Return of Organization Exempt From Income Tax

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

2017

Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Teasury Internal Revenue Service Go to www.irs gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18D Employer Identification number YOUTH FOR CHRIST COLUMBUS Check if applicable C Name of organization C/O DARLA NEEMEYER Address change Doing business as 47-0846026 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/sulte 402-564-3700 2809 13TH STREET Initial return Final return City or town, state or province, country, and ZIP or foreign postal code terminated COLUMBUS NE 68602-1994 264,729 G Gross receipts \$ Amended return Name and address of principal officer H(a) is this a group return for subordinales? Application pending KATIE LOSEKE 25299 355TH STREET H(b) Are all subordinates included? if "No." attach a list (see instructions 68653 PLATTE CENTER X 501(c)(3) 501(c) ( 4947(a)(1) or (Insert no ) YFCCOLUMBUS.COM H(c) Group examplion number Form of organization: X Corporation Trust Association Year of formation: 1998 M State of legal domicile. Summary 1 Briefly describe the organization's mission or most significant activities: FAITH BASED YOUTH ORGANIZATION 2 Check this box ► 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, Ilne 1a) 4 Number of Independent voting members of the governing body (Part VI, line 1b) 6 4 12 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 125 6 Total number of volunteers (estimate if necessary) 6 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 246,216 253,175 8 Contributions and grants (Part VIII, line 1h) 13,072 10,753 9 Program service revenue (Part VIII, line 2g) 471 70 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,125 531 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 268,884 264,529 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 400 1,200 13 Grants and similar amounts paid (Part IX, column (A), lines 1~3) 14 Benefits paid to or for members (Part IX, column (A), line 4) ሰ 203,824 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 215,967 16a Professional fundralsing fees (Part IX, column (A), line 11e) .... b Total fundraising expenses (Part IX, column (D), line 25) 56,671 51,842 17 Other expenses (Part IX, column (A), lines 11a-11g 18 Total expenses. Add lines 13-17 (must equal Part) 260,895 269,009 7,989 19 Revenue less expenses. Subtract line 18 from lig -4,480Beginning of Current Year End of Year 5 116,505 20 Total assets (Part X, line 16) 110,685 ,340 21 Total liabilitles (Part X, line 26) 0 115,165 110,685 22 Net assets or fund balances. Subtract line 21 from line Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying selfectures and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of office Sign EXECUTIVE DIRECTOR KATIE LOSEKE Here Type or print name and title PTIN Print/Type preparer's name Check Paid self-employed P01079694 ADAM D ELM

SCHUMACHER SMEJKAL BROCKHAUS & HERLEY

27TH STREET

COLUMBUS, NE 68602-0280 Firm's address May the IRS discuss this return with the preparer shown above? (see instructions)

P. O. BOX 280, 3403

402-564-1366 X Yes

Mrgz

Firm's EIN

PC

Form 990 (2017)

47-0552214

For Paperwork Reduction Act Notice, see the separate instructions.

Preparer

**Use Only** 

Firm's name

orm 990 (2017) TOOTH FOR CHRI		47-0846026	Page Z
	Service Accomplishments	and Para to 4 to Book 1911	₹ •
		any line in this Part III	
1 Briefly describe the organization's mission			~
FAITH BASED YOUTH ORG	ANIZATION		
•			
		********* - ** ** **** * **************	
		· · · · · · · · · · · · · · · · · · ·	
2 Did the organization undertake any signif			
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on	Schedule O.		
3 Did the organization cease conducting, or	r make significant changes in how	it conducts, any program	
services?			Yes X No
If "Yes," describe these changes on Scho			
4 Describe the organization's program serv	ice accomplishments for each of it	s three largest program services, as meas	sured by
		ort the amount of grants and allocations to	-
the total expenses, and revenue, if any, f		•	,
,,,,,,,,			
4a (Code: ) (Expenses \$	236,357 including grants	s of \$ 1,200 ) (Reve	nue \$ 10,753)
TO FOSTER THE EDUCATION		OF ADEA VOIDE TH	inde \$
			•••• • • • • • • • • • • • • • • • • • •
THE SOCIAL BEHAVIORAL		ACTIVITY.	
CHILD ABUSE AND TEEN	PREGNANCY.		
4b (Code: ) (Expenses \$	including grants	s of \$ ) (Reve	nue \$
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	· · · · · · · · · · · · · · · · · · ·		
		i	**************************************
4c (Code: ) (Expenses \$	including grants	s of \$	nue \$ }
• • • • • • • • • • • • • • • • • • • •			** **********
			******
********* ** ** ******* ******* * ******	:	;	
· · · · · · · · · · · · · · · · ·			
			••••
4d Other program services (Describe in Scho	edule () )		
(Expenses \$	including grants of \$	) (Revenue \$	<b>\</b>
4e Total program service expenses ▶	236,357	γ (i coveride ψ	

Part W Checklist of Regulred Schedules

ABDG 6

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .... Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)? X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets In Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11<u>e</u> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b 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 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 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

**Checklist of Required Schedules** (continued) No Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 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 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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, Part III X Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filling thresholds, conditions, and exceptions); A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b 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 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Pert II. III. 34 X or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations Dld the organization make any transfers to an exempt non-charitable 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.

∴ P#	Statements Regarding Other IRS Filings and Tax Compliance			П
	<sup>c</sup> Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	K.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	];;;;;	1.43	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	760	و مُمَا	l Section
_	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a		33	.X2	37
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	[ ^ ^
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3.49	in c	53%
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Ī	x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶	(3.5)	2.3	15%
~	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	//, yex.	(900)	
	(FBAR).	3600	737,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	, , ,4	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1.00		<u> </u>
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		2.2.2	8.9,
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	2.3	للأعمين	[V.{./]
u	and services provided to the payor?	7a	,,,,,	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.2		
·	regulred to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70%	(7,5,0)	7.7
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	123	rş yı	W. 20
	sponsoring organization have excess business holdings at any time during the year?	8	i `	
9	Sponsoring organizations maintaining donor advised funds.	132	3535.	300
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ĺ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:	(0),X	3(4),80	ريدون
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			(XXXX)
а	Gross income from members or shareholders		1883	(3)
b	Gross Income from other sources (Do not net amounts due or pald to other sources			cz, ź
	against amounts due or received from them.)		\*\*\*	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		i .
b	If "Yes," enter the amount of tax-exempt Interest received or accrued during the year 12b	260		818.72
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		IÑ	
a	Is the organization licensed to Issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.	5357	္ပတ္သက္က	(°.45
ь	Enter the amount of reserves the organization is required to maintain by the states in which	[\frac{1}{2}]	<u></u>	
	the organization is licensed to issue qualified health plans	10000	ZŽŽ	Direct.
С	Enter the amount of reserves on hand	Territi	wiger!	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has It filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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? .... X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? X 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a X b Each committee with authority to act on behalf of the governing body? X 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually Interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compilance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?  $\overline{\mathbf{x}}$ 13 Did the organization have a written document retention and destruction policy? 14 X 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **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: DARLA NEEMEYER 2809 13TH STREET COLUMBUS NE 68601 \_\_\_\_402-564-3700

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ass pe	rson l lirecto	than one is both an ir/trustee)	י (	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizellons below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Enmer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)MARCIA MUHLE											
CHAIRMAN	1.00	x		x				0	0	0	
(2) AMY BLASER	<u> </u>						1				
	1.00	x		x			İ	0	o	o	
VICE CHAIR (3) DANIEL POTTER	0.00	^		^			$\dashv$		<u> </u>		
(0) 2121122 1 0 1 1 1 1	1.00										
SECRETARY	0.00	X		x				0	0	0	
(4) ADAM URKOSKI		Į									
TREASURER	1.00	x		x				0	0	o	
(5) JOHN HUMPHREY											
SARGEANT-AT- ARMS	1.00	x		x				0	o	o	
(6) BJ BARCEL	0.00				<del>                                     </del>		$\dashv$	<u> </u>			
MEMBER	1.00	x						0	0	0	
(7) KATIE LOSEKE								-			
EXECUTIVE DIRECTOR	40.00			x				54,704	0	O	
(8)								•			
(9)							_				
(10)							1				
(11)							7				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								,		

(A) Name and title -	Ave hou w (lis	(B) (C) Average Position hours per (do not check more than o box, unless person is both officer and a director/truste hours for 95500000000000000000000000000000000000						an ee)	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1098-MISC)	(F) Estimated emount of other compensation, from the	
	rel organ below	ated lizations v dotted ne)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11-21005-11100)	organization and related organizations	
										,		
				\								
										,		
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1b Sub-total	n sheets to P	 art VII, S	ectio	on A				<b>&gt; &gt;</b>	54,704 54,704			
	als (including	but not lir	nlted	to t				bove	) who received more than	\$100,000 of		
employee on line 1a? If For any individual listed organization and related Individual Did any person listed or	"Yes," completed on line 1a, is to design a line 1a, is to design a line 1a received."	te Sched the sum of greater t	ule J of rep than 	for sortal \$150 5000	such ble c ),000  ensa	India comp o? If 	vidu ens "Yes  from	al ation s, " co	oyee, or highest compensation or and other compensation or such that is a compensation or such person	from the	3 X 4 X 5 X	
Section B. Independent Con  Complete this table for		st compe	nsat	ed in	depe	ende	nt c	ontra	actors that received more t	han \$100.000 of		
compensation from the	organization. F (A) ame and business at	Report co	mpe	nsati	on fo	or the	e ca	lend	ar year ending with or with	in the organization's tax ye (B) Ion of sarvices	ar. (C) Compensation	
,	·											
						-						
2 Total number of indeper				<u> </u>	-4.8				P. A. J. J. San Francisco			

Part VIII Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII										
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
nts	1a	Federated campaigns	1a		36,700					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b							
N.A.	c	Fundraising events	1c		88,889					
Siff	d	Related organizations	1d							
ξĒ	е	Government grants (contributions)	1e_							
to T	f	All other contributions, gifts, grants,								
혈		and similar amounts not included above	1f		127,586					
	g	Noncash contributions included in lines 1a-	<b>1</b> f.	\$						
<u>0</u> 6	h	Total, Add lines 1a-1f	<u> </u>		<u> </u>	253,175	73.770.000	20.000	\$	
une					Buan, Code	Luma				
eye	2a	• • • • • • • • • • • • • • • • • • • •				5,414	·	<del></del>		
8	þ	SCHOLARSHIP FUND IN				2,490				
ڲ	C	MINISTRY EVENT INCO			<u> </u>	1,550	<del></del>	<del></del>		
လွ	d	MINISTRY EVENT INCO				895 275			<del></del>	
E.	e	EARN WHILE YOU LEARN				129		<del></del>	· <del></del>	
Program Service Revenue	T	All other program service rever	nue	• • • • • • • • • • • • • • • • • • • •	<b></b>		1		l Aimerikia esservica	
_	3	Total. Add lines 2a-2f	disådor	de Intere		10,133		T	######################################	
	3				:SI,	70			70	
	4	Income from investment of tax		nt bond o	roceeds	,,,			<del></del>	
	5	Royalties		pt bolla p	• • • • • • • • • • • • • • • • • • •					
		(I) Real	<u></u> -T	(ii) F	Personal			e46 2265330	78872 L. THE 1978	
	6a	Gross rents								
		Less rental exps								
	c	Rental inc or (loss)								
	d	Net rental income or (loss)			<b>&gt;</b>					
	7a	Gross amount from (1) Securities (II) Other sales of assets						2001/19/00/00/00		
		sales of assets other than inventory								
	b	Less cost or other		1						
		basts & sales exps								
		Gain or (loss)								
		Net gain or (loss)	٠.		<u> </u>	V. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	30345 775 07. ca	A - N - A - M - M - M - M - M - M - M - M - M	72	
9	8a	Gross income from fundraising ever								
enne,		(not including \$ 88,8								
æ		of contributions reported on line 1c).	٠							
Other Rev		See Part IV, line 18	· [		200					
ਰ		Less: direct expenses	Ju odlobo	ovente	200	-200		7275 C. (C. (C. (C. (C. (C. (C. (C. (C. (C.	\$\$\!\#\\$\$\$\$\$\$\$\$\$\$\\#\	
		Gross income from gaming activities		events .						
	- 5a	See Part IV, line 19	s. a							
	h	Less: direct expenses	. Б							
		Net income or (loss) from gami	L	livities		or W. Market Coloreda Coloreda Alexandria	9 00° 7.0000 "XX V X X X X X X X X X X X X X X X X X	0.0000	400.20%34.94 <del>00.38</del> 70.80.80.80.80.80.40.V	
		Gross sales of inventory, less	آ "							
		returns and allowances	а							
	b	Less: cost of goods sold	ь							
		Net income or (loss) from sales	s of Inv	ventory	. •					
		Miscellaneous Revenus			Busn. Code		7460km			
	11a	BUS DRIVE INCOME				400	400			
	b	PETTY CASH INCOME				331	331			
ļ	С									
	d				L			No. 4. 478 No. 181 Marrier	7 N WWW - 1 L. 27 72.	
	8	Total. Add lines 11a-11d			▶	731				
	12	Total revenue. See instruction	s		. <u></u> ▶_	264,529	11,484	0	70	

Form 990 (2017) YOUTH FOR CHRIST COLUMBUS
Part IX: Statement of Functional Expenses

	Statement of Functional Ex			<del></del>	<del></del>
Sec	ion 501(c)(3) and 501(c)(4) organizations must	complete all columns. All of	her organizations must co	mplete column (A).	· · · · · · · · · · · · · · · · · · ·
	Check If Schedule O contains a response include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ovherizes.	general expenses	
-	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				10 mg (50 1 mg )
_	individuals. See Part IV, line 22	1,200	1,200		
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		<del></del>		
5	Compensation of current officers, directors,			* / * . * 40/00/0 - 20/00/9854/10	<u> </u>
-	trustees, and key employees				
6	Compensation not included above, to disqualified		<del>-</del>		
	persons (as defined under section 4958(f)(1)) and	, ,			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	200,725	170,405	30,320	
8	Pension plan accruals and contributions (include		2,0,300	20,320	
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		·		<del></del>
10	Dourell toyon	15,242	12,923	2,319	
11	Fees for services (non-employees)			2,319	
	Management Legal				
		5,958	5,958		
	Accounting Lobbying	3,930			
		-			
f	Professional fundraising services. See Part IV, line 17		2 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bandara Araba Cara	- <u></u>
	Investment management fees	<del></del>		-	
g	•	2,898	2 000		
40	(A) amount, list line 11g expenses on Schedule O.)	2,090	2,898	<u> </u>	
	Advertising and promotion	1 270	1 070		
13	Office expenses	1,279	1,279	<u> </u>	
14	Information technology				
15	Royalties	0 026	0.026		-
16	Occupancy	8,836 3,156	8,836		
17	Travel		3,156		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		et 4		
20	Interest	14	14		
21	Payments to affiliates	8,558	8,558		
22	Depreciation, depletion, and amortization	2,449	2,449		<del>_</del>
23	Insurance	13,705	13,705		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)			\$0000000000000000000000000000000000000	
a	MINISTRY EVENT EXPENSES	4,677	4,677		
b	PUBLIC RELATIONS	150	150		
C	PETTY CASH EXPENSE	149	149		· · · · · · · · · · · · · · · · · · ·
d	MEDIA EXPENSE	13			13
е	All other expenses		<u> </u>		• • •
25	Total functional expenses. Add lines 1 through 24e	269,009	236,357	32,639	13
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and	.			,
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
DAA		- <del></del>			444

DAA

	`Check if Schedule O contains a response or note to any line In this Part X		(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		16,634	1	22,150
2	Savings and temporary cash investments		35,686		27,585
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		1,898	4	1,111
5	Loans and other receivables from current and former officers, directors,			Sinter Silah	
	trustees, key employees, and highest compensated employees.			Z 13	
	Complete Part II of Schedule L			5	
6	Loans and other receivables from other disqualified persons (as defined under sec	ction		3 //	142.65.1651455
•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employer				
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			37.00	
	organizations (see instructions) Complete Part II of Schedule L		,, a	6	
7	Notes and loans receivable, net			7	······································
l .				8	<del></del>
8	Inventories for sale or use	• •••	<u>.</u>	9	
9	Prepaid expenses and deferred charges			- or who	9.35.25.25.5
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 109	461			
Ι.		, 622	62,287	10c	59,839
I			02,207	11	33,033
11				12	····
12	Investments—other securities. See Part IV, line 11			13	
13	Investments—program-related. See Part IV, line 11				
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		116,505	15	110,685
16	Total assets. Add lines 1 through 15 (must equal line 34)	•	116,303		110,003
17	Accounts payable and accrued expenses		17		
18	Grants payable		18		
19	Deferred revenue		•	19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	1. 5 The state of
22	Loans and other payables to current and former officers, directors,			وفرز میں درجو	
	trustees, key employees, highest compensated employees, and			34.84	Swife will be to the to
1	disqualified persons. Complete Part II of Schedule L			_22	
23	Secured mortgages and notes payable to unrelated third parties		1,340	23	
24	Unsecured notes and loans payable to unrelated third parties			_24	
25	Other liabilities (including federal income tax, payables to related third				
}	parties, and other liabilities not included on lines 17-24). Complete Part X				
1	of Schedule D	. : .		25	
26	Total liabilities Add lines 17 through 25		1,340	26	(
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and				P\$(6.1)2(0900000000000000000000000000000000000
	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		100,144		103,798
28	Temporarily restricted net assets		15,021	. 28	6,887
29				29	<u> </u>
	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ a	and			
	complete lines 30 through 34.			1883 1883	
30	·			30	
31	Paid-in or capital surplus, or land, building, or equipment fund			31	
1	Retained earnings, endowment, accumulated income, or other funds			32	
32			11E 1CE		110,685
32 33	Total net assets or fund balances		115,165	_33	

	n 990 (2017) YOUTH FOR CHRIST COLUMBUS 47-0846026			Pa	ge <b>12</b>
Ρέ	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		·_ •	,	$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		264,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	<u>269, </u>	009
3	Revenue less expenses. Subtract line 2 from line 1	3		-4,	480
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	15,	165
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain 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	<u>j</u> 1	.10,	685
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash Accrual   Other MODIFI	ED CAS	<u>н</u> [ुुँ	a Contraction	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1 3 m	
	Schedule O.		17.5	1000	6K3)
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>	X	
	If "Yes," check a box below to Indicate whether the financial statements for the year were compiled or		( ,		R/2/3
	reviewed on a separate basis, consolidated basis, or both:			15.5	13.4
	Separate basis		ra;	#&&	
b	Were the organization's financial statements audited by an independent accountant?		2b	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		jij.	4588	
	separate basis, consolidated basis, or both		all		
	Separate basis Consolidated basis Both consolidated and separate basis		\$6 <sub>8</sub> .	1200	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		- F 5	2 5000	7.294
	Schedule O.		[m]	Salar	~ <u>}</u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	╄	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				İ
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form 990 (2017)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2017 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

YOUTH FOR CHRIST COLUMBUS C/O DARLA NEEMEYER

Employer identification number 47-0846026

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Partition 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 ...... An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 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)(ix) 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 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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. 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 III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see organization document? Instructions) instructions) above (see instructions)) (A) (B) (C) (D) (E)

**Total** 

		OTH FOR C				-0846026	Page 2
), P	art II _ Support Schedule for	Organizations I	Described in S	ections 170(b	)(1)(A)(iv) and	170(b)(1)(A)(vi	)
	(Complete only if you ch	ecked the box o	n line 5, 7, or 8	of Part I or if the	he organizatior	n failed to qualify	under (
	Part III. If the organization	on fails to qualify	under the test	s listed below, <sub>l</sub>	please complet	te Part III.)	
	ction A. Public Support			-	<del>.</del>		1
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Cife grante contributions and						
•	Gifts, grants, contributions, and membership fees received. (Do not						بر
	include any "unusual grants.")						
2	Tax revenues levied for the						
2	organization's benefit and either paid		1			]	
	to or expended on its behalf				1		
_							<del></del>
3	The value of services or facilities furnished by a governmental unit to the					/	
	organization without charge			ļ			
4	Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	<del></del>				
5	The portion of total contributions by	82288777777	5	33.7 ° 3.5 33.5 ° 42.		Carrier Park	
•	each person (other than a	N. C. C. C.	3 1375334	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	governmental unit or publicly	Section Complete Section 20			1877 ( SE 7 ? 1 ) in		
	supported organization) included on	- Balana	1632 6768				
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	<del>૽૽ૢ૽૽૽ૼૼઌઌ૽૽૽૽૽૽૽૽ૺ૿૽ૺઌ૽</del>	<del>ŢŢijŴĸŢŢijŴ</del>	<del>ŰŴŶŶŹŰŢŶŶŶŶ</del>		<del>1</del>	
	ction B. Total Support		E		1 / //// /	1 2 × 3 × 4200 0 1	···
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014 /	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 2010	(6) 2014	(6) 2010	(4) 2010	(e) 2017	(r) rotai
8	Gross income from interest, dividends.						<del></del>
O	payments received on securities loans,					ľ	
	rents, royalties, and income from						
	similar sources	<del></del>	,				
9	Net income from unrelated business						
	activities, whether or not the business	.   _/					
	is regularly carried on				ļ,	-	
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	/ <del> </del>	7 3 35 22 5 3 5 5	2 <b>( 3 3 3 3 3 3 3 3 3 3</b>	& Z	2 0 00 7 0 0 0 0 0 0 0 0	
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>		D. W. C. (8-05)	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for th		t, second, third, for	urth, or tifth tax yea	ar as a section 501	(c)(3)	
800	organization, check this box and stop he tion C. Computation of Public S	ere		········	<del></del>		
				(0)			
14	Public support percentage/for 2017 (line						<u>%</u>
15	Public support percentage from 2016 Sc. 33 1/3% support test—2017. If the orga	nedule A, Part II, lin	914			<u>15  </u>	%_
16a					33 1/3% or more, o	check this	
	box and stop here. The organization qua						▶ 📙
b	/				15 ls 33 1/3% or m		
4-	this box and stop here. The organization					·	▶ ∐
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization med						
	Part VI how the organization meets the *1	racts-and-circumsta	nces" test. The org	anization qualifies	as a publicly supp	ported	. —
	organization						▶ 📋
þ	10%-facts-and-circumstances test—20	116. If the organizati	on did not check a	box on line 13, 16	ia, 16b, or 17a, an	d 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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")	272,444	295,928	260,129	246,216	253 175	
_	, , , , , , , , , , , , , , , , , , , ,	2/2,444	293,926	200,129	240,210	253,175	1,327,892
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,631	14,984	7,566	22,434	11,484	73,099
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			:			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	289,075	310,912	267,695	268,650	264,659	1,400,991
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					<u> </u>	<del></del>
8	Public support. (Subtract line 7c from				O J Bys		
<del></del>	line 6.)		3-m31(	<u>ses s mên m vez felid</u>	<u> </u>		1,400,991
	tion B. Total Support	(=) g042	(%) 0044	/s) 004 <i>E</i>	(4) 0046	(-) 0047	(D.T.)
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	289,075	310,912	267,695	268,650	264,659	1,400,991
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	50	96	104	71	70	391
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	50	96	104	71	70	391
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	289,125	311,008	267,799	268,721	264,729	1,401,382
14	First five years. If the Form 990 is for the						1,401,302
•	organization, check this box and stop her	_					▶□
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2017 (line 8	, column (f) divided	by line 13, colum	n (f))		15	99.97%
16	Public support percentage from 2016 Scho					16	99.97 %
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2017 (li	ine 10c, column (f)	divided by line 13,	, column (f))		17	%
18	Investment income percentage from 2016					امدا	%
19a	33 1/3% support tests—2017. If the orga			14, and line 15 is	more than 33 1/39	%, and line	
	17 is not more than 33 1/3%, check this bo						<b>▶</b> 🗓
þ	33 1/3% support tests—2016. If the organ						
	line 18 is not more than 33 1/3%, check th	<del>-</del>	•		• • •	-	
20	Private foundation. If the organization did	i not check a box o	n line 14, 19a, or	19b, check this box	x and see instructi	ons	▶ ∐

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Part IV. Supporting Org **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.)

Sect	lon A. All Supporting Organizations	
		Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing	200 700 C. T.
	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.	1
2	Did the organization have any supported organization that does not have an IRS determination of status	2017/08/04/2017
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	
	organization was described in section 509(a)(1) or (2).	2
<b>3</b> a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2 To 12 (1) 12 12 12 12 12 12 12 12 12 12 12 12 12
	(b) and (c) below.	3a
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	· 73 30 2
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	
	organization made the determination.	3b
С	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.	3c
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.	4a 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70 V 8 4 7 7 6 7
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	- 1820 Albert (21, 28, 28)
	despite being controlled or supervised by or in connection with its supported organizations.	4b
С	Did the organization support any foreign supported organization that does not have an IRS determination	TO THE PROPERTY OF THE PARTY OF
·	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 .	4c \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	- <b>11 100000</b> 13 12
-	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	
	was accomplished (such as by amendment to the organizing document).	5a
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	VÁLES X. 1873
-	designated in the organization's organizing document?	5b
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	
•	, anyone other than (I) its supported organizations, (ii) individuals that are part of the charitable class benefited	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6
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 L (Form 990 or 990-EZ).	7
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).	8
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	88.29. 7.38. W. 8.7098
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	78.94 (7800 Daysons)
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	96
С	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.	9c
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	<u></u> 130033555549499 -
-	supporting organizations)? If "Yes," answer 10b below.	10a
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	\$50 as 15.75
~	determine whether the organization had excess business holdings.)	10b

Section	E.	Type II	Functionally	v-Inted	grated Su	pporting	ı Ore	canizations

•	Chook the box hext to the thether that the digentered to cately the hitegran at the transfer yet [ + - + - + - + - + - + - + - + - + - +
а	The organization satisfied the Activities Test Complete line 2 below.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

#### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- Parent of Supported Organizations Answer (a) and (b) below.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No					
2a		., , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2b							
3a_							
	\$3% (f)						
3b							

	Title greater of title 2 of title of		111.11.2141.6.6.6(4.1316.1611
	Income tax imposed in prior year	5	Carrier County (County)
	Distributable Amount. Subtract line 5 from line 4, unless subject to		
m	ergency temporary reduction (see instructions).	6	
	Check here if the current year is the organization's first as a non-functionally integrated 1	Гуре II	I supporting organization (see
	instructions).		

2

3

Schedule A (Form 990 or 990-EZ) 2017

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Minimum asset amount for prior year (from Section B, line 8, Column A)

Par	Type III Non-Functionally Integrated 509(a)(3) S		tions (continued)	OZO Fage 7
<del>, , , , , , , , , , , , , , , , , , , </del>	on D - Distributions	tions (continuos)	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purpos		- Julione Tour	
	Amounts paid to perform activity that directly furthers exempt purposes	-		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	· · · · · ·		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organiza	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u></u>		\
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		······································	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain In Part VI). See			Daileinia (* 1888)
	Instructions.	<del>૾૽ૹૢ૽૽૽ૹ૽ૡ૽૽૽ૢ૽ૡ૽૽ઌ૽૽ઌ૽૽ઌ૽૽ઌ૽૽ઌ૽૽ૢ૽ૢૹ૽ૢઌઌ૽૽ૢૺૹ૽</del> ૹ૽૽ૺૹ૽૽ૹ૽૽ૹ૽૽ૹ૽૽ૹ૽૽ૹ૽૽ૹ૽૽ૹ૽૽ૹ૽૽ૹ૽૽ૹ૽૽ૹ૽૽	<u> </u>	
3	Excess distributions carryover, if any, to 2017:		10.000000000000000000000000000000000000	20 20 20 20 20 20 20 20 20 20 20 20 20 2
		######################################		
	From 2013	<u> </u>		
	From 2014			
	From 2016	**************************************		
	Total of lines 3a through e	(5,7,7,7,744) ) > 3 (3/4/3/400)		
	Applied to underdistributions of prior years			20×20×20×20×20
	Applied to 2017 distributable amount			2.6
	Carryover from 2012 not applied (see Instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			March & washington But She sail
4	Distributions for 2017 from	La Maria Compression Sil		
	Section D, line 7: \$		**************************************	
а	Applied to underdistributions of prior years			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
b	Applied to 2017 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			TV DESTANT PRODUCTORS
	greater than zero, explain in Part VI. See instructions.		5	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
				<u> </u>
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			THE STATE OF THE S
	Excess from 2014			
	Excess from 2015			
				13 27 3 5 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Δ.	Evages from 2017	r v sa awkawa amay basan a kibat	1 ACO C ACA C & BARRETA TO DE CANARA (A	NAMES OF THE PARTY

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer Identification number YOUTH FOR CHRIST COLUMBUS C/O DARLA NEEMEYER 47-0846026 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissible private benefit? Part If Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d If the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements **※Pärt/用**) Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part Vill, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these Items: a Revenue included on Form 990, Part VIII, line 1 Assets Included In Form 990, Part X

ुÞ¢	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)							
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):							
а	Public exhibition	d ∏ Lo	an or exchange pro	grams				
b	Scholarly research		her					
c	Preservation for future generations					•• ••		
4	Provide a description of the organization's co	llections and explain h	ow they further the	organization'	s exempt purpose	in Part		
	XIII.							
5	During the year, did the organization solicit or	r receive donations of a	art, historical treasu	res, or other	similar		,	
	assets to be sold to raise funds rather than to		t of the organization	's collection	? <u></u>		Yes No	
Ş <sup>®</sup> Pê	Part V Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedian	y for contributions of	or other asse	ts not			
	included on Form 990, Part X?						Yes No	
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table <sup>,</sup>					
							Amount	
C	Beginning balance					10	<del></del>	
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo						☐ Yes ☐ No	
	If "Yes," explain the arrangement in Part XIII.	Check here if the expla	anation has been p	rovided on P	art XIII	• • • • • • • • • • • • • • • • • • • •		
XI <del>I</del> TA	Endowment Funds.  Complete if the organization	answered "Ves" o	n Form 000 Pa	rt IV line '	10			
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two yes		ree years back	(e) Four years back	
10	Paginning of year balance	(a) Guitem year	(b) Thoryear	(0) 140 )0	olo dade (d) ii	neo years back	(c) i dai yosis daak	
	Beginning of year balance Contributions		-					
	Net Investment earnings, gains, and			-				
	losses		<u> </u>		-			
	Grants or scholarships					<del></del>	<del> </del>	
е	Other expenditures for facilities and							
	programs						<del> </del>	
7	Administrative expenses						<del> </del>	
9	End of year balance	ent year end halance /l	ine 1g. column (a))	peld as:			<del></del>	
	Board designated or quasi-endowment		ine ig, colainii (a)/	11014 40.				
a h	Permanent endowment ▶ %							
c	Temporarily restricted endowment ▶	%						
•	The percentages on lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posses	='	n that are held and	administered	d for the			
	organization by:	•					Yes No	
	(i) unrelated organizations						3a(i)	
	**** * * * * * * * * * * * * * * * * * *						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza						3b	
_4_	Describe in Part XIII the intended uses of the	organization's endown	nent funds					
, Pa	TWI Land, Buildings, and Equip							
	Complete if the organization	answered "Yes" o						
	Description of property	(a) Cost or other basis	1	,	(c) Accumulat		(d) Book value	
		(investment)	(other	·	depreciation		7 000	
	Land						7,222	
	Buildings	ļ		82,375	30	,626	51,749	
	Leasehold improvements			10.064		006		
	Equipment			19,864	18	,996	868	
	Other	15 600 5 111	(5) " : :	<u> </u>			E0 020	
Total	. Add lines 1a through 1e. (Column (d) must ed	quai Form 990, Part X,	column (B), line 10	<i>(C.)</i>	<del> </del>	<u>., ,, ▶  </u>	<u>59,839</u>	

	Complete If the organization answered "Yes" on		ille Tib. See Form 990,	CITY, IIIO 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Malhod (	
(1) Financial	torivativas	<del> </del>	Cost or end-of-ye	ear market value
	eld equity interests			
(3) Other	· · · · · · · · · · · · · · · · · · ·			
(A)				<del></del>
(B)	······································			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				~
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Rart VIII	Investments—Program Related.	E 000 D	" 44 0 5 000	
	Complete if the organization answered "Yes" on (a) Description of investment			
	(a) Description of investment	(b) Book value	(c) Melhod of Cost or end-of-ye	
(4)			Cost or end-or-ye	a market value
(1)	· · · · · · · · · · · · · · · · · · ·			
(3)				
(4)			•	
(5)				<del></del>
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	South State Control
: Part IX	Other Assets.			- ···
	Complete if the organization answered "Yes" on I	orm 990, Part IV,	<u>line 11d. See Form 990, F</u>	Part X, line 15.
	(a) Description			(b) Book value
(1)		<del></del>	<del></del>	-
(2)				
(3)				
(4)				
(4)		;		
(5)				
(5) (6)				
(5) (6) (7)				
(5) (6) (7) (8)				
(5) (6) (7) (8) (9) Total. (Column	(b) must equal Form 990, Part X, col. (B) line 15.)			
(5) (6) (7) (8) (9) Total. (Column	Other Liabilities.			
(5) (6) (7) (8) (9) Total. (Column	Other Liabilities.  Complete if the organization answered "Yes" on I	Form 990, Part IV, I		990, Part X,
(5) (6) (7) (8) (9)	Other Liabilities.	Form 990, Part IV, I		990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" on I line 25.  (a) Description of Hability	Form 990, Part IV, I		990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities.  Complete if the organization answered "Yes" on I line 25.			990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" on I line 25.  (a) Description of Hability			990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" on I line 25.  (a) Description of Hability			990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal I (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" on I line 25.  (a) Description of Hability			990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" on I line 25.  (a) Description of Hability			990, Part X,
(5) (6) (7) (8) (9) Total. (Column Patt X 1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" on I line 25.  (a) Description of Hability	(b) Book value		990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" on I line 25.  (a) Description of Hability			990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" on I line 25.  (a) Description of Hability	(b) Book value		990, Part X,
(5) (6) (7) (8) (9) Total. (Column Fait X 1. (1) Federal I (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" on fine 25.  (a) Description of Hability Income taxes	(b) Book value		990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal I (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization answered "Yes" on I line 25.  (a) Description of Hability	(b) Book value	line 11e or 11f. See Form	

Schedule D	) (Form 990) 2017	YOUTH FO	R CHRIST C	OLUMBUS	4.	7-0846026	Page <b>5</b>
Part XI	Suppleme	ental Informatio					
			-				
			•••••	• • • • • • • • • • • • • • • • • • • •			•• ••• •••••
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## SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest Instructions.

OMB No. 1545-0047

Open to Public 1000

Department of the Treasury Internal Revenue Service Name of the organization

YOUTH FOR CHRIST COLUMBUS

Employer Identification number

C/O DARLA NEEMEYE					147-08460	
Fundraising Activities. Complete Form 990-EZ filers are not require				ed "Yes" on Form	990, Part IV, line	17. ——————
,1 Indicate whether the organization raised funds throug	h any of the followin	g activ	vities.	Check all that apply.		
a Mall solicitations	e 🔲 Solicitation	n of no	n-gov	emment grants		
b Internet and email solicitations	f Solicitation	n of go	vernm	ent grants		
c Phone solicitations	g 🔲 Special fu	ndrais	lna eve	ents		
d  n-person solicitations	<b>5</b> 1, -1					
2a Did the organization have a written or oral agreement	with any individual	(includ	lina off	icers directors truste	es.	
or key employees listed in Form 990, Part VII) or enti b If "Yes," list the 10 highest paid individuals or entities	ty in connection with	profe	ssiona	I fundraising services?	<b>}</b>	Yes No
compensated at least \$5,000 by the organization.		T(III) D	d fund-		6.3 Amount novel to	(a) America and the
(i) Name and address of individual or entity (fundralser)	(ii) Activity	raise cust con	r have ody or trol of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundralser listed in col (I)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4	<del></del>	1		1		
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Salary and states in which the organization is registered or registration or licensing.	r licensed to solicit of	contrib	utlons	or has been notified it	is exempt from	
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YOUTH FOR CHRIST COLUMBUS Schedule G (Form 990 or 990-EZ) 2017 47-0846026 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 col (c)) (event type) (total number) (event type) Revenue 49,015 39,874 1 Gross receipts ..... 88,889 49,015 2 Less: Contributions 39,874 88,889 3 Gross Income (line 1 minus 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment .... 200 200 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 200 11 Net income summary Subtract line 10 from line 3, column (d) -200 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/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 ..... 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: ......

10a - Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2017 YOUTH FOR CHRIST COLUMBUS	<u>47-084</u>	6026	Page 3
11	Does the organization conduct gaming activities with nonmembers?		[	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?	,	[	Yes No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		13a	%
b	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
• •	records:			
	Name ▶			
			• • • • • • • • • • • • • • • • • • • •	. •
	Address ▶			
			• • •	•
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
				Yes No
h	revenue?  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization ▶ \$ armount of gaming revenue received by the organization by the organiza	d the		,
	amount of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party:			
·	1 165, Onto home and address of the time party.			
	Nama >			
	Name ▶			• •
	Address ▶			
	Audiess P		•• • •••••	
16	Gaming manager information:			
10	Galling manager mormation.			
	Name ▶			
	Name ▶		• • •	
	Gaming manager compensation ▶ \$			
	Gaining manager compensation P 5			
	Description of services provided ▶			
	Description of services provided		••	
	Director/officer Employee Independent contractor			
			,	
4-	Manualatan, diatributiana			
17	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а				Yes No
	retain the state gaming (Icense?		٠. ا	162   140
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
7423	spent in the organization's own exempt activities during the tax year > \$ \$\footnote{1} \text{V} \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, co	lumpe (iii) ar		<del></del>
CAL	Supplemental Information. Provide the explanations required by Part I, line 2b, co Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional provide and additional provide addit			iu
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	See instructions			
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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 Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest Information. Open to Public Inspection

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