Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

OMB No 1545-0047 Open to Public Inspection

		C Name of organization	Youth for			, , , , , , , , , , , , , , , , , , , 		D Employer	identification n	umber
·	neck if applicable	• ,, 	Northern I							
	ddress change	Davas huslands as	HOT CHETH T	11414114				35-1	051837	
M ∐m	arne change	Doing business as	x P.O, box mail is not delivere	d to street addr	055)		Room/suite	E Telephon		
NVEL OF	ibal return		rook Parkway		,			260-	484-45 <u>.</u>	51
	nal return/		province, country, and ZIP or fo	reign postal co	de	·		-		
L te	rminated	Fort Wayn	e	IN 4682	25			G Gross rece	elotes 2	,981,471
	mended return	F Name and address o					1			
2 🗀 🛕	pplication pending		·				H(a) Is this a gro	up return for su	ibordinates?	Yes X No
- LJ ^1	pplication penaling	Larry La	kbrook Parkw	~			H(b) Are all sub	ordinates incli	Shebu	Yes No
•		1			46825	2	1 '''		(see instructions)	
<u> </u>		Fort Way			7-7	- () =)		,	
	ax-exempt status	X 501(c)(3)	<u> </u>	insert no.)	4947(a)(1) or	527	┥			L277
<u> </u>	Vebsite: 🕨 W	ww.yfcnin	org	_			H(c) Group exe			
K F	omol organization To p reli scho Check th Number	X Corporation	Trust Association	Other -	<u> </u>	/ ' '	Year of formation: 1	951	M State of lega	domicile IN
Pa	intil St	ımmary				.		 		
5	1 Briefly de	escribe the organiza	ation's mission or most s	significant a	ctivities					
~	то р	rovide educ	ational progra	ms wit	h a focus on	Christ	ian			
~ ₹	reli	gious value	s to children	rangin	g in age from	m middl	e-			
અ Ē	scho		school teens.		,,,,,	. ,				
က္ရွိ ၂	2 Check th	is hox > if the	organization discontinue	ed its opera	tions or disposed of r	nore than 2	5% of its net ass	ets	•••••••	
118	2 Number		of the governing body (i				,		19	
%	4 Number		ing members of the gove					·-	19	
SCAPARETE S							,,.,	· 5	59	
₩			employed in calendar ye		art v, line za)		1.	. 6	331	
₩			(estimate if necessary)	• • • • • • • • • • • • • • • • • • • •				·· 		0
			venue from Part VIII, co					. 7a		<u> </u>
3	b Net unre	lated business taxa	ble income from Form 9	990-T, line 3	<u> </u>			. 7b	Curmi	nt Year
ফ ∣		<u> </u>					Prior Yea	1,476		372,531
		tions and grants (P						1,526	<u> </u>	<u>,,2,,331</u>
Revenue			Part VIII, line 2g)							2E 1E1
ě			II, column (A), lines 3, 4					7,801		25,151
"			lumn (A), lines 5, 6d, 8d					3,980		01,222
	12 Total rev	enue – add lines 8	through 11 (must equal	Part VIII, c	olumn (A), line 12)		2,87	9,783	2,4	198,904
	13 Grants a	nd similar amounts	paid (Part IX, column (/	A), lines 1–3	3)					0
- 1	14 Benefits	paid to or for mem				0				
s	15 Salaries,	other compensation	1,90	3,289	1,9	34,128				
Expenses			es (Part IX, column (A), I							0
E	b Total fun	draising expenses	(Part IX, column (D), lin	e 25) 🕨	450,87	70 ()				
ŭ							68	9,554	ϵ	74,504
	18 Total eve	nenses Add lines-1	3-17 (must equal Part I	X columns	A) time P	<u></u>		7,843		08,632
	10 Povenue	loce evanges Si	olumn (A), lines 11a–11d 3–17 (must equal Part I ubtract line 18 from line	12	RECEIVE	:D:::\		1,940		09,728
- S	19 INEVENDE	iless expenses. St	ouract line to nom line	<u>'''</u>			Beginning of Cur	rent Year		of Year
Net Assets or Fund Balances	20 Total ass	sets (Part X, line 16	5)	4	1 404 1 6 20	19 101		4,664	3,9	69,537
85.E		pilities (Part X, line		··· ··· 8	NOV1.620	10 21		3,188		36,188
절		•	s. Subtract line 21 from I	ine 20		اعاستنن		1,476		33,349
	11177777	gnature Block		me zo	OGDEN.	UT''''	<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
								-4-6 1		
Und	der penalties of	perjury, I declare that	t I have examined this retur of preparer (other than offi	'n, including a	accompanying schedule	es and statem	ents, and to the be	esto rmy kn e	owleage and t	bellet, it is
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Sig	" ((Signature of officer				· -		Date		
Her		Larry La				Chief	Exec Of	ficer		
		Type or print name and til	lle							
	1	e preparer's name	•	मिस्कृता⊎। <u>अ</u> क्रा	haluo		Date	Check	If PTIN	
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Prep	arer Firm's na	me ▶ Har	mil, Lehman	& Elya	Land, PC		F	ım's EIN 🕨	35-20	083429
Use	Only	640								
	Firm's ad		rt Wayne, IN				ا ا	hone no.	260-43	34-1852
May			he preparer shown abov				1.			Yes No
	 		ee the separate instruction		/ 14114	*** ** *** **				orm 990 (2017)
DAA	_p= s in 100			- · · -					, ,	+ - + (2011)

orm 990 (2017) Youth for Chr.	ist of	_ 35-1051837	Page 2
	Service Accomplishments	3	
		any line in this Part III	
1 Briefly describe the organization's mission			
To provide educationa	l programs with a	a focus on Christian	
rolligious religion to	hildren ranging	in age from middle-	
reingrous values to t	Hittaren Hangeng a		
school to high school	. teens.		
2 Did the organization undortake any sign	ficant program corvices during the	year which were not listed on the	
prior Form 990 or 990-EZ?	,		Yes 🗶 No
If "Yes," describe these new services on	Schedule O	•	
3 Did the organization cease conducting,	or make significant changes in how	it conducts, any program	
	و و و و المحاود والما والما		Yes X No
If "Yes," describe these changes on Sch		*** , , , , , , , , , , , , , , , , , ,	—
		its three largest program services, as measured by	1
expenses Section 501(c)(3) and 501(c)	(4) organizations are required to re-	port the amount of grants and allocations to others	
the total expenses, and revenue, if any,			,
the total expenses, and revenue, if any,	tor each program service reported		
	1 252 657		
4a (Code) (Expenses \$	1,232,657 including gran	its of \$ (Revenue \$. ,,,,,,,,,,,, ,
Campus Life provides	retreats, trips,	service projects and	., .,,,
group activities for	high school stude	service projects and ents with the help of	
volunteers. The prod	ram is educationa	al with focus on	<u>,,, </u>
Christian religious v	alues.		1
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counseling, athletic help of volunteers. I religious values.	programs and ground the program is edu	Justice provides mentoring activities for urban to actional with a focus on	ng, eens with the Christian
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4c (Code ) (Expenses \$	including gran	nts of \$	1
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Ad Other process of the Control of t	hadula O V		<del></del>
4d Other program services (Describe in Sci		\ (5)	
(Expenses \$	including grants of \$	) (Revenue \$	
4e Total program service expenses ▶	1,783,298		

35-1051837

ABDG MOR

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		!	
	complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schodulo B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			•
	candidates for public office? If "Yes," complete Schedule C, Part I	_ 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			l
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	(		ĺ
	Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			[
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	}		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easoment, including cacoments to proceive open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			i
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a rolated organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	\$ 111 100 100 100 100 100 100 100 100 100	<b>20</b>	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	_X	
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			i
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 "Yos," complete Schedule D, Part X	11f	_X	
12з	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a	<u> </u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1	
	"Yos," and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
þ	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		İ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization roport on Part IX, column (A), lino 3, more than \$5,000 of grants or other assistance to or		1	**
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		Ì	**
47	assistance to or for foreign Individuals? If "Yas," complete Schedule F, Parts III and IV	10		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	[	ĺ	v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		v
	If "Yes," complete Schedule G, Part III	19		<u> </u>

	999 (2017) Youth for Christ of 35-1051837		P	age 4
Pa	rtsV Checklist of Required Schedules (continued)		I	T
	D. M	200	Yes	No X
:0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del> </del>
!1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		l	
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ļ		ļ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			_,
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	١		٦,
	through 24d and complete Schedule K If "No," go to line 25a	24a	L	X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	'		
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
ā	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			]
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
ì	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	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,			
	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	27		X
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	35/22	7 W	<b>3</b>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	24.2.2.1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
)	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			
		30		X
i	Conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		-
		24		X
,	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
2		20		v
,	Complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
,				v
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	l I		
	or IV, and Part V, line 1	34	<u> </u>	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
;	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	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,		ļ	
	Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
3	• · · · · · · · · · · · · · · · · · · ·			

Check if Schedule O contains a response or note to any line in this Part V  15	P	Statements Regarding Other IRS Filings and Tax Compliance					
Enter the number reported in Box3 of Form 1098. Enter-0- if not applicable  □ Enter the number of Forms W-25 included in line 1s Enter-0- if not applicable □ List he organization comply with bactury withbriding rules for reportable yammets to vendors and reportable gaming (pambing) wennings to price winners? □ List he organization comply with bactury with briding very properties. The state of the calendar year and age of the state of the state of the calendar year and age of the state of the s	· · · · · ·						
Enter the number of Forms W-20 included in line 1s Enter -0-if not applicable  Oit the organization comply with backing withholding nites for reportable payments to vendors and reportable gaming (gambling) winnings to prevented the prevented of Form W-3. Transmital of Wage and Tax  Enter the number of employees reported or Form W-3. Transmital of Wage and Tax  Statements, Ref of the canalize year ending with or within the year covered by this return  Fall the set one is reported on Ind 2a, did the organization file all required devial employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to -6/9 (see maturctions)  The Visit of the program of the set of \$1,000 cm more of the maturctions of \$1,000 cm more districtions.  The Visit of the organization and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accountries of the organization have an interest in, or a signature or other authority over, a financial accountries accountry.  See instructions for filing requirements for FindEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  If "Yes" for enter the name of the foreign country the same accountries of the organization and prose section 170(c).  Did the organization received a contributions that were not tax deductable as charitable contributions or gifts were not tax deductable?  The yes, did the organization include with every solicitions on accesses statement that such contributions or gifts were not tax deductable?  The yes, did the organization negative and the properties of the properties of the properties of the properties of the organiza						Yes	No
bit the organization comply with backup withholding rules for reportable payments to vendors and propriately garning (garning) womans to proceed with the complete propriately garning garning garning to proceed with the complete propriately garning garnin	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a				
reportable gaming (gambing) winnings to prize winners?  Statements, filed for the calendar year ending with or within the year covered by this return  Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions)  30. Did the organization have unrelated business gross income of \$1,000 or more duming the year?  31. A vary time during the calendar year, did the organization of \$1,000 or more duming the year?  32. A vary time during the calendar year, did the organization of \$1,000 or more duming the year?  33. Did the organization are gross prosting to a bank account, securifies account, or other financial secount in of organization are a bank account, securifies account, or other financial secounts?  34. A vary time during the calendar year, did the organization has a bank account, securifies account, or other financial account in offencing requirements for FincEN Form 114. Report of Foreign Bank and Financial Accounts (FEAR)  35. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  36. If "Yes," to the said of the organization file Form 8886.17  37. Did any texting requirements for fine 8886.17  38. Organization solicit any contributions that were not tax deductible as chantable contributions?  39. Life Yes, "and the organization index with very solicitation an oxyges statement that such contributions or grits were not tax deductible?  39. Did the organization receives a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor?  39. If Yes, "indicate the number of Forms 8282 Elied during the year."  39. If Yes, "indicate the marker of the value of the goods or services provided?  39. If Yes, indicate the momber of sonthething forms account provided to the paymization	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Effect for the calcular year ending with or within the year covered by the return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  All If the sum of lines 1 and 2 as is greated than 250, you may be required to e-file (see marturctions)  3b Oid the organization have unrelated business gross income of \$1,000 or more during the year?  3c If Yea, * has x filed a Form 990 Tot this year? If Yo' to line 35, provide an explanation in Schodule 0  3c If Yea, * has x filed a Form 990 Tot this year? If Yo' to line 35, provide an explanation in Schodule 0  3c If Yea, * has x filed a Form 990 Tot this year? If Yo' to line 35, provide an explanation in Schodule 0  3c If Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the foreign country   Yea, * enter the name of the n	C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
Statements, fleef for the calendar year ending with or within the year covered by this return  Note, if the sum of lines 14 and 25 is greater than 250, you may be required to e-file (see instructions)  Note, if the sum of lines 14 and 25 is greater than 250, you may be required to e-file (see instructions)  If Yes, 'has x filed a Form 990-1 for this year? If Yes' to line 35, provide an explanation in Schedule O  35   X   Yes, 'has x filed a Form 990-1 for this year? If Yes' to line 35, provide an explanation in Schedule O  36   X   Yes, 'the state of the organization have as interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)  37   Yes, 'the state organization are party to a prohibited tax sheller transaction at any time during the cale account. (FBAR)  38   Yes the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  39   Yes to line 5 or 55, did the organization file Form 886-17  50   Yes, 'they to line 5 or 55, did the organization file Form 886-17  51   Yes, 'they to line 5 or 55, did the organization file Form 886-17  52   Yes to line 5 or 55, did the organization file Form 886-17  53   Yes, 'they they comparation have that a mornally greater than \$100,000, and did the organization social any contributions that were not tax deductable as charitable contributions?  16   Yes, 'did the organization include with every solicitation an express statement that such contributions or gits were not tax ofectuation and party for goods and services provided to the payor?  39   Yes, 'did the organization received a contribution or undersection that organization and party for goods and services provided to the payor?  30   Yes, 'ndicate the number of Forms 8262 Elied during the year.  31   Yes, 'ndicate the number of Forms 8262 Elied during the year.  32   Yes, 'ndicates the number of Forms 8262 Elied during the year.  33   Yes, 'ndicates the number of Southstand or or directly, to a per		reportable gaming (gambling) winnings to prize winners?			1c		
It is least one is reported on line 2a, did the organization tile all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b H*Yes, * has it filed a Form 990-T for this year? If **No** to line 3b, provide an explanation in Schedule O  3b A any time during the callendary year, did the organization have uniferest 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 accounts)  5c entert the name of the foreign country **Experiments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization and year to be organization file Form 8868-17?  5b Uses in the organization and year to be organization file Form 8868-17?  5c Does the organization and year that were not tax deductable as charitable contributions?  5b I*Yes,* did the organization file Form 8868-17?  5c Did any taxable party notify the organization file Form 8868-17?  5c Does the organization and year that were not tax deductable as charitable contributions?  5c Does the organization and year that were not tax deductable as charitable contributions or gifts were not tax deductable?  5c Organizations that may receive deductable contributions under section 170(c).  5c Did the organization receive a payment in excess of \$75 made pathy as a contribution and party for goods and services provided to the payor?  5c Did the organization section and payor?  5d Did the organization receive a payment in excess of \$75 made pathy as a contribution and party for goods and services provided to the payor?  5d Did the organization section and payor?  5d Did the sponsoriation section and payor?  5d Did the sponsoriation section and payor?  5d Did the s	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*****	
Note. If the sum of Innes 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3		Statements, filed for the calendar year ending with or within the year covered by this return	2a	59			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
b if "Yes," has it filed a Form 990-Tfor they year? // "No" to fine 3b, provide an explanation in Schedule O 4. At any time during the calendar year (dit the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year have an interest in, or a signature or other authority over, a financial account in a foreign country year have a bank account, securities account, or other financial accounting?  8		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	i)		- Dian		
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, securifles account, or other financial account)?  b If 'Yes,' refer the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts  (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization aparty to a prohibited tax shelter transaction?  5b X  bid any taxable party notify the organization file Form 8886-T?  5c If 'Yes' to line 5a or 5b, did the organization file Form 8886-T?  5c If 'Yes' to line 5a or 5b, did the organization file Form 8886-T?  5c If 'Yes' to line 5a or 5b, did the organization file Form 8886-T?  5c If 'Yes' to line for organization file Form 8886-T?  5c If 'Yes' to line for organization that were not tax deductible as charable contributions?  5c If 'Yes' to line for organization that were not tax deductible as charable contributions?  5c If 'Yes' organization that may receive deductible contributions under section 170(c).  5c If 'Yes' organization that may receive deductible contributions under section 170(c).  5d Ut the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5c If 'Yes', did the organization notify the donor of the value of the goods or services provided?  7c If 'Yes', indicate the number of Forms \$282 filed during the year  7d Ut the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to life Form \$222.  6 If 'Yes', indicate the number of Forms \$282 filed during the year  7d Dut the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7d Dut the organization received a contribution of qualified intellectual property, did the organ	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR)  Saw the organization a party to a prohibited tax sheller transaction at any time during the tax year?  58	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
account)?  If "Yes," enter the name of the foreign country >  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FigAR)  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  58	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty	1	iii	
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FEAR?  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction?  5b 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-T7  5c Does the organization solicit any contributions that were not tax deductible as chantable 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?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partity as a contribution and partity for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 If Yes," did the organization notify the donor of the value of the goods or services provided?  7 If Wes," did the organization notify the donor of the value of the goods or services provided?  7 If Wes," did the organization notify the donor of the value of the goods or services provided?  7 If Wes," did the organization notify the donor of the value of the goods or services provided?  7 If Wes," did the organization neceived a contribution of undiffeed intellectual property, did the organization file and the number of Forms 8282 filed during the year  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1988-C?  7 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1988-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution will also donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49	b						200 P
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d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76	C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			ĺ	
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7 If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  2 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter  1 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  1 Gross income from members or shareholders  1 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  1 Section 501(c)(12) organizations. Enter:  1 Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?  1 2a  1 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 2b  1 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 Section 501(c)(29) qualified nonprofit health insurance issuers.  1 Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  5 Enter the amount of reserves on hand  1 Ab  1 Did the organization receive any payments for indoor tanning services during		1 11 17 11 11 11 11 11 11 11 11 11 11 11	, ,	*** ****** ***** *****	7c	2 3 7 50	X
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2722335	990 (2017) Youth for Christ OI 35-1051837			age 6
<b>Ma</b>	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	uctioi	
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	_ X .
<u>Sec</u>	tion A. Governing Body and Management			
		<del>[]</del>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1 19	- C		
	If there are material differences in voting rights among members of the governing body, or			<u> </u>
	if the governing body delogated broad authority to an executive committee or similar			
	committee, explain in Schedule O	12/42		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			<b>***</b>
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3 .	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X.
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<del>   </del>		
7a		7a		x
	one or more members of the governing body?	, a		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	,,		x
_	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	100		
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
8	Is there any officer, director, trustee, or key employee listed in Part VII, Section Λ, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ا ب		<u> X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)		
			Yes	No_
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliatos, and branches to ensure their operations are consistent with the organization's exempt purposes?	100		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done .	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х.	
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	The organization's CEO, Executive Director, or top management official	15a	X	1.722
b	Other officers or key employees of the organization	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			80.70
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a	X	7334.
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	W	- <b>N</b>	77.88
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		₹ <b>₩</b>	
		2000		<i>C000</i>
	organization's exempt status with respect to such arrangements?	16b	X	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	W Own website X Another's website X Upon request Other (explain in Schedule O)			
19	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			
50	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨			
La	rry Lance 6427 Oakbrook Parkway			
Fo	rt Wayne IN 46825 260	-484	4-4	551

Form 990 (20	17) Youth for Christ of	35-1051837	Page
Part VIII	Compensation of Officers, Directors, Trustee	s, Key Employees, Highest Compensated	Employees, and
.,	Independent Contractors		
	Check if Schedule O'contains a response or note	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Section A.	Officers, Directors, Trustees, Key Employees, and Highe	est Compensated Employees	
1a Complete organization's	this table for all persons required to be listed. Report compens s tax year	ation for the calendar year ending with or within the	

- List all of the organization's current officors, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual tructees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list eny	bo	x, unle	Pos Sheck Sss pe	rson i	than one is both ar ir/trustee)	١ ١	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional truslee	Officer	Кеу етрюуее	Highest compensated employee	Econor	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) David Norton	6.00				·					
Director	0.00	X		_			$\downarrow$	0	0	0
(2) Jim Posey	6.00							·		`
Secretary	0.00	X		x				0	0	0
(3) Ace Rocke	6.00						1			
Director	0.00	X						o	0	o
(4) Kathy Rogers										
Director	6.00	x						0	0	0
(5) L.D. Williams	6.00									-
Director	0.00	x						0	0	0
(6) Chris Goeglein	6.00						İ			
Director	6.00	×		٠				o	o	0
(7) Chant Thompson	6.00							•		
Director	6.00	x						o	o	0
(8) Wendy Davis									<u> </u>	
Director	6.00	×						o	o	0
(9) Mitzi Thomas				-			1			······································
Director	6.00	$\mathbf{x}$						o	o	0
(10) Lamonte Rhoades							7			
Director	6.00	X						o	o	0
(11)Bill Kinder							1			<u> </u>
Treasurer	6.00	X		x				o	o	0
DAA	7.00		لــــا							Form <b>990</b> (2017)

Part VII	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	<u> </u>		
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, uni	Pos check ess pe nd a c	erson	than d is both or/trust	en ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	a	(F) Estimated imount of other impensation from the	
		related organizations below dotted tine)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	. (	org ar	ganization nd related ganizations	
(20)	Larry Lance				$\vdash$		<u> </u>	_					
Chief	Exec Officer	40.00			x				77,746	0		36,	159
, , , ,		•••••••••••••						]   					
	.,,.,,,,				_								
	, , , , , , , , , , , , , , ,	, ,1- ,										·	
		,											
				-	-	<del>                                     </del>	-	$\vdash$					
••••				ļ									
	total							<b>\</b>	77,746			36,	<u> 159</u>
	l from continuation she I (add lines 1b and 1c)							<b>▶</b>			<del> </del>		
2 Total		cluding but not l	ımıte	ed to	thos	se lis	ted a	bov	e) who received more than	\$100,000 of			
				r. or	trust	tee.	kev e	mpl	loyee, or highest compensa	ited	[ <u>]</u>		No
empi 4 For a	oyee on line 1a? If "Yes," any individual listed on line	complete Schele 12, is the sum	<i>dule</i> of re	J for	suc able	h ind	dividu ipens	<i>ial</i> satio	on and other compensation	from the		3	
indivi 5 Did a		a receive or acc	rue (	com	oens	ation	fror	n an	y unrelated organization or			4 5	
	Independent Contracto			LUII	pion	- 00	regu	10.0	101 Such person	- 100046,		3_1	<u></u>
									ractors that received more t dar year ending with or with		ear.		
		(A) business address								(B) Ilon of services		(C) Compensa	ation
			<u>.</u>			_							
		antrode (		, here			- d 4 :	<u></u>	an lighted above North			800 S	
	number of independent over more than \$100,000								se listed above) who				

Pe	rt Ý	Statement of Reve Check if Schedule (	nue ) cor	itains a	response	or note to any line	ın this Part VIII ".	a, ma agr meng aya wan a	···· []
				ji Na		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax upder certlants 512-514
Grants	b	Federated campaigns	1a 1b		· · · · · · · · · · · · · · · · · · ·				
fts, G		Fundraising events	1c 1d		85,210				
s, Gi milai		Related organizations Government grants (contributions)	1e						
Sis		All other contributions, gifts, grants,				]			
tributi Other	~	and similar amounts not included above  Noncash contributions included in lines 1a-	1f	<u>2,</u> \$	287,321 88,565				
Contri	•	Total. Add lines 1a-1f	•		<b>&gt;</b>	2,372,531			
nue	_				Busn Code				
Program Service Revenue	2a b	- (***, ****** *(*,***)- ******	- • • • • •	.,	<u> </u>				
Vice	C	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
n Ser	d			• • • • • • • • • • • • • • • • • • • •					
ograr	f	All other program service rever							
ď.	g	Total. Add lines 2a-2f	<u> </u>					(*************************************	
ĺ	3	Investment income (including of and other similar amounts)				19,098			19,098
	4	Income from investment of tax	exem	pt bond p					
	5	Royalties(i) Real			ersonal				
	6a		137		ersonal				
	b	Less rental exps.							
			137		b	53,137			53,137
		Gross amount from (i) Securities sales of assets	••••	(ii)	Other				
		other than Inventory 96,	018		<del></del>				
	b	Less cost or other basis & sales exps 89,	965						
		Gain or (loss) 6,	053						Garage Manager St
		Net gain or (loss)		*	., Þ	6,053	6,053		
nue	va	(not including \$ 85 , 2							
Other Reve		of contributions reported on line 1c)			440 60				
ther	ь	See Part IV, line 18 Less direct expenses	. a b		392,602				
ō	C	Net income or (loss) from fund	raising		Þ	48,085		300	7.2
	9a	Gross income from gaming activities See Part IV, line 19	3						
	b	Less, direct expenses	b						
		Net income or (loss) from gam	ng ac	livities .	Þ			X 2 2 3 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3	
	10a	Gross sales of inventory, less returns and allowances	a						
	b	Less cost of goods sold	b					e e danie ( e danie a l	
	С	Net income or (loss) from sale:  Miscellaneous Revenue	of in	ventory	Busn, Code	240.560			
	11a	(MISCAILA ROVALIAE			2431, 0008	JAN 86 A. MINING 978 G	- 1882, 1982, 1982, 1982, 1982, 1982, 1982, 1982, 1982, 1982, 1982, 1982, 1982, 1982, 1982, 1982, 1982, 1982,	1111.74(111 <b>76</b> 66) "97" 741. 4766	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	þ	*******************							
	¢ d	All other revenue	••••	,	<u> </u>	<del></del>			
	e	Total Add lines 11a-11d	· ····		Þ				
		Total revenue. See instruction			>	2,498,904	6,053	0	72,235

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service expenses (C) Management and (D) Do not include amounts reported on lines 6b, Fundreising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 34,977 104,932 trustees, and key employees ...... 139,909 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 185,542 1,570,283 1,150,024 234,717 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 122,790 71,833 29,516 21,,441 Other employee benefits 63,648 101,146 16,409 21,089 Fees for services (non-employees) Management ........ Legal ь Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 30,358 6,328 59,135 22,449 Advertising and promotion 12 13,431 7,576 22,850 1,843 13 Office expenses Information technology 14 15 Royalties 103,070 10,915 116,155 2,170 16 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 4,900 26,257 11,887 43,044 21 31,637 126,549 94,912 Depreciation, depletion, and amortization 22 4,858 47,296 1,319 53,473 Other expenses. Itemize expenses not covered above (List miscollaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 98,242 80,967 12,275 5,000 Other personnel/volunteer Contracted Services 18,848 33,405 72,863 20,610 h Ministry Expense ..... 64,360 64,360 3,737 Bank Fees 17,833 3,696 10,400 e All other expenses 2,608,632 1,783,298 374,464 Total functional expenses Add lines 1 through 24e 450,870 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation Check here ▶ if (allowing SOP 98-2 (ASC 958-720)

	art )				
		Check if Schedule O contains a response or note to any line in this Part X	1		<del>,</del>
			(A)	ſ	(B)
			Beginning of year	ļ	End of year
	1	Cash—non-interest bearing	609,167		1,080,202
	2	Savings and temporary cash investments	411,851		64,419
	3	Pledges and grants receivable, net	300,627	3	107,892
	4	Accounts receivable, net	2000 St. St. 2000 Co. 200	4	3,874
	5	Loans and other receivables from current and former officers, directors,			
	J	trustees, key employees, and highest compensated employees		,?	
	1	Complete Part II of Schedule L	222	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	ļ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		34.5.8	
ş	∤ .	organizations (see instructions) Complete Part II of Schedule L	<u> </u>	6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepald expenses and deferred charges	74,201	9	87,825
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a 3,433,18	B CONTRACT	300	
	Ь	Less accumulated depreciation 10b 1,672,81	· · · · · · · · · · · · · · · · · · ·		
	11	Investments—publicly traded securities	626,189		670,288
	12	Investments—other securities See Part IV, line 11	85,850		75,024
	13	Investments—program-related. See Part IV, line 11		13	<del> </del>
	14	Intangible assets	100 202	14	110 642
	15	Other assets See Part IV, line 11	120,303 4,044,664		119,642 3,969,537
<u> </u>	16	Total assets. Add lines 1 through 15 (must equal line 34)	52,487		73,633
	17	Accounts payable and accrued expenses	52,401		13,633
	18	Grants payable	1 70 701	18 19	62,555
	19	Deferred revenue	70,701	20	02,333
	20	Tax-exempt bond liabilities  Escrow or custodial account liability Complete Part IV of Schedule D	<del></del>	. 21	<u> </u>
	21	,		***	1 39 7 9 6 6 8 8 7 7 7 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Liabilities	} <b>*</b> *	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.00 × 1.		
Ď		1		22	CHILDREN AND SHIPMEN ASSESSED.
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	I have a superior and the superior contributes a superior and the last management		24	
	1	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	123,188		136,188
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	(8) (5) (5) (7) (8) (8) (8) (8)	* (%)	
es		complete lines 27 through 29, and lines 33 and 34.		Sall S	
anc	27	Unrestricted net assets	3,531,138	27	3,710,054
Bai	28	Temporarily restricted net assets	390,338		123,295
g	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check hore ▶ ☐ and			Y Wall Company
Š	1	complete lines 30 through 34.			
Set	30	Capital stock or trust principal, or current funds		30	
¥	31	Paid in or capital surplus, or land, building, or equipment fund		31	
ě	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	3,921,476		3,833,349
	34	Total liabilities and net assets/fund balances	4,044,664	34	3,969,537

Forn	990 (2017) Youth for Christ of	35-1051837			Pa	ge 12
Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in	this Part XI	<del></del>			
1	Total revenue (must equal Part VIII, column (A), line 12)		1	2,4		
2	T ( ) ( ) ( ) ( D - 4 ) ( 1 (A)   lim + 25)		2	2,6		
3	Revenue less expenses. Subtract line 2 from line 1		3	-1	09,	728
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, colu	mn (A))	4	3,9	21,	476
5	Net unrealized gains (losses) on investments		5		<u>33, </u>	088
6	Donated services and use of facilities		6			
7	investment expenses		7			
8	Pnor period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9	- 1	11,	487
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equi	al Part X, line				
	33, column (B))		10	3,8	33,	349
Pa	it XII: Financial Statements and Reporting .	· · · · · · · · · · · · · · · · · · ·				
_	Check if Schedule O contains a response or note to any line in	this Part XII			_ + 4.5.4.	
		•			Yes	No
1	Accounting method used to prepare the Form 990.   Cash X Accrual	Other			10 m	
	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 indepen	dent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the ye					<b>/</b>
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and se	eparate basis			42.XX	
b	Were the organization's financial statements audited by an independent accounta	nt?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the ye	ar were audited on a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>3</b> 7.4%	
	separate basis, consolidated basis, or both					33
	X Separate basis Consolidated basis Both consolidated and so	eparate basis		SEL		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re	sponsibility for oversight		]`		l
	of the audit, review, or compilation of its financial statements and selection of an	independent accountant?		_2c	X	L
	If the organization changed either its oversight process or selection process durin	g the tax year, explain in			<i>**</i> ***	X 111
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit	or audits as set forth in			. 1	
	the Single Audit Act and OMB Circular A-1337			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization	lon did not undergo the				
	required audit or audits, explain why in Schedulc O and describe any steps taken			3b		<u></u>
					_ 000	1 .004 71

DAA

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

Department of the Treasury

**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

2017

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ

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

Internal Revenue Service

Name of the organization

Youth for Christ of Northern Indiana, Inc Employer identification number 35-1051837

			1102 0110211 2110						
P	irt l	<b>Reas</b>	on for Public Charity	Status (All organizations	must co	omplete	this part ) See instruction	is.	
he	orgą	nization is not	a private foundation becaus	e it is (For lines 1 through 12,	check onl	y one box	)		
1	$\bigcap$	A church, co	nvention of churches, or ass	ociation of churches described	in sectio	n 170(b)(1	I)(A)(i).	_	
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Forn	n 990 or 9	990-EZ))		$\wedge$	
3	П		il or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)						
4	$\Box$			d in conjunction with a hospital o				spital's name,	
	بسبا	city, and stat		•					
5	$\sqcap$	•		of a college or university owned	or operat	ed by a q	overnmental unit described in	4/11/ 17/1/ 1//4/ //4/	
Ŭ	ليا	_	(b)(1)(A)(iv). (Complete Part		o, -po.u.	, - 3			
6	$\Box$			overnmental unit described in s	ection 1	70(b)(1)(A	MV).		
7	X			substantial part of its support from					
•			section 170(b)(1)(A)(vi). (C		<u></u>		and a second money games and passed		
8	$\Box$			170(b)(1)(A)(vi). (Complete Part	: 11 )		•		
9	H			cribed in section 170(b)(1)(A)(i		ed in con	unction with a land-grant college	e	
Ŭ	سا	or university	or a non-land grant college of	of agriculture (see instructions)	Enter the	name, ci	ty, and state of the college or	-	
		university				•			
10		An organizat	ion that normally receives: (	I) more than 33 1/3% of its supp	port from	contributi	ons, membership fees, and gro	ss	
-	ш			pt functions-subject to certain					
				nd unrelated business taxable in					
	_			0, 1975 See section 509(a)(2)					
11	Ш			exclusively to test for public safe					
12				exclusively for the benefit of, to					
		of one or mo	re publicly supported organiz	rations described in section 50	9(a)(1) or	section (	509(a)(2). See section 509(a)(3	3). 	
				nat describes the type of suppor					
	а			erated, supervised, or controlled				g	
				ver to regularly appoint or elect		or the all	rectors or trustees of the		
		''		omplete Part IV, Sections A a		ito outpeo	dod organization(a) by bourse		
	þ			pervised or controlled in connecting organization vested in the s				.d	
				Part IV, Sections A and C.	same pen	sons mar	control of manage the supporte	au .	
	С		• •	supporting organization operated	d in conne	ection with	and functionally integrated wit	th.	
	·	its suppo	rted organization(s) (see ins	tructions) You must complete	Part IV,	Sections	A, D, and E.	••••	
	d	$\overline{}$		I. A supporting organization ope				n(s)	
			• •	organization generally must sa				• •	
		requirem	ent (see instructions). You r	nust complete Part IV, Section	ns A and	D, and P	art V.		
	е			eived a written determination fro			a Type I, Type II, Type III		
				n-functionally integrated support	ting orgar	nization		<del></del>	
	f		nber of supported organizati	*********					
	g	Provide the fo	ollowing information about th	e supported organization(s)	<del>,</del>	<del></del>	· · · · · · · · · · · · · · · · · · ·		
(1)		of supported	(II) EIN	(iii) Type of organization	1 ' '	organization	(v) Amount of monetary	(vi) Amount of	
	org	enization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
					Yes	No	,	nion abnority	
(A)				<del></del>					
٠,					J	] ]	<b>]</b>		
(B)								-	
ω,		j			}	1 1			
(C)					╁──			····	
,0)						(			
(D)					<del> </del>	<del> </del>			
U									
 (E)					1			· · · · · · · · · · · · · · · · · · ·	
·-/									
		·····			. 3000	XXX77X			
			Language 2000 1 2000 1 2000 1 1	**************************************	14. SSS/865	D.W. V 147 15	1		

Total

Schedule A (Form 990 or 990-EZ) 2017
Part II Support Schedu Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

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	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	1,338,362	2,361,975	1,660,566	. 2,661,476	2,372,531	10,394,910
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				i i		
3	The value of services or facilities furnished by a governmental unit to the organization without charge				<i>:</i>		
4	Total. Add lines 1 through 3	1,338,362	2,361,975	1,660,566	2,661,476	2,372,531	10,394,910
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						869,111
6 Sec	Public support. Subtract line 5 from line 4.  tion B. Total Support		<u>-</u>				9,525,799
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	. (d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,338,362	2,361,975	1,660,566	<del></del>	2,372,531	10,394,910
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	75,843	73,291	80,019		72,235	370,519
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).	421,980		1,500		· ·	433,153
11	Total support. Add lines 7 through 10						11,198,582
12	Gross receipts from related activities, etc	•		. ,,,	****	12	440,687
13	First five years. If the Form 990 is for the	-	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
202	organization, check this box and stop her tion C. Computation of Public St				<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
14	Public support percentage for 2017 (line 6			n (0)	<u> </u>	44	05.069/
15	Public support percentage for 2017 (line of Public support percentage from 2016 Sch		-	··· (')'	•;	. 14	85 06% 84.30%
16a	33 1/3% support test—2017. If the organ		**	. ,	33 1/3% or more o		84.30 /6
	box and stop here. The organization qual			A	·		<b></b> ▶ 🗓
b	33 1/3% support test-2016. If the organ				5 ls 33 1/3% or me	ore, check	
	this box and stop here. The organization						▶ □
17a							
	10% or more, and if the organization meet Part VI how the organization meets the "fa						
	organization			***			▶ 🔲
þ	10%-facts-and-circumstances test-201	•		•		· · · · -	
	15 is 10% or more, and if the organization			•	•		
	Explain in Part VI how the organization me supported organization	eets the "facts-and		•	on qualifies as a pu	iblicly	▶ □
18	Private foundation. If the organization did instructions	d not check a box of	on line 13, 16a, 16l	b, 17a, or 17b, che			
	***** ***** **** **** **** ****	******				- 4	

Schedule A (Form 990 or 990-EZ) 2017
Part (II) Support Schedu

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.)

	ir the organization talle to	quality direct	10010 11010 1			<del>'/</del>	
	tion A. Public Support	<del>,</del>	·		·············	<del></del>	<del></del>
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		76 - 574 7 : 586 27		888112220 8 8827 1 883 13		
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(ć) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			/	-		<u> </u>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			, 			
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					• <del></del>	
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, and 12.)	<i>y</i>					
14	First five years. If the Form 990 is for the organization, check this box and stop her		t, second, third, fo	·		(c)(3)	▶ □
Sec	tion C. Computation of Public Su		tage				· · · · · · · · · · ·
15	Public support percentage for 2017 (line 8			n (f))	<del></del>	15	%
16	Public support percentage from 2016 Sch	edule A, Part III. li	ne 15			16	%
	tion D. Computation of Investme	nt Income Pe	rcentage		-, -, -, -, -, -, -, -, -, -, -, -, -, -		
17	Investment income percentage for 2017 (I			, column (f))		17	%
18	Investment income percentage from 2016					18_	%
19a	33 1/3% support tests2017. If the orga			14, and line 15 is	more than 33 1/39		
	17 is not more than 33 1/3%, check this b						▶∐
þ	33 1/3% support tests—2016 If the orga	nization did not ch	eck a box on line 1	4 or line 19a, and	line 16 is more tha	n 33 1/3%, and	,
/	line 18 is not more than 33 1/3%, check th	ns box and stop h	ere. The organizat	on qualifies as a p	oublicly supported of	organization _	▶ 📙
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	▶ 🗍

Schedule A (Form 990 or 990-EZ) 2017 Part IV

**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.
- 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," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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
- 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
- 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
- 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
- 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) ourooses
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- 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)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.
- Did one or more disquairfied 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.
- 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.
- 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 below.
- 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.)

	Yes	No
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- 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.
- 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,

S-7-82	Yes	No
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Schedule A (Form 980 or 990-EZ) 2017. Youth for Christ of		35-1051	.837 Pagè 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying tru			
Instructions. All other Type III non-functionally integrated supporting organizat	ións must com	plete Sections A through E	<b>,</b>
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see Instructions)	. 3		·
4 Add lines 1 through 3	. 4		
5 Depreciation and depletion -	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	[		ĺ
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
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 (optional)
Aggregate fair market value of all non-exempt-use assets (see	G.		
instructions for short tax year or assets held for part of year):	\$ 3		
a Average monthly value of securities	1a	-	
b Average monthly cash balances	1b		•
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2	-	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	. 5		
6 Multiply line 5 by 035.	6.		
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	MANUAL SAME SAME	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017  Youth For Christ of 35-1051837  Page 8  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section
B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E,
lines 2, 5, and 6. Also complete this part for any additional information (See instructions)
Part II, Line 10 - Other Income Detail
Program Service Revenue \$ 334,523
Rental Income \$ 51,242
Administrative Fees \$ 43,462
Miscellaneous Income \$ 3,926
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### 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

Open to Public Inspection

lame	of the organization		Employer Identification number
	outh for Christ of		0
ALC: NO	orthern Indiana, Inc.		35-1051837
Pa	Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" on f	nds or Other Similar Funds or F Form 990 Part IV line 6	Accounts.
	Complete if the organization answered Tes on i	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<del> </del>	
2	Total number at end of year 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 tha	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		,,,,,,,
	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		Yes No
Pa	rtill Conservation Easements.		
	Complete if the organization answered "Yes" on F	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 historic	c 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 conse	keys XI
	easement on the last day of the tax year		Held at the End of the Tax Year
			1 1
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure incl		2c
ď	• • • • • • • • • • • • • • • • • • • •		
_	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ition during the
	tax year ► Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mon		
5	violations, and enforcement of the conservation easements it holds?		Yes No
8	Staff and volunteer hours devoted to monitoring, inspecting, handling of		, , , ,
٠	but and volunteer floars devotes to monitoring, more string, manaling of	tionalisms, and officering concervation of	assemble summing the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	lations, and enforcing conservation easen	ments during the year
-	<b>▶</b> \$	•	,
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i	)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	lescribes the
- <del>12</del> 74	organization's accounting for conservation easements		<u> </u>
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on I		Similar Assets.
		· · · · · · · · · · · · · · · · · · ·	hada a a a a b a a b
Ta	If the organization elected, as permitted under SFAS 116 (ASC 958), n 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	·	eratice of
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to		ince sheet
	works of art, historical treasures, or other similar assets held for public	*	
	public service, provide the following amounts relating to these items	exhibition, education, or rescaled in fatting	orance or
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Accets included in Form 990, Part V		
2	If the organization received or held works of art, historical treasures, or		• \$
_	following amounts required to be reported under SFAS 116 (ASC 958)		Tigo tilo
а			<b>▶</b> \$
	Assets included in Form 990, Part X		► \$

CFT	NAYNE					
Sche	dule D (Form 990) 2017 Youth for	Christ of		35-1	051837	Page 2
	It ill Organizations Maintaining	Collections of	\rt. Historical Tr			
3						(557,11,10,50)
а	Public exhibition	d ∏ L	oan or exchange prog	rams		
b	Scholarly research					
c	Preservation for future generations	٠ 🗀 ٥	.,	**** ********** ****		
4	Provide a description of the organization's co	diactions and explain I	now they further the o	roanization's exempt r	nurnose in Part	
7	XIII	mechons and explain	iow dieg iditaer die o	19.44,1		
5	During the year, did the organization solicit o	r receive donations of	art, historical treasure	es, or other similar		
Week St.	assets to be sold to raise funds rather than to		rt of the organization	s collection?		Yes No
şişa	Escrow and Custodial Arr		F 000 D	+ 1) / (ma 0 an man)		- Farm
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form 990, Par	TIV, line 9, or repo	orteo an amount o	on Form
10	is the organization an agent, trustee, custodi	an or other intermedia	in for contributions or	other assets not		<del></del>
14			ny for commoditations of	other tractoring		Yes No
_	included on Form 990, Part X?	and complete the fello	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		[] 163 [] 110
D	it res, explain the arrangement in Part XIII	and complete the tolic	owing table		<del></del>	Amount
	-				<del>                                     </del>	Amount
	Beginning balance	*****			1c	
	Additions during the year				1d	
е	Distributions during the year			** ** *	1e	<del></del>
f					1f	
	Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been pro	ovided on Part XIII		
ŶP.a	rt 💥 Endowment Funds.					
	Complete if the organization	answered "Yes"	on Form 990, Par			
	_	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	120,303	110,909	119,974	117,699	
þ	Contributions				10,000	115.,362
C	Net investment earnings, gains, and	ļ				
	losses	8,735	12,664	-2,643	1,267	5,958
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs	7,486	1,513	4,670	7,189	2,706
f	Administrative expenses	1,910	1,757	1,752	1,803	915
	End of year balance	119,642	120,303	110,909	119,974	117,699
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) l	neld as		
	Board designated or quasi-endowment ▶ 1					
	Permanent endowment ▶ %	,				
С	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c sho					
3a	Are there endowment funds not in the posse		on that are held and a	administered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations	**		•		3a(ii) X
h	If "Yes" on line 3a(ii), are the related organization	ations listed as require		*** ***	*** ** ********************************	3b
,		•	•		********	1.70
****	Describe in Part XIII the intended uses of the		imeni iunus.			
959	Land, Buildings, and Equi Complete if the organization		on Form 990. Par	t IV. line 11a. See	Form 990. Part X	. line 10
	Description of property	(a) Cost or other bas			ccumulated	(d) Book value
		(investment)	(other	1 ' '	preciation	
12	Land	1		0,000		150,000
	Buildings				358,076	1,547,044
	Leasehold improvements			-/		~/04//044
U	concending authorsements		<del></del>		A	

378,068

1,760,371 Schedule D (Form 990) 2017

63,327

314,741

d Equipment ....

e Other

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

2	5	_	1	Λ	5	1	8	3	7	

Page 3

	Complete if the organization answered "Yes" on	Form 990. Part IV.	line 11b. See Form 990. Part X. I	ine 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market va	atue
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
, (A),	3 411			
.(B)				
. (C)		ļ <u></u>		
.(D),				
(E)				
(F)				
(G)	* *** *** *** * **********************		<del></del>	
_ , (H)	A series of the series of the series of the series			**************************************
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<u> </u>		
<b>BankVIII</b>	Investments—Program Related.	Tarm 000 Dart IV	line 44 - Soo Form 000 Dest V li	42
	Complete if the organization answered "Yes" on			ine 13.
	(a) Description of Investment .	(b) Book value	(c) Method of valuation  Cost or end-of-year market va	ilua
			Cool of Glass year market va	
(1)		<del> </del>		
(2)		<del> </del>		<del></del>
·(3)				<del></del>
(5)				
(6)				
(7)	<u> </u>	<u> </u>		
(8)				· - <del>*</del>
(9)				
	n (b) must equal Form 990, Pert X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
MAN TOWAR		Carm OOO Dad IV	time 44d Can Farm 000 Dad V II	
	Complete if the organization answered "Yes" on	Form 990, Part IV,	iline TTO See Form 990, Part X, II	ine 15
	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV,		ine 15 ) Book value
(1)		Form 990, Partiv,		
(1) (2)		Form 990, Part IV,		
		Form 990, Part IV,	(b	
(2) (3) (4)		Form 990, Part IV,		
(2) (3) (4) (5)		Form 990, Part IV,	(b	
(2) (3) (4) (5) (6)		Form 990, Part IV,	(b	
(2) (3) (4) (5) (6) (7)		Form 990, Part IV,	(b	
(2) (3) (4) (5) (6) (7) (8)		Form 990, Part IV,	(b	
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description	FOIM 990, Part IV,	(b	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)	,	(b	
(2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · · · · · · · · · · · · · ·	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on		· · · · · · · · · · · · · · · · · · ·	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV,	· · · · · · · · · · · · · · · · · · ·	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.		· · · · · · · · · · · · · · · · · · ·	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part 1. (1) Federal	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV,	· · · · · · · · · · · · · · · · · · ·	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV,	· · · · · · · · · · · · · · · · · · ·	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part (2) (1) Federal (2) (3)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV,	· · · · · · · · · · · · · · · · · · ·	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV,	· · · · · · · · · · · · · · · · · · ·	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column  Part (2) (1) Federal (2) (3) (4) (5)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV,	· · · · · · · · · · · · · · · · · · ·	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV,	· · · · · · · · · · · · · · · · · · ·	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part (2) (1) Federal (2) (3) (4) (5) (6)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV,	· · · · · · · · · · · · · · · · · · ·	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part (2) (3) (4) (5) (6) (7)	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV,	· · · · · · · · · · · · · · · · · · ·	) Book value

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

Schedule D	(Form 990) 2017 Youth for Christ of		35-105183		Page 4
Part XI	Reconciliation of Revenue per Audited Financial State			turn.	• •
	Complete if the organization answered "Yes" on Form 990			<del></del>	
1 Total	revenue, gains, and other support per audited financial statements		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	2,548,150
	nts included on line 1 but not on Form 990, Part VIII, line 12		7		
	nrealized gains (losses) on investments	2a	33,088		
	ed services and use of facilities	2b	27,645	30.3	
c Recov	veries of prior year grants	2c			
d Other	(Describe in Part XIII )	2d	-11,487		
e Add in	nes 2a through 2d			2e	49,246
	act line 2e from line 1			3	2,498,904
4 Amou	nts included on Form 990, Part VIII, line 12, but not on line 1	<del> </del>			
a Invest	ment expenses not included on Form 990, Part VIII, line 7b	<u>/4a  -</u>			
b Other	(Describe in Part XIII )	4b	·		
c Add lii	nes 4a and 4b revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	0.400.004
5 Total	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,498,904
Part XII	Reconciliation of Expenses per Audited Financial State			Return.	
	Complete if the organization answered "Yes" on Form 990			ı <del></del>	
	expenses and losses per audited financial statements		:	1	2,636,277
	nts included on line 1 but not on Form 990, Part IX, line 25	1 1	05 645		
	ed services and use of facilities		· 27,645		
b Prior y	year adjustments				
c Other	losses	. 2c	•		
	(Describe in Part XIII )	2d			07 645
	nes 2a through 2d		*******	2e	27,645
	act line 2e from line 1			3	2,608,632
	nts included on Form 990, Part IX, line 25, but not on line 1.				
	ment expenses not included on Form 990, Part VIII, line 7b,	, ,			
	(Describe in Part XIII )	<u>[ 4b ]</u>		[~·.·.]	
c Add li	nes 4a and 4b			4c	0 600 600
AT IN CASE OF THE PARTY OF	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,608,632
	Supplemental Information.			<del></del>	<del></del>
	descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par			art X, line	
	nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide				
Part	V, Line 4 - Intended Uses for Endowme	nt Funds			
				<b>.</b> .	
The B	Soard Designated Quasi-Endowment Fund	was esta	prisped to	func	i present
and	uture program activities and needs.			,	
		.,,,,,	,.		
Domb	V ETN 40 Footooto				
Fart,	X - FIN 48 Footnote	• • • • •			
•					
The C	organization has adopted FASB Topic 74	0-10, AC	connering, r	OF OF	icertainty
in To	come Marce which procesibes a recom	ition th	manhald an	4	
TH	come Taxes, which prescribes a recogn	TCTON CH	resnord an	a mea	surement
attri	bute for financial statement researchit	ion and :	<b></b>		<b>A</b>
accr, i	bute for financial statement recognit	Tou and	measuremen	ror	tax
nosit	ion taken or expected to be taken in	2 tay 70	+11mm and a	1	
POST	ion taken or expected to be taken in	a cax re	carn and a	TSO P	rovides
ani da	nce on various related matters such a	e doross	anition :	n+a	.a+
وبعدره	nce on various related matters such a	o 'reteco	Autorou, 'I	" rele	:au,
penal	ties and disclosures required. Under	thie ani	dance the	^~~-	nization
Lenar	eres and arrestorates redutied. Older		rance, rue	Corda	mization ,
mav v	ecognize the tax benefit from an unce	rtain to	v nosition	021	, 46 44 44
'T	readings one hav penetic troll all mice	- carn, ca.	". host crou	OUTA	TT TC 15

Part XIII: Supplemental Information (continued)
more likely than not that the tax position will be sustained on examination
by taxing authorities, based on the technical merits of the positions
related to the potential sources of income subject to unrelated business
income tax (UBIT). There were no unrecognized tax benefits identified or
record as liabilities for the year ended June 30, 2018. The Organization's
income tax filings are subject to audit by various taxing authorities The
Organization's open audit periods are the years ended June 30, 2015 through
June_30, 2018.
en communication and annotation and annotation specification of the annotation and the annotation and the annotation a
Part XI, Line 2d - Revenue Amounts Included in Financials - Other
Book loss from equity investment
Change in beneficial interest in Fdns \$ -661
er galance and announce announce and announce and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t
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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, Ilne 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, Ilne 6a

OMB No 1545-0047

Department of the Treasury nternal Revenue Service	<b>)</b>	► Attach to Forr So to www.irs.gov/For					Open to Public Inspection
lame of the organization Y	outh for Christ o					Employer Identifica	tion number
	orthern Indiana,	Inc.				35-10518	
	ing Activities. Complete if D-EZ filers are not required to				rea "Yes" on Form 9	90, Part IV, line	17.
	organization raised funds through a				Check all that apply.		
a Mail solicitations	g	$\overline{}$			ernment grants		
b Internet and email	il colleitations	F Solicitation		_		•	
<del></del>		g Special fun					
c Phone solicitation		g 📋 Special tun	oraisi	ng ev	ents ,		
d In-person solicitat					f		
Za Did the organization has or key employees liste	nave a written or oral agreoment wi ed in Form 990, Part VII) or entity i	tn any individual (i n connection with	nciual profes	ing of ssiona	ncers, directors, trustaes al fundraising services?		Yes No
b If "Yes," list the 10 hig	thest paid individuals or entities (fu \$5,000 by the organization	ndraisers) pursuai	nt to a	greei	ments under which the fu	ndraiser is to be	,
				d fund- have		(v) Amount paid to	(vi) Amount paid to
	i address of individual hily (fundraiser)	(ii) Activity	custo	dy or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
				ulions?		col. (i)	
			Yes	No			
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<ol> <li>List all states in which registration or licensir</li> </ol>	i the organization is registered or li ng.	censed to solicit c	ontrib	utions	or has been notified it is	exempt from	
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*****		**********	. <b>.</b>	• • • • • •	***** * ***** *****	• • • • • • • • • • • • • • • • • • • •	
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Schedule G (Form 990 or 990-EZ) 2017 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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events Annual Golf Tou 3 (add col (a) through Banquet col (c)) (total number) (event type) (event type) Revenue 99,582 301,925 525,897 1 Gross receipts ..... 124,390 85,210 85,210 2 Less, Contributions 3 Gross income (line 1 minus 39,180 99,582 301,925 440,687 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 40,039 82,960 269,603 392,602 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 392,602 18,085 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 Revenue (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo 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) 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? b If "Yes," explain

Sche	dule G (Form 990 or 990-EZ) 2017	Youth	for	Christ	of	35-105183	7 Page <b>3</b>
11	Does the organization conduct gaming	activities with	nonme	mbers?			Yes No
12	ls the organization a grantor, beneficial	v or trusteo o	f a trust	, or a member	of a partnership or other	or entity	
	formed to administer charitable gaming						Yes No
13	Indicate the percentage of gaming activ						_
а	The organization's facility	•				13a	%_
ь	An outside facility		•	• •		13b	%
14	An outside facility	son who prep	aros the	organization'	s gaming/spocial events	books and	
•	records:			-			
	Name ▶						
	Address ▶					•••••	• • • • • • • • • • • • • • • • • • • •
15a	Does the organization have a contract	with a third pa	arty from	whom the org	ganization receives gair	ing	
	revenue?			•			☐ Yes ☐ No
ь	If "Yes," enter the amount of gaming re	venuo receiv	ed by the	e organization	<b>▶</b> \$	and the	
_	amount of gaming revenue retained by						
c	If "Yes," enter name and address of the		, ,	••	** ***** ***		
	in 100, onto hamb and doctors of the						
	Name ▶ ,	,,,		, ,		1	<
	Address ▶ ,	** ** ***	1/c. +	+:	*** ********		*** **
16	Gaming manager information						
	Name ▶ ,					***************************************	
	Gaming manager compensation ▶ \$			••			
	Description of services provided ▶	1				**** * ****** *************************	•
	Director/officer Em	ployee		Independent	contractor		
17	Mandatory distributions						
''a	Is the organization required under state	e law to make	chantal	ble distribution	es from the gaming proc	eeds to	
-							☐ Yes ☐ No
<b>h</b>	Enter the amount of distributions requi	, red under ets:	te law to	, he distributed	to other exempt organi	izations or	
D	spent in the organization's own exemp						
<b>%</b> D31	Supplemental Informa	tion Provi	de the	explanation	as required by Part	I, line 2b, columns (iii) and (v);	and
Mark Code	Part III lines 9 9h 10h	15h 15c	16 an	d 17h as a	noticable. Also prov	ride any additional information.	unu
	See instructions	100, 100,	10, 411	a 176, 25 a	pphoable 7400 prov	ndo any additional information.	
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## SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

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pen To Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

Youth for Christ of

➤ Go to www.irs.gov/Form990 for the latest information.

Employer Identification number

35-1051837 Northern Indiana, Inc. Types of Property (c) (a) (b) (d) Check if Number of contributions or Method of determining amounts reported on noncesh contribution amounts applicable Hems contributed Form 990, Part VIII, line 1p Art — Works of art Art — Historical treasures Art - Fractional interests ....... Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property ... R X 84,155 Securities — Publicly traded ...... Fair market value Securities - Closely held stock 10 Securities --- Partnership, LLC, 11 or trust interests Securities — Miscellaneous ..... 12 Qualified conservation 13 contribution -- Historic structures Qualified conservation contribution --- Other 15 Real estate — Residential Real estate — Commercial 16 Real estate --- Other ..... 17 Collectibles 18 Food inventory ...... 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts ... 22 Scientific specimens 23 24 Archeological artifacts 4,410 Fair Market Value Other > ( Miscellaneous 25 26 Other ▶(____ 27 28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding penod? X 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .... 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (Form's	990) 2017 <b>Y</b>	outh for C	hrist of		35-1051837	Page 2
Partill	Supplemer the organiza	ntal Information ation is reporting	. Provide the info in Part I, column	rmation required by Pa (b), the number of coloart for any additional	art I, lines 30b, 32b; and 33 ntributions, the number of r	, and whether
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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Name of the organization Youth for Christ of	Employer Identification number
Northern Indiana, Inc.	35-1051837
Form 990, Part VI, Line 2 - Related Party Informa	ation Among Officers
L.D. Williams Wendy Dav	<i>r</i> is
Director Director	
Father/Daughter	,
Form 990, Part VI, Line 11b - Organization's Proc	·
Organizational policy requires that the 990 be re	eviewed and approved by the
Finance Committee and upon the Finance Committee	's recommendation, approved
by the full Board of Directors. The 990 is then	uploaded to the YFC USA
Impact website as required by YFC Charter Members	ship requirements.
Form 990, Part VI, Line 12c - Enforcement of Conf	flicts Policy
Annually, employees and directors must read the w	written conflict of
interest policy and disclose interests that could	d give rise to conflicts.
All potential conflicts of interest are vetted by	the Board of Directors
and, if considered necessary, the Board member wi	ill abstain from any
decisions concerning the parties involved, either	directly or indirectly,
with the conflict of interest. In addition, new E	Board Members are required
to sign off on the Conflicts of Interest Policy.	
• • • • • • • • • • • • • • • • • • • •	•
Form 990, Part VI, Line 15a - Compensation Proces	ss for Top Official
Compensation determined by Board of Directors aft	ter evaluation, review of
comparability data and recommendation of a search	committee of outside
directors.	

YFCFTWAYNE

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

(f) Direct controlling entity Employer identification number Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 35-1051837 (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity : : : : : ..... ...... ..... (a) Name, address, and EIN (if applicable) of disregarded entity Northern Indiana, Inc. : Youth for Christ of 7: ****** ..... : ::::: Department of the Treasury Internal Revenue Service Name of the organization . .... .. ... Partil Parti ********** :::: <u>හ</u> (1) 3 3 3

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domícile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct confrolling	Section 5	(9) Section 512(b)(13) controlled entity?
		or foreign country)		(if section 501(c)(3))	entity	Yes	No
(1)							
			•		,		
(2)							
							·
(3)							
(4)							
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(9)							
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Schedule R (Form 990) 2017

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

				בככבינים איותב סוכים יווסים יבימינים כומחודבתים בי אחרים בי אחרים היווסים היוו						
(a) Neme, address, and EIN of related organization	(b) (c) Pnmary activity Legal domicile (state or foreign counby)	(d)  Direct controlling entity or or on	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionale alloc?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	i e	(k) Percentage ownership
4004 Nottingham Drive Fort Wayne 47-1963096	Assessment IN	N/A	Unrelated	18,978	10,782		N/A	A A		30.00
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()									<del> </del>	
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ns Taxable as	a Corporation ns treated as a	or Trust. Com	plete if the organist the	anization answer tax year.	ed "Yes" or	on Form 990, Part IV	art IV,		
(a) Name, address, and EIN of reletted organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage sets ownership	ntage rship	Se Son Se	(1) Section 512(b)(13) controlled entity?
									Yes	Yes
									ļ	
(1)										
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Youth for Christ of Schedule R (Form 990) 2017

35-1051837

Yes 9 δ 무 **_**e ÷ i Lease of facilities, equipment, or other assets to related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) : *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? : .... ** *** ***** * : : : Purchase of assets from related organization(s) a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity d Loans or loan guarantees to or for related organization(s) : : : Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets from related organization(s) Gift, grant, or capital contribution from related organization(s) Gift, grant, or capital contribution to related organization(s) e Loans or loan guarantees by related organization(s) i Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Partv

Reimbursement paid by related organization(s) for expenses *** ****** * ********** ****** ****** p Reimbursement paid to related organization(s) for expenses

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m Performance of services or membership or fundraising solicitations by related organization(s) ....

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s) ....

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s Other transfer of cash or property from related organization(s) r Other transfer of cash or property to related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Method of determining amount involved Ē Amount involved Transaction type (a-s) Name of related organization

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Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 Youth for Christ of

35-1051837

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Party

(a) (b) (c) (d) (e) (e) Names addition and EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of EM of	(b)	(3)	(b)	(e)	(f) Share of		(h)		(i)	(j) General o	
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		country)	sections 512-514)	Yes No			Yes	S S	. <b>.</b> !	Yes No	T.
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