal, state, or local public officials | | | | | |
| 19 | Conferences, conventions, and meetings | 213 | 213 | | | |
| 20 | Interest | 9,804 | 9,804 | | | |
| 21 | Payments to affiliates | 3,284 | 3,284 | <u> </u> | | |
| 22 | Depreciation, depletion, and amortization | 13,139 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 23 | Insuranco | 13,139 | 13,139 | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | | |
| | above (List miscallaneous expenses in line 24e. If | | | | | |
| | the 24e amount exceeds 10% of line 25, column | | | | | |
| _ | (A) amount, list line 24e expenses on Schedule O.) MINISTRY EVENT EXPENSES | 7,632 | 7,632 | | | |
| 8 L | THLEPHONE EXPENSE | 1,670 | 1,670 | | | |
| p - | TRAINING | 436 | 436 | | | |
| ر 2 | PROFESSIONAL EXPENSES | 419 | 419 | | | |
| d | *************************************** | 526 | | | 273 | |
| 9 25 | All other expenses Total functional expenses, Add Mee 1 Brough 24e | 260,895 | 213,481 | 47,141 | 273 | |
| 25 26 | Joint costs. Complete this line only if the | 200,095 | 74U, 4UL | 31/232 | 213 | |
| ΔU | organization reported in solution (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ If following SOP 98-2 (ASC 968-720) | | | | | |
| DAA | | | | | Form 990 (2018) | |

| | | Check if Schedule O contains a response or note | to any | line in this Part X | | | |
|-----------------------------|-----|--|---------------|---|--|-------|--|
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | ļ | End of year |
| | 1 | Cash—non-interest bearing | | | 26,585 | 1 | 16,634 |
| | 2 | Savings and temporary cash investments | | | 20,619 | | 35,686 |
| | 3 | Pledges and grants receivable, net | • • • • • • | • | | 3 | |
| | 4 | | | | 728 | | 1,898 |
| | 5 | Loans and other receivables from current and former off | | | | | |
| | ١ | trustees, key employees, and highest compensated emp | | | | | Programme and the |
| | 1 | | | | (3-9-9-10-1055-x >>>-85.25(AUT-24-46 | 5 | |
| | | Complete Part II of Schedule L Loans and other receivables from other disqualified pers | | a defined under conton | | 1000 | |
| | 6 | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), | | | | | |
| | 1 | sponsoring organizations of section 501(c)(9) voluntary | | | | 22.22 | |
| ets | | organizations (see instructions). Complete Part II of Sch | | | | 8 | |
| Assets | 7 | Notes and loans receivable, net | • • • • • • • | | | 7 | |
| 4 | 8 | Inventories for sale or use | | | | В | · · · · · · · · · · · · · · · · · · · |
| | 9 | Prepald expenses and deferred charges | r | ····· | ************************************** | 9 | 88 (80 S S S S S S S S S S S S S S S S S S S |
| | 10a | Land, buildings, and equipment: cost or | | 400 400 | | | |
| | [| other basis. Complete Part VI of Schedule D | 10a | 126,190 | | | |
| | b | Less: accumulated depreciation | 10b | 63,903 | 65,171 | 10c | 62,287 |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | *********** | | 12 | |
| | 13 | Investments-program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | ***************** | | 14 | |
| i | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34 |) | | 113,103 | 18 | 116,505 |
| | 17 | Accounts payable and accrued expenses | | | | 17 | |
| | 18 | Grants payable | | | | 1B | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account ilability. Complete Part IV of | Sche | dule D | | 21 | |
| ν _α | 22 | Loans and other payables to current and former officers, | | | | | |
| Liabilities | | trustees, key employees, highest compensated employe | os, an | d | | | |
| ab) | | disqualified persons. Complete Part II of Schedule L | | **!** | | 22 | |
| 1 | 23 | Secured mortgages and notes payable to unrelated third | partle | s , , , , , , , , , , , , , , , , | 5,927 | 23 | 1,340 |
| | 24 | Unsecured notes and loans payable to unrelated third pa | rties _ | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to | relate | ed third | ł | | |
| | | parties, and other liabilities not included on lines 17-24). | Compl | ete Part X | } | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 5,927 | 26 | 1,340 |
| | | Organizations that follow SFAS 117 (ASC 958), check | here | ▶ 🗓 and | | | |
| ş | | complete lines 27 through 29, and lines 33 and 34. | | | 107,176 | | |
| ğ | 27 | Unrestricted net assets | | ****** | 107,176 | 27 | 100,144 |
| Bal | 28 | Temporarily restricted net assets | | | | 28 | 15,021 |
| Ę | 29 | Permanently restricted net assets | | | | 29 | |
| F | | Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958) | , choc | k here 🕨 🔲 and | | | |
| ŏ | | complete lines 30 through 34. | | | | | |
| et s | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| 3 | 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 | |
| ~ | 33 | Total net assets or fund balances | | | 107,176 | | 115, 1.65 |
| | 34 | Total liabilities and net assets/fund balances | <u>.</u> | | 113,103 | 34 | 116,505 |
| | | | | | | | Form 990 (2016) |

| Form | 1990 (2016) YOUTH FOR CHRIST COLUMBUS 47-0846026 | | | Pag | ge <u>12</u> |
|----------|---|------|-------------|----------------|--------------|
| | Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | 112122 | | Л |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 5 8 , (| |
| 2 | Total expenses (must equal Part IX, column (A), Ilne 25) | 2 | 26 | | B95 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 989 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | <u> 1,0</u> |)7 ,: | 176 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 (expiain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 11 | 15,3 | 165 |
| Pa | Financial Statements and Reporting | | | | |
| ******** | Check if Schedule O contains a response or note to any line in this Part XII | | | , | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIED | CASH | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | ~~ |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an Independent accountant? | | 2a | X | * / V |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | *** | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | XI vai |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an Independent accountant? | | 2ь | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | , | | ôš; | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | No. | | |
| ¢ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | [] | | |
| | of the audit, review, or complication of its financial statements and selection of an independent accountant? | | _2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a foderal award, was the organization required to undergo an audit or audits as set forth in | | { | Ī | |
| | the Single 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 | | Π | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | l | |
| | | | Form | 990 | (2018) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treesury Internal Revenue Service Name of the organization

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. YOUTH FOR CHRIST COLUMBUS Employer Identification number

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name,

47-0846026 C/O DARLA NEEMEYER Reason for Public Charity Status (All organizations must complete this part.) See Instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An agricultural research organization described in section 170(b)(1)(A)(bx) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or

10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to porform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s), You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d Type III non-functionally Integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see Instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations

| (i) Name of supported organization | (II) EIN | (III) Typo of organization (described on lines 1–10 above (see instructions)) | (Iv) is the organization listed in your governing document? | | listed in your governing | | listed in your governing | | (v) Amount of monetary support (see instructions) | (vi) Amount of Other support (see Instructions) |
|---------------------------------------|----------|---|---|----|--------------------------|--|--------------------------|--|---|---|
| | | | Yes | No | | | | | | |
| (A) | | | 1 | | | | | | | |
| (B) | | | | | | | | | | |
| C) | | | | | | | | | | |
| D) | | | | | | | | | | |
| E) | | | | | | | | | | |
| otal | | | | | | | | | | |

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

YOUTH FOR CHRIST COLUMBUS 47-0846026 Page 2 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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (d) 2015 (e) 2016 (b) 2013 (c) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not Include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 Calendar year (or fiscal year beginning in) (f) Total Amounts from line 4 Gross Income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net Income from unrelated business activities, whether or not the business Is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) Public support percentage from 2015 Schedule A, Part II, line 14 16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2015. 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-2016. 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-droumstances" test, check this box and stop here. Explain in Part V) how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ______ ▶ □ 10%-facts-and-circumstances test-2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

Instructions

Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization falled to qualify under Part II.
If the organization falls to qualify under the tests listed below, please complete Part II.)

| Ser | tion A. Public Support | | | | | | |
|------------|--|----------------------|---|----------------------|-----------------------|----------|---------------|
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2016 | (e) 2016 | (f) Total |
| 1 | Giffs, grants, contributions, and membership | | | | | | |
| | fees received. (Do not include any "musual grants.") | 290,182 | 272,444 | 295,928 | 260,129 | 246,216 | 1,364,899 |
| 2 | Gross receipts from edmissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's lax-exampt purpose | 32,946 | 16,631 | 14,984 | 7,566 | 22,434 | 94,561 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 6 | 323,128 | 289,075 | 310,912 | 267,695 | 268,650 | 1,459,460 |
| 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 | SPECIAL RESSET TRANS | 0.0000000000000000000000000000000000000 | | SSEV 8-736 & 1, 868 7 | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 1,459,460 |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fisca) year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | 323,128 | 289,075 | 310,912 | 267,695 | 268,650 | 1,459,460 |
| 10a | Gross income from Interest, dividends, payments received on securities loans, ronts, royalties and income from similar sources. | 117 | 50 | 96 | 104 | 71 | 438 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | *30 |
| c | Add lines 10a and 10b | 117 | 50 | 96 | 104 | 71 | 438 |
| 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 VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | 1 | l l | |
| | and 12.) | 323,245 | 289,125 | 311,008 | 267,799 | 268,721 | - 1,459,898 |
| 14 | First five years. If the Form 990 is for the | = | | 5 | | • • • • | , m |
| 800 | organization, check this box and stop her tion C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2016 (lino 8 | | | . (0) | | 15 | 40.05% |
| 16 | Public support percentage from 2016 Scho | | | | | | 99.97% |
| | tion D. Computation of Investme | | | <u> </u> | | 10 | 92,70% |
| <u> 17</u> | Investment Income percentage for 2016 (II | | | column (f)) | | 17 | % |
| 18 | Investment income percentage from 2015 | | 1 11 | | | امدا | % |
| 19a | 33 1/3% support tests—2016. If the organ | | | 14, and line 16 is a | more than 33 1/39 | | |
| | 17 is not more than 33 1/3%, check this bo | | | | | | > X |
| b | 33 1/3% support tests—2015. If the organ | - | - | • | | | |
| | line 18 is not more than 33 1/3%, check th | | | | | | ▶ 🔲 |
| 20 | Private foundation. If the organization did | i not check a box or | n Ins 14, 19a, or 1 | 9b, check this box | and see instruction | ons | ▶□ |

Part W Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," expiain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," enswer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (II) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule I, (Form 990 or 990-EZ),
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified porsons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b bolow.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Parent of Supported Organizations. Answer (a) and (b) below.

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this rogard.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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| Check here if the organization salisfied the infegral Part Test as a qualifying frust on Nov. 20, 1970 (expiain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must combiete Sections A through E. Section A - Adjusted Net Income | Schedule A (Form 990 or 890-EZ) 2018 YOUTH FOR CHRIST COLUMBUS | | 47-0846 | 026 | Page 6 |
|--|--|---------|-----------------------------|---|---------------|
| Instructions. All other Type III non-functionally integrated supporting organizations must comolete Sections A through E Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1. Net short-term cepital gain 2. Recovertes of prior-year distributions 3. Other gross income (see instructions) 3. Other gross income (see instructions) 4. Add tines 1 through 3. 5. Depredation and depletion 5. Portion of operating expenses peld or Incurred for production or collection of gross income or for management, conservation, or meintreannes of property held for production of income (see instructions) 6. Portion of operating expenses peld or Incurred for production or collection of gross income or for management, conservation, or meintreannes of property held for production of income (see instructions) 7. Other expenses (see instructions) 8. Adjusted Net Income (subtract lines 5, 6 and 7 from line 4), 8. Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (cottonal) 1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a. Average monthly value of securities b. Average monthly value of securities c. Fair market value of other non-exempt-use assets 1b. c. Discount claimed for blockage or other factoric (explain in detail in Part VI): 2. Acquisition Indefitedness applicable to non-exempt-use assets 2. Subtract Mez From line 1d. 3. 3. Subtract Mez From line 1d. 4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for groater amount, see instructions). 5. Net value of non-exempt-use assets (subtract line 4 from line 3) 6. Multiply line 5 by .035. 7. Recoveries of prior-year distributions 8. Minimum asset Amount (add line 7 to line 6) 8. Minimum asset amount for prior year (from Section A, line 8, Column A) 9. Enter greater of line 2 or line 10. 9. Current Year 1. Adjusted net Income for prior year (f | | | | | |
| Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1. Net short-term capital gain 2. Recoveries of prior-year distributions 3. Other gross income (see instructions) 3. Other gross income (see instructions) 4. Add times 1 through 3. 5. Depredation and depletion 6. Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7. Other expenses (see instructions) 7. Other expenses (see instructions) 7. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 8. Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8. Section B - Minimum Asset Amount (A) Prior Year ((aptional)) 1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 8. A Average monthly value of securities 9. Fair market value of other non-exempt-use assets 10. Captional (1d Captional) 1. Total (add lines 1a, 1b, and 1c) 1. Descount claimed for blockage or other factors (excitein indebtedness applicable to non-exempt-use assets 2. Acquisition indebtedness applicable to non-exempt-use assets 2. Acquisition indebtedness applicable to non-exempt-use assets 3. Subtract line 2 from line 1d. 4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5. Net value of non-exempt-use assets (subtract line 4 from line 3) 6. Multiply line 5 by , 035. 7. Recoveries of prior-year (from Section A, line 8, Column A) 7. Adjusted ret Income for prior year (from Section B, line 8, Column A) 7. All informance of income for prior year (from Section B, line 8, Column A) 7. Enter greater of line 2 or line 3. 7. Hintimum asset amount for prior year (from Section B, line 8, Column A) 7. Enter greater of line 2 or line 3. 7. Hintimum asset amount for prior year (from Section B, line 8, Column A) 7. Enter greater of line 2 o | | | | | |
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| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthity value of secutities b Average monthity vash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoverlas of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | | | (A) Prior Year | , , | |
| Instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash belances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part Vi): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Mutibly line 5 by ,035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net Income for prior year (from Section A, line 8, Column A) 2 Enter 86% of line 1, 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | Aggregate fair market value of all non-exempt-use assets (see | 28/4 | | | W. 7.78 |
| b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recovertes of prior-year distributions 7 Recoveres of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | | | | | |
| b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recovertes of prior-year distributions 7 Recovertes of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | a Average monthly value of securities | 1a | I | 100 g 311 11 11 11 11 11 11 11 11 11 11 11 11 | 2002:0007 |
| Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition Indetitedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | | 1b | | | |
| d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part Vi): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoverlas of prior-year distributions 7 Ninimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net Income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | | 1c | | | |
| e Discount claimed for blockage or other factors (explein in detail in Part VI): 2 Acquisition Indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | 1d | | | |
| factors (explain in detail in Part VI): 2 Acquisition Indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recovertes of prior-year distributions 7 Recovertes of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net Income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1, 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | | | | | |
| Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoverlas of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 8) 8 Section C - Distributable Amount 1 Adjusted net Income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | • | | | | |
| 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoverles of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net Income for prior year (from Section A, line 8, Column A) 2 Enter 86% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 4 | | 2 | | 112 00 300 100 | 11-770-0-3473 |
| see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoverles of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | | 3 | | | |
| see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoverles of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | , | 1 | | | |
| 6 Multiply line 5 by .035. 6 7 Recoverles of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net Income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 | the state of the s | 4 | ļ | | |
| 6 Multiply line 5 by .035. 6 7 Recoverles of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net Income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 | 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net Income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 | | 6 | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net Income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | | 7 | | | |
| 1 Adjusted net Income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 4 | 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. | Section C - Distributable Amount | | | Current Yes | ar |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 4 | 1 Adjusted net Income for prior year (from Section A, line 8, Column A) | 1 | | | |
| 4 Enter greater of line 2 or line 3. | 2 Enter 85% of line 1. | 2 | | | |
| 4 Enter greater of line 2 or line 3. | 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | |
| *************************************** | 4 Enter greater of line 2 or line 3. | 4 | | | |
| | | 5 | | | |
| 6 Distributable Amount, Subtract line 5 from line 4, unless subject to | | | | | |
| emergency temporary reduction (see instructions). | • | 6 | | | |
| 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | Гуре II | i supporting organization (| 500 | |
| Instructions). | | | | | |

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2010

b Excess from 2013
c Excess from 2014
d Excess from 2015

e Excess from 2016

| Schedule A (For | m 990 or 990-EZ) 2016 | YOUTH FOR | CHRIST | Columbus | 47-08460 | 2.6 Page 8 |
|-----------------|---|--|--|---|---|---|
| Part.Vi. | Supplemental Info III, Ilne 12; Part IV, B, lines 1 and 2; Pa | ormation. Provid Section A, lines art IV, Section C, | e the explanation of the explana | ations required b 4b, 4c, 5a, 6, 9a, V, Section D, line | y Part II, line 10; Part II, line 17 9b, 9c, 11a, 11b, and 11c; Pal es 2 and 3; Part IV, Section E, | a or 17b; Part t IV, Section Ines 1c, 2a, 2b, |
| | 3a and 3b; Part V, I lines 2, 5, and 6. Al | line 1; Part V, Se so complete this | ction B, line part for any | 1e; Part V, Secti additional inform | on D, lines 5, 6, and 8; and Par ation. (See instructions.) | t V, Section E, |
| | | | | | | |
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DAA

Schedule A (Form 090 or 900-EZ) 2016

SCHEDULE D (Form 990)

DΛΛ

Department of the Tressury Internal Revenue Service Name of the amenication

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public hispection

| Y | OUTH FOR CHRIST COLUMBUS | | | |
|--------|---|--|---------------------------------|--|
| | O DARLA NEEMEYER | 47-0846026 | | |
| | Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on I | nds or Other Similar Funds or . Form 990, Part IV, line 6. | Accounts. | |
| | | (a) Donor advised funds | (b) Funds and other accounts | |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in writing that | t the assets held in donor advised | | |
| | funds are the organization's property, subject to the organization's excl | usive legal control? | ☐ Yes ☐ No | |
| 6 | 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 done | | | |
| _ | conferring impermissible private benefit? | | Yes No | |
| ğΡ. | ள்கில் Conservation Easements. | | | |
| | Complete If the organization answered "Yes" on I | Form 990, Part IV, line 7. | | |
| 1 | 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 a historically imp | | |
| | Protection of natural habitat | Preservation of a certified histori | lc structure | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conse. | rvation contribution in the form of a cons | ervation | |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year | |
| 8 | Total number of conservation easements | | | |
| b | Total acreage restricted by conservation easements | | 26 | |
| C | Number of conservation easements on a certified historic structure incl | | 2c | |
| d | | | | |
| | historic structure listed in the National Register | *************************************** | | |
| 3 | Number of conservation easements modified, transferred, released, ex | tinguished, or terminated by the organiza | ation during the | |
| | tax year ▶ | _ | | |
| 4 | Number of states where property subject to conservation easement is i | | | |
| 5 | Does the organization have a written polloy regarding the periodic mon | | | |
| | violations, and enforcement of the conservation easoments it holds? | *************************************** | Yes No | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling o | f violations, and enforcing conservation ϵ | easements during the year | |
| | • | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violation | ations, and enforcing conservation easer | ments during the year | |
| | > \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy t | | | |
| | and section 170(h)(4)(B)(fi)? | | | |
| 8 | In Part XIII, describe how the organization reports conservation easeme | • | • | |
| | balance sheet, and include, if applicable, the text of the footnote to the | organization's financial statements that o | describes the | |
| 2240 | organization's accounting for conservation easements. Organizations Maintaining Collections of Art, | Ulatariani Transissa au Othan | Divilor Asset | |
| | Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F | | Sumar Assets, | |
| 40 | If the organization elected, as permitted under SFAS 116 (ASC 958), in | | halanca shaot | |
| 18 | works of art, historical treasures, or other similar assets held for public | • | | |
| | public service, provide, in Part XIII, the text of the footnote to its financial | | | |
| ь | If the organization elected, as permitted under SFAS 116 (ASC 958), to | | | |
| D | works of art, historical treasures, or other similar assets held for public | • | | |
| | public service, provide the following amounts relating to these items: | Commission or control of the control | orano di | |
| | | | ▶ \$ | |
| | (I) Revenue included on Form 990, Part VIII, line 1 | | | |
| 2 | (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 color as | pulde the | |
| 4 | following amounts required to be reported under SFAS 116 (ASC 958) | - · · · · · · · · · · · · · · · · · · · | 04140 ¢ 10 | |
| | | | b \$ | |
| d h | Revenue included on Form 990, Part VIII, line 1 | *************************************** | > \$ | |
| Ear I | Assets Included In Form 990, Part X | | Schedulo D (Form 990) 2016 | |

| Sche | dule D (Form 990) 2016 YOUTH FC | OR CHRIST C | OLUMBUS | 3 | 47-08460 | 26 | Page 2 |
|------------|---|--|------------------|---|---|---|---------------------|
| 201111111 | Organizations Maintaini | | | | | | |
| 3 | | | | | | | |
| 8 | Public exhibition | a□ | Loan or exch | nange ninaggge | | | |
| b | | | | | | | |
| C | Preservation for future generations | ب ٠ | OBIO! | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 4 | Provide a description of the organization's | collections and expla | in how they fu | riber the omanization | e avenu in Inmere e' | in Part | |
| 7 | XIII. | CONCUSTO OF IT OVER | | in the cigal institution | a averable becker | , 11, 1 601 | |
| 5 | During the year, did the organization solici | enofisench evieces | of art. historic | cal treasures, or other | similar | | |
| • | assets to be sold to raise funds rather than | | | | | | Yes No |
| P | ft V Escrow and Custodial A | | <u> </u> | , ag 1223, 1011 0 201, 00110). | * | | . [] 100 [110 |
| erener. | Complete if the organization | | " on Form | 990. Part IV. line | 9. or reported : | an amount | on Form |
| | 990, Part X, line 21. | | | ,,, | -, w p | | -11.7 -11.1. |
| 12 | Is the organization an agent, trustee, custo | dian or other interme | dary for contr | fbutions or other asse | is not | | |
| | Included on Form 990, Part X? | | | | | | ☐ Yes ☐ No |
| ь | If "Yes," explain the arrangement in Part X | | | | | • | |
| | | · | • | | | | Amount |
| С | Beginning balance | | | | | 10 | |
| d | Additions during the year | | | *************************************** | | 1d | |
| | Distributions during the year | | | | | | |
| f | | | | | | | |
| 2a | Did the organization include an amount on | Form 990, Part X, lin | e 21, for escro | w or custodial accou | nt liebility? | | Yes No |
| | If "Yes," explain the arrangement in Part X | | | | | | |
| ₽å | mV Endowment Funds. | | | | | | |
| | Complete if the organization | on answered "Yes | on Form | 990, Part IV, line | 10. | | · |
| | | (a) Current year | (b) Prior | year (c) Two ye | ars back (d) Ti | ree years back | (e) Four years back |
| | Beginning of year balance | | ļ | | | | |
| b | Contributions | | | | | | ļ |
| ¢ | Net Investment earnings, gains, and | | | ľ | | | |
| | losses | | <u> </u> | | | ···· | |
| d | Grants or scholarships | ······································ | | | | | |
| 8 | Other expenditures for facilities and | | | | | | |
| | programs | | | | | | |
| f | Administrative expenses | | ļ | | | | |
| | End of year balance | | | | | | <u> </u> |
| | Provide the estimated percentage of the cu | | e (Ilne 1g, col | umn (a)) held as: | | | |
| | Board designated or quasi-endowment | | | | | | |
| | Permanent endowment ► % | | | | | | |
| C | Temporarily restricted endowment ▶ | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sh | | | | | | |
| 3 a | Are there endowment funds not in the poss | ession of the organiz | adon unatare i | heid and administere | d for the | | [,] |
| | organization by: | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | la-uni |
| 1. | (ii) related organizations | vollana lietad on tonu | lead on Cahad | lula D O | | | . 3a(II) |
| | If "Yes" on line 3a(il), are the related organi | | | | | *********** | . [3b] |
| | Describe in Part XIII the Intended uses of the Land, Buildings, and Equ | | owine in Tunus | · | | | |
| | Complete if the organization | | " on Form (| anil Wheel App | 11a See Form | 990 Part | Y line 10 |
| | Description of property | (a) Cost or other | | (b) Cost or other beats | (c) Accumulate | | (d) Book value |
| | Descripation of property | (lavesiment) | | (other) | depreciation | | (a) cook serve |
| 10 | l and | | | | | | 7,222 |
| | Land | | | 82,375 | 2:32:11:311:32:25:77: 11222 | ,514 | 53,861 |
| D | Buildings | | | 02,0,0 | | , | 00,001 |
| | Equipment | | | 36,593 | 35 | ,389 | 1,204 |
| | Other | | | | | <u>, = = = </u> | -1203 |
| | . Add lines 1a through 1e. (Column (d) must | | t X. column /F | 3), line 10c.\ | l | | 62,287 |
| . 0.01 | The most of the ability to the second to the second | | | 77 | ********* | · · · · · · · · · · · · · · · · · · · | <u> </u> |

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 ...

Schedule D (Form 990) 2016

OAA

| | edule D (Form 990) 2016 YOUTH FOR CHRIST COLUMBUS | | <u>47-084602</u> | .6 | Page 4 |
|---------|--|-----------------------|---|-----------------|--------------------|
| 8 | Reconciliation of Revenue per Audited Financial Statem | ents W | Ith Revenue per Re | turn. | |
| , | Complete if the organization answered "Yes" on Form 990, F | art IV. | line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part Vill, line 12: | ******** | ************ | | |
| | Net unrealized gains (losses) on investments | 2a | | | |
| h | Donated services and use of facilities | 2b | | | |
| ~ | Recoverles of prior year grants | 2c | | | |
| ď | Other (Describe in Part XIII.) | 2d | | | |
| u | Add then 3n through 3d | Lau | | | |
| 3 | Add Ilnes 2a through 2d | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2e | |
| | Subtract fine 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | η | | 3 2 | |
| 4 | | 1.1 | | | |
| a | *************************************** | | | | |
| | Other (Describe in Part XIII.) | | | | |
| _ | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | |
| #P(| Reconciliation of Expenses per Audited Financial Statem | | | leturn | l. |
| | Complete if the organization answered "Yes" on Form 990, P | art IV, | line 12a. | | |
| 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: | | | 3 | |
| В | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2¢ | | | |
| d | Other (Describe in Part XIII.) | 20 | | | |
| | Add lines 2a through 2d | | | 2e | |
| 3 | | * • • • • • • • • • • | | 3 | |
| | Amounts Included on Form 990, Part IX, line 25, but not on line 1: | 7 | | | - |
| | Investment expenses not included on Form 990, Part VIII, line 7b | امها | ļ | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| | 4.4.4 No 4.5 | | | 4c | |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | •••••• | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5 | |
| | 所义部 Supplemental Information. | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | / Ilnes 1 | h and the Port V. Ilna 4: Pe | 2rt V Br | <u> </u> |
| | rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | | | 311.74 MI | r o |
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| Schedule D | (Form 990) 2016 | YOUTH | FOR CHRIST | COLUMBU | <u>s</u> | 47-0846026 | Page 5 |
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| Part XIII | Suppleme | ntal Informa | ation (continued | 2 | | | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization enswered "Yea" on Form 980, Part IV, line 17, 18, or 18, or 18 the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1845-0047

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Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service YOUTH FOR CHRIST COLUMBUS Name of the organization Employer Identification number C/O DARLA NEEMEYER 47-0846026 Fundralsing Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply, a Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solic/tations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundralsers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization. ((II) bid tund-(v) Amount paid to (vi) Amount paid to raiser have (f) Name and address of Individual (Iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundralser) from activity fundralser listed in organization control of contributions' col. (I) Yes No 10 Total List all states in which the organization is registered or licensed to solidit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PHONE-A-THON BANQUET NONE (add col. (a) through (event type) (total number) oci. (c)) (eveni type) 51,060 30,490 1 Gross receipts 81,550 2 Less: Contributions 51,060 30,490 81,550 3 Gross income (line 1 minus 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 237 237 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 237 -237 than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming olingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 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 conducts gaming activities:
a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: b If "Yes," explain:

| Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No indicate the percentage of gaming activity conducted in: In the organization's facility 13a % An outside facility 13b % Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address Yes No If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ and the Address Addr | Sche | edule G (Form 990 or 990-EZ) 2016 YOUTH FOR CHRIST COLUMBUS | 47-0846026 Page 3 |
|--|------|--|---|
| 2 Is the organization a granter, beneficiary or dusines or a trial or a perindent or chartest printed to administer chartests gaming? Yes No Indicate the personniage of gaming activity conducted fix: 13a % 13b | 11 | Does the organization conduct gaming activities with nonmembers? | Yes No |
| 13 Indicate the percentage of garning activity conducted in: The organization's facility. An outside facility. Enter the name and address of the person who prepares the organization's garning/epodulal events books and records: Name ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives garning revenue? If "Yes," enter the amount of garning revenue received by the organization is colven garning revenue received by the organization is a most of garning revenue received by the organization is a most of garning revenue received by the organization is a most of garning revenue received by the organization is a most of garning revenue received by the organization is a most of garning revenue received by the organization is a most of garning revenue received by the organization is a most of garning revenue received by the organization is a most of garning revenue received by the organization organization organization organization required under state level to designate the properties of the percentage of the | 12 | is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity | |
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Tressury Internal Rovenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer Identification number YOUTH FOR CHRIST COLUMBUS

47-0846026 C/O DARLA NEEMEYER FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 990 REVIEWED BY EXECUTIVE DIRECTOR PRIOR TO SIGNING. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC